

# Engagement Report

**Same-day and urgent access to primary care**

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## 1. Background

During the months of March through to May 2024 Bedfordshire Luton and Milton Keynes Integrated Care Board (BLMK ICB) undertook a series of listening events with residents across Bedfordshire, Luton, Milton Keynes (BLMK) in relation to same day and urgent primary care access. The engagement provided residents with an opportunity to give us feedback and share their lived experiences of accessing same day and urgent primary care (in all of the possible settings), tell us what was important to them, and what could be done to help improve services.

This engagement is part of the work to improve resident experience of primary care access with a particular focus on same day and urgent primary care and the need to streamline Integrated Urgent Care services.

To inform the listening events we reviewed what residents had already told us and system partners about their experience of accessing same day and urgent primary care. This approach provided us with a full gap analysis and feedback on current services and enabled us to plan the most recent engagement events with a view to collecting new, relevant and previously unheard feedback. The analysis of the insights can be found at appendix 1.

## 2. Engagement Activity

The engagement groups were held on the following dates (no events were held during the pre-election period for the Police and Crime Commissioner and local by-elections) and were held during the working day – apart from the online version, which was held in the evening.

- Tuesday 12 March – Central Bedfordshire, Flitwick
- Monday 18 March – Bedford Borough, Kempston
- Monday 18 March – Online
- Thursday 21 March – Luton
- Friday 22 March – Milton Keynes
- Wednesday 8 May – Central Bedfordshire, Dunstable – (focus group)
- Thursday 9 May – Central Bedfordshire, Biggleswade

These sessions generally attracted good attendance and ensured that we had a mix of both stakeholders and residents in the room to help conversations flow (see appendix 2). The exception to this was the Dunstable event, which had very low registrations, despite considerable promotion. We were reluctant to cancel the event however, and so re-framed the event to be a roundtable focus group rather than a larger engagement event.

As well as the above events, we also took the opportunity to consider how to reach members of the community who may experience more barriers to same day access but may be less willing or able to take part in the larger engagement events we held. We worked closely with partners to hear from the following groups:

- Residents with autism
- Residents who are experiencing homeless or are rough sleepers
- Young people

- Victims of abuse

We joined with Autism Bedfordshire to arrange an online focus group where residents with autism could join the call to tell us their experiences of accessing urgent, same day care. This was arranged through Autism Bedfordshire as they have good links with the community. On the day of the focus group however, no-one chose to attend (we did not ask them to register beforehand). We were disappointed but recognised that this was perhaps not the best approach to use with this cohort of residents. We subsequently published a specific online survey for residents with autism, which Autism Bedfordshire helped us to share and within the first 24 hours had received 17 responses. This shows that by adapting our approach we were able to hear from often excluded members of our community.

The survey was published on our website on the 8 May and ran until 21 May, 24 responses were received.

It was also recommended to us by partner colleagues that a survey would be the most effective way to reach young people and so on the same date, we also published a survey for young people. This survey ran for the same period, and we collected 31 responses.

On Friday 26 April, we visited a charity called SMART based in Bedford, who support those experiencing homelessness and rough sleepers, to hear what their experience of accessing urgent, same day care was and how it differed to those who were settled. These conversations took place as a 1-2-1, with a support worker present, rather than as a focus group as many of their clients were wary of us being there in an official capacity.

We met members of Central Bedfordshire Council's Authentic Voice Panel, a group of people who have experienced domestic abuse. The questions asked during the wider resident engagement were used as a guide for the conversation, the conversations also provided opportunity to gather wider insights on primary care services.

We would like to thank all partners who supported us with this work.

### 3. Methodology

We held workshops in each of the places, with individual tables and facilitators to help capture the conversation. For the online session, attendees were moved into place-based 'break-out' rooms, relevant to the area in which they lived within BLMK.

We asked the attendees the following questions:

- What is most important to you when accessing your practice team?  
(We provided some options based on feedback already collected – but event participants could use a wild card to add their own:)
  - seeing the same person
  - having an appointment that day
  - being seen face to face
  - having an appointment type that suits me
  - always seeing a GP

- Have you ever tried to get support from community pharmacy before contacting your practice team?
  - What was your experience?
  - How could it be improved?
  - If you haven't, why not? What would encourage you to do so?
  
- Have you used 111 (telephone) or 111 online?
  - What was your experience?
  - What do you feel could be improved?
  - If you have never used the service before, what would encourage you to do so?
  
- Please can you provide feedback on any other service such as Walk in centre, Urgent GP Clinics, Urgent Treatment Centres or a GP Out of Hours Service (accessed via 111) that you may have used?
  - What worked well?
  - What could be improved?

To enable people to talk freely and to not restrict the flow of the conversation, the conversations were recorded via hand-written notes – mostly by the facilitator.

For consistency, the same questions were used throughout the series including the online surveys.

## 4. Summary of Findings

The discussions at the workshops, focus groups and survey feedback provided a wealth of detail. The high-level findings are summarised below by service, with some cross-cutting themes highlighted.

Detailed feedback can be found in Section 5, where it is reported by the workshops at each of the four places; Bedford, Central Bedfordshire, Luton and Milton Keynes, responses to the survey from children and young people, and people with autism, and conversations with victims of abuse and people who are experiencing homelessness.

### GP Practice Teams

Residents stated, it is most important for people to be able access timely advice or support when they need it. Whilst many people said they wanted the appointment to be face-to-face, this method did not suit everyone, and people felt it was more important that the appointment should be in a format that works best for the person at that time. There were mixed views about the importance of seeing a GP, some deemed it necessary whilst others said that so long as the healthcare professional could help them with their urgent health need, they would be happy to see anyone or to receive advice regarding their health need.

Residents were clear that they wanted a simple process for the allocation of or making a same day urgent appointment. The importance of offering different methods for booking appointments was also highlighted, enabling people to book using a method that was most comfortable or convenient for them. Feedback showed that being 'forced' to make a telephone call at 8am and then wait in queue for their calls to be answered caused frustration and stress for many, with added anxiety for some. There was unanimous feedback that residents would value having their telephone calls answered more quickly.

On the occasions that residents are to be contacted by a clinician from the practice there was a strong feeling that there should be a specific time or at least a shorter time-window for when their call-backs would be. People with autism said they found the waiting for a ring-back to be stressful and anxiety provoking. They asked to be sent details of the time by text or online.

The importance of understanding the information that is being given was highlighted, with several people commenting that conversations often felt rushed (with health care professionals and reception staff), so patients did not have the opportunity to ask questions to support their understanding of what was being said. Several said they immediately forgot what they had just been told, they asked when requested that information is given to patients in a written format.

Residents told us they wanted to be treated with dignity and respect – for staff to be kind and understanding when people have difficulty communicating.

Residents suggested that providing information about the different healthcare professionals and their roles within practices and community pharmacists might help assure people that they are seeing the most appropriate health care professional for their needs.

## Community Pharmacies

Residents fed back that they like the convenience of being able to walk into their pharmacy and talk to their pharmacist, several advised that their pharmacist had a good understanding of their medical history and trusted the advice they were given. However, several people said they lacked trust and did not believe pharmacists were qualified to provide information and advice – they wanted assurance that the pharmacist could and would offer quality advice.

Capacity was an issue, with several people highlighting the closure of pharmacies, saying this put pressure on the remaining pharmacies. Many felt that pharmacies were understaffed, and that additional workload would stretch them even more, resulting in longer queues. This could put pressure on them to see more customers and therefore have less time to talk to customers who were seeking advice or reassurance from them. Suggestions were made to introduce dedicated timeslots for Pharmacy First or to have locker systems available for collecting prescriptions out of hours.

Lack of privacy and confidentiality was a concern for many residents, saying they were uncomfortable sharing personal details, and answering questions or describing their condition with a queue of customers behind them, some found it embarrassing and stressful. And though many pharmacies have a private room, many did not feel confident to ask to have their conversation in private. They suggested that these private consultation rooms should be sound-proofed for privacy and sign-posted.

There was some uncertainty as to what services pharmacies provide and the conditions they are able to support patients with. They said it would be useful if information regarding pharmacy services was made more widely available, such as opening times, the services provided (and the times the services were available), the times that clinical pharmacists were on duty and conditions that the pharmacy can treat or provide advice on (i.e. Pharmacy First or Think Pharmacy). They suggested that the information be available online, on the NHS App and provided or displayed at local pharmacies, given to customers collecting their prescriptions etc, and campaigns launched to promote pharmacy services and the local pharmacy team.

There was some concern regarding systems, whether pharmacists would have access to the patient's record and be able to view any medical contradictions before prescribing under Pharmacy First. There were also concerns that they could not administer dental prescriptions.

It's important that everyone can access pharmacy services, there was a concern whether residents who do not speak English or were neuro-diverse were able to access the services and arrangements should be made to make them more accessible.

## NHS 111 – telephone and on-line

The majority of people had heard of or used the 111 service, there was a balance of positive and negative experience (detailed in the section 5).

There was a frustration over the time it took for the telephone calls to be answered and then following the assessment the time it took for the caller to receive the call-back from a clinician. Various examples were given where it took over 4-hours for the person to receive a call back and in several cases no call back at all. During this time health conditions had deteriorated, and patients admitted to hospital.

Residents said they wanted to feel comfortable talking to the call-handlers, a few said they felt they were being judged when they spoke to them, which caused anxiety and for them to get muddled with their answers.

Residents said they wanted to receive advice and/or call-backs quicker. They wanted confirmation that they were in the system and be given a time they were going to be called back. People with autism asked for this information to be provided by text or online, as they often forget important information when they feel stressed in a situation (which many of them considered ringing 111 was).

Organisations supporting people who were homeless found it very frustrating that call-backs took so long, as they work core-office hours and the call-backs are often received after the office has closed for the day, resulting in the homeless person having to go elsewhere for medical support.

Some residents said they felt like they were being bounced around the system rather than 111 sign-posting them to the appropriate service. Others praised the service, giving examples of ambulances being sent, medication prescribed and appointments made.

It was suggested that the operatives should be more prescriptive regarding the allocation of arrival timeslots at the urgent treatment centre (UTC), as several people thought they had been given an appointment time and were annoyed or frustrated to find that it was an arrival timeslot.

Several people were unaware that NHS 111 was also available online, that callers could request translators, and D/deaf users could contact NHS 111 using text relay or via signvideo for British Sign Language (BSL). They suggested that this should be promoted widely with targeted promotion within these groups.

We heard that many residents are not aware of what the 111 service does and how it works, there were also concerns that people were abusing the system to access ring-fenced GP appointments. It was suggested that more should be done to promote 111 and to offer support or instructions on how to use it.

Previous work undertaken by Healthwatch had found that residents aged 18-30 were the group less likely to use NHS111; though 50% of respondents to the young persons survey had used 111.

Residents suggested that more people would use 111 if they were confident that the system and processes worked. Making the system easier to use and ensuring that actions promised were implemented would gain trust.

## **Walk-in Centres (WICs), Urgent GP Clinics, Urgent Treatment Centres (UTCs) and GP Out-of-hours services**

There were mixed views and experiences about these services which are offered across BLMK.

Residents told us that Putnoe Walk-in-centre (WiC) worked well, mentioning the convenience of being able to be seen on the day by a healthcare professional if unable to get an appointment at their registered surgery.

They suggested that the service could be improved by reducing the waiting-times and extending opening hours.

We heard that there was a lack of after-care, with homeless patients being discharged back onto the street with no support offered.

Suggestions were made for services to be more joined up as the WiCs could not make referrals, resulting in patients having to have a second appointment at their surgery to request a referral.

Residents shared positive examples of their experiences at the Urgent Treatment Centres (UTCs), the examples given demonstrated that most considered these to be joined-up services.

Residents from Central Bedfordshire said they wanted similar services to be made available in their area.

## Cross-cutting themes

People were concerned about:

- accessibility (both eligibility and physical access)
- communication (both out to the public and between professionals)

### Communication

Communication was highlighted across all of the themes discussed as crucial to ensure patients know what services they can access, how and when. Communication between services was also highlighted as key to helping the system work more smoothly and therefore to improving services for residents.

There was a need highlighted for increased communication with residents to increase their awareness and understanding of NHS111, pharmacy services and the breadth of services provided by health care professionals at GP practices.

Feedback was received that residents want to be provided with clear information on the services available to them and when they should access different services depending on their condition.

Communication preferences and needs are important, getting this right for patients improves equity of access and can improve residents' journey through services.

Information needs to be available in a variety of formats, there is no one size fits all. Language should be clear, with no jargon and residents should be able to access the information that meets their needs and feel empowered to request information.

Healthcare professionals need to communicate quickly and effectively with each other and the systems they use need to facilitate this; they should also be understanding of patients' communication needs and provide information to residents in a way that is accessible to them.

## **Accessibility**

Residents expressed they would like improved access to appointments at their GP practice via systems that allow for different ways to make appointments for example online and via telephone.

The impact of waiting for call backs from a health service should be considered fully. This system creates particular barriers to accessing medical care for residents who are working and cannot take calls during working hours and for those experiencing homelessness and victims of abuse who may not have regular access to their phone or for people with neurodiverse condition who may find the experience extremely stressful.

Referral processes across services need to be made simple, so systems are easier for staff to navigate, whether they are permanent members of a team or working on a 'locum' basis. This will in turn improve the access for residents and reduce the incidence of patients being 'caught in a loop' of being referred between services.

Residents felt that access to Walk-in centres should be improved by increasing the opening hours.

## 5. Key findings from the workshops

### Question 1

#### What is most important to you when accessing your practice team?

Based on the feedback we had already received from other engagement work, we knew there were at least 5 things which were important to residents when accessing GP practice teams. We asked attendees to rank these in order of importance. The tables below show the results with weighted scores; the lower the weighted score the more important it is to attendees.

We also asked if there were other things they felt were important that we had not included, these are shown below as 'wild cards'. As these wild cards were only discussed in small groups (and not everyone attending the workshop had the same wildcards) they have been listed separately.

#### Bedford

What is most important to you	Number of responses	Weighted score	Result
Having an appointment that day	11	1.91	2 <sup>nd</sup>
Having an appointment type that suits me	7	1.57	<b>1<sup>st</sup></b>
Being seen face-to-face	7	3.57	3 <sup>rd</sup>
To always see a GP	9	4.11	4 <sup>th</sup>
Seeing the same person	6	4.67	5 <sup>th</sup>

Wild cards	Number of responses	Weighted score	Result
Speaking to someone clinical	2	2	<b>1<sup>st</sup></b>
Seeing someone you trust	2	4.5	2 <sup>nd</sup>

#### Central Bedfordshire (held in Flitwick)

What is most important to you	Number of responses	Weighted score	Result
Having an appointment that day	8	3.25	2 <sup>nd</sup>
Having an appointment type that suits me	8	2.88	<b>1<sup>st</sup></b>
Being seen face-to-face	8	4.13	3 <sup>rd</sup>
To always see a GP	8	7.13	5 <sup>th</sup>
Seeing the same person	16	5.69	4 <sup>th</sup>

Wild cards	Number of responses	Weighted score	Result
Getting through to speak to someone	8	1.25	2 <sup>nd</sup>
Accurate Triage	6	4.33	5 <sup>th</sup>
Walk-in Option	5	4	4 <sup>th</sup>

Want to know who can help me best – and which team or professional is available to do so.	9	1.22	<b>1<sup>st</sup></b>
GP online booking system (needs to be an easy way to make an appointment)	5	3.2	3 <sup>rd</sup>

### Central Bedfordshire (held in Biggleswade)

What is most important to you	Number of responses	Weighted score	Result
Having an appointment that day	11	1.91	<b>1<sup>st</sup></b>
Having an appointment type that suits me	5	3.2	3 <sup>rd</sup>
Being seen face-to-face	12	2.33	2 <sup>nd</sup>
To always see a GP	9	4.22	5 <sup>th</sup>
Seeing the same person	12	3.25	4 <sup>th</sup>

Wild cards	Number of responses	Weighted score	Result
Speaking to someone clinical	5	1.6	2 <sup>nd</sup>
Getting contact with any healthcare professional who can help me (know you're in the system)	6	1.33	<b>1<sup>st</sup></b>
Blood Tests - currently need to go to Bedford or Stevenage (transport issues)	3	3	4 <sup>th</sup>
Accessibility of services (for older people without IT access or people with learning difficulties)	3	2	3 <sup>rd</sup>

### Central Bedfordshire (held in Dunstable)

What is most important to you	Number of responses	Weighted score	Result
Having an appointment that day	3	1.33	<b>1<sup>st</sup></b>
Having an appointment type that suits me	3	4	4 <sup>th</sup>
Being seen face-to-face	3	1.67	2 <sup>nd</sup>
To always see a GP	3	5	5 <sup>th</sup>
Seeing the same person	3	3	3 <sup>rd</sup>

Wild cards	Number of responses	Weighted score	Result
Someone to hear my concern and offer assurance	3	1.33	<b>1<sup>st</sup></b>

## Luton

What is most important to you	Number of responses	Weighted score	Result
Having an appointment that day	6	2	<b>1<sup>st</sup></b>
Having an appointment type that suits me	7	2.14	2 <sup>nd</sup>
Being seen face-to-face	3	3.33	3 <sup>rd</sup>
To always see a GP	5	3.6	5 <sup>th</sup>
Seeing the same person	4	3.5	4 <sup>th</sup>

Wild cards	Number of responses	Weighted score	Result
To be heard	1	1	<b>1<sup>st</sup></b>
To have a solution to my problem	1	3	4 <sup>th</sup>
Contact with someone who has read my notes and knows my health history	1	3	4 <sup>th</sup>
Someone to hear my concern and offer assurance	4	1.25	3 <sup>rd</sup>
Getting contact with any healthcare professional who can help me (know you're in the system)	1	1	<b>1<sup>st</sup></b>

## Milton Keynes

What is most important to you	Number of responses	Weighted score	Result
Having an appointment that day	13	1.69	<b>1<sup>st</sup></b>
Having an appointment type that suits me	19	1.89	2 <sup>nd</sup>
Being seen face-to-face	18	3.22	3 <sup>rd</sup>
To always see a GP	12	3.5	4 <sup>th</sup>
Seeing the same person	14	5	5 <sup>th</sup>

Wild cards	Number of responses	Weighted score	Result
Speaking to someone clinical	2	4	3 <sup>rd</sup>
Want to know who can help me best - knowing which professionals work at surgery, to help understand what can each of the team do and who is available when.	2	1.5	2 <sup>nd</sup>
Getting contact with any healthcare professional who can help me (know you're in the system)	2	5	4 <sup>th</sup>
Being attended to that day	3	1	<b>1<sup>st</sup></b>
No meaningful conversation with GP receptionist / care navigator	1	6	5 <sup>th</sup>

The ranking scores of the priorities demonstrate that in the majority of cases, residents consider having an appointment that day or having the type of appointment that best suits their needs as most important.

In addition to the 5 priorities already listed, residents created several 'wildcards', which culminated in the priority of getting the support of advice they needed that day by a member of the team.

## Online Workshops

The question What is most important to you when accessing your practice team? was approached differently for the online sessions, and held as a discussion with the following points being raised:

### Bedford and Luton

- Being able to speak to somebody on the day was important rather than be told "no appointment - call back"
- It was not vital to have an appointment the same day as long as they could get some assurance relating to their concern
- No evident preference as to whether it had to be face-to-face or a virtual appointment
- Younger generation seem happier to see anyone so long as they can be seen
- Older generation want to be seen by same person (GP) as they have built relationships over the years and trust that individual
- Understanding who the other staff are in the practice and what they can do
- How can we support trust to be built with multi professionals within the general practice team?

### Central Bedfordshire

- Right place, right time, right person is a good approach but so frustrating when you see a person and they are not right and you get bounced around
- Getting through on the telephone is crucial – it's so frustrating to wait on phone and then to be told 'no'. Need to have confidence phone will be answered and you will get 'a response'
- Difficult to wait on phone for 40 plus minutes and then be told there are no appointments
- Sometimes reception staff and clinicians can be blunt
- Sometimes it feels like person you see just wants you 'in and out' and they don't have time to understand what is really happening in your life
- Continuity is important – it would be nice to see the same person sometimes so you can build a relationship. I see someone different most times I visit my practice now
- Question – we talk a lot about other roles in general practice – and that's fine – but what are the numbers of GPs – as we will still always need GPs?
- Being able to get through on the phone and actually speak to someone is important as feels like you are making progress and heading in the right direction
- Education of residents is needed as it's confusing, we don't always know where to go/when, but if you make it simple and tell us we will try to follow it
- Even if you get through on the phone it's not always easy to get an appointment – if I don't need an appointment that's fine, but I at least need to speak to someone to understand that.

## **Milton Keynes**

- Getting an appointment after first contact but don't expect it to be a GP, needs to be the most appropriate response.
- I want a response from a clinician.
- I want a consistent approach.
- Ideally one should see the same GP but that clearly is not desired by the GPs and may not make the best use of appointments
- Just want to see someone who can help and give guidance. So often end up not getting anything other than a call-back which is better than nothing but not the most successful or satisfactory!!

## Question 2

### Have you ever tried to get support from somewhere else – such as Community Pharmacy – before contacting your practice team?

#### **Bedford** (See appendix 3 for workshop notes)

Bedford residents gave us several examples of where they had contacted the local pharmacy for information and advice for their child before contacting their GP surgery for an appointment and advised that they had been given good advice. They felt that they could trust the advice knowing that the pharmacist would signpost them to the GP practice if needed. This said, one person said they felt they were being bounced between services, as the pharmacist was not trained to use a stethoscope so was referred to the GP practice. They liked the convenience and flexibility of being able to call into a community pharmacy at a time that suited them.

Several people were unaware of the range of services offered by the pharmacy and suggested that they promote the services they provide. They suggested it would be useful to have information explaining the roles of GP practice and pharmacy staff, their competencies and what they do.

They also suggested that pharmacies promote the times their different services are available, as they found it frustrating when the clinician/pharmacist was not there (on a lunch break or on a day-off).

Many discussions were linked to communication, to ensure that information is easy to understand and digest; suggestions were made to display posters in pharmacy windows, to have information available on websites and to make short simple to understand videos available. They also suggested running local campaigns to promote the services provided in pharmacies, issuing media releases and articles in local newsletters, and asking for support from local councillors (via the local authorities) to help share the information, and to also share via schools.

Several people commented on the cost of medication, advising that over-the-counter medicines are expensive, and that if they went to their GP, the GP would give them a prescription (which was beneficial for people entitled to free prescriptions or pre-paid certificates). Several offered that it is often cheaper to buy medicines online, which was useful if they knew what medication was needed.

#### **Central Bedfordshire (held in Flitwick)** (See appendix 4 for workshop notes)

Central Bedfordshire residents provided numerous examples where they had visited their pharmacy before contacting their GP surgery. They said that they were confident with the service / advice they were given, but it was dependent on the individual pharmacy.

Examples were given where there was lack in continuity of service due to a shortage of professionals, and an example given where there had been 7 locum pharmacists at one pharmacy, who had provided different information and advice for the same issue, this had eroded the person's trust and confidence in the pharmacy.

One emerging theme from the discussions was capacity. The closure of one pharmacy had put pressure on the Biggleswade pharmacy which often resulted in long queues. Attendees also commented that due to the long queues, it felt that the pharmacists were rushing and did not have the time to talk to the customer properly. There was a concern that the new 'Pharmacy First' would lead to more demand for a service that was already over stretched and concern that they would not be able to deliver Pharmacy First on top of their regular services. Although there was concern regarding capacity issues, suggestions were made for all pharmacies to offer the same services.

We were told that trust in the NHS is waning, and residents are skeptical about the NHS, and that we had to work on building their trust.

When asked how the service could be improved, residents wanted capacity issues to be addressed. They also suggested that there be more information about the services available (i.e., which pharmacies had travel clinics) with posters or videos featuring either the local pharmacist (to put a face to the pharmacy) or a television celebrity such as David Attenborough or Idris Elba. They suggested displaying the posters at GP surgeries and the pharmacy to help show the working relationship.

### **Central Bedfordshire (held in Biggleswade)** *(See appendix 5 for workshop notes)*

Central Bedfordshire residents shared several positive experiences about both their community pharmacy and practice pharmacist, including feedback from someone with a long-term condition who said they felt comfortable asking their pharmacist questions about their medication and confident with the responses given. Other quotes include:

*"Yes, I had no issues speaking to the pharmacist, they suggested some treatment options, which were good"*

*"The pharmacist in the practice is good"*

Other residents voiced concerns regarding accessing their community pharmacy, advising that the number of pharmacies is decreasing whilst the population continues to grow. They said that the reduction in pharmacies has led to longer waiting times, with people often waiting 45 minutes to be seen. The long waiting times have reduced people's willingness to use their pharmacist in the first instance.

Several attendees commented on the lack of privacy in the pharmacy, with pharmacists asking for people's names, date of birth and address in addition to questions about their health. They suggested that pharmacies should be more mindful so patients can provide the information without fear of being overheard by other people in the pharmacy. Suggestions were also made to promote the availability of private consultation rooms as some residents may not feel confident to ask the pharmacist to have the conversation in elsewhere.

There was some skepticism regarding how successful 'Pharmacy First' could be, with a few people worried that there was an increased risk factor if the pharmacist did not have access to the persons medical notes, and one person doubting the qualifications of the pharmacist. Some people felt the service was a sticking-plaster and that the issue was the shortfall in GPs.

*"I don't use community pharmacy and would not think of using it. I won't be using Pharmacy First – they [pharmacists] are not qualified to diagnose the whole person, just the single conditions, so any treatment advised may not be ok for that person based on their medical history which the pharmacist would not know."*

Communication and publicity were a common theme – with suggestions made to advertise when the pharmacist was available/on duty and to have posters in the pharmacy windows stating the conditions they could treat and the services they provide to encourage more people to use their pharmacy if appropriate.

*"I'd go to the pharmacy as a first port of call while abroad but would not think to do this in the UK."*

There were several other suggestions to encourage more people to access services from their pharmacy including:

- Introducing a locker system for the pick-up of medication out of hours
- Introducing dedicated slots for 'Pharmacy First' to encourage more people to use the service
- Increasing the capacity at pharmacies

Other feedback:

- There is an issue with dental practice prescriptions not being taken by the pharmacy
- The time it takes to issue a prescription varies between 3 days and one week, it would be better if this was quicker.

### **Central Bedfordshire (held in Dunstable)** (See appendix 6 for workshop notes)

Attendees told us that the local pharmacy provides a good service, and residents have a good relationship with the pharmacy.

They suggested that the biggest challenge was encouraging people to use the most appropriate health service, and that communication and education was key – it is a complicated system, and residents need to understand how services are delivered, where they were delivered and how to access them.

We were told that we should do more to empower elderly residents, so they have the confidence and feel encouraged to change their ways in choosing the most appropriate service for their needs.

*"The ICB's social media channels are very good, I've seen a lot of posts about using your pharmacist"*

A suggestion was made for local pharmacies to do more to promote their services – they could promote their many services when patients call in to pick up their prescriptions.

It was suggested that pharmacies should be more accessible and open at weekends.

### **Luton** (See appendix 7 for workshop notes)

A couple of Luton residents said that they had a positive experience receiving services from their community pharmacy and found pharmacists willing to listen and supportive.

Several commented that people (residents who are eligible for free prescriptions or who have pre-paid prescription certificates) often opt for a GP appointment due to the cost of buying over the counter medications, knowing that their GP will prescribe for them and that they will then not have to pay.

A question of capacity was raised, asking if pharmacies had the capacity to carry out their normal prescribing duties in addition to the extra work that Pharmacy First would bring, and what impact that would have on patients/customers.

Encouraging people to use alternative services to the ones they have used historically requires a change in culture, and the time and energy to educate people about using appropriate services. Suggestions were made that more proactive work in educating the local community is needed and that the NHS should be attending conferences and events, visiting large employers to talk to their employees and visiting various clubs, organisations and faith groups. Sharing information via schools was also suggested as an effective way of cascading information as the messaging reached both school staff and parents.

Patients sometimes feel exasperated if they are passed from one provider to another. For this new way of working, it is important that GP practices and pharmacies work together in partnership.

### **Milton Keynes** (See appendix 8 for workshop notes)

Milton Keynes residents suggested that most people are aware how to self-manage minor conditions and would visit their pharmacist for advice. They also provided numerous examples of where they had visited their community pharmacy for vaccinations or to collect their medications.

A few commented on the frustration of having to make several visits to their pharmacy or travelling to different ones due to their medication not being in stock. The length of time it took for pharmacies to dispense medication was also commented on in addition to comments regarding the need to improve computer systems between GP surgery and pharmacy.

Several people were concerned by the lack of privacy in the pharmacy, with pharmacists asking confidential and personal questions in front of other customers. They suggested

that confidential/private rooms or spaces should be made available and promoted to customers. Suggestions were also made to have a 'Prevention Space' where residents were supported with managing blood pressure and weight.

People were also concerned about language barriers, and whether residents who did not speak or understand English or were neuro diverse would manage to access the service or get the support or advice they needed.

There were concerns over capacity and whether pharmacies could deal with the extra traffic if more people were visiting them, noting that 3 of the Bletchley pharmacies had closed in recent years. Suggestions were made that more pharmacies were needed, and to increase opening times to cover weekends.

Residents think that providing additional services will put additional time pressures on staff – whether they are carrying out routine dispensing or conducting an appointment via Pharmacy First. One example was given where there was potential for a cross-contamination issue to have happened, when a pharmacist had put on gloves to administer a vaccination process, was called away to do an urgent task before returning to give the vaccination wearing the same surgical gloves.

A few people had visited their pharmacy only to be advised that they needed to be seen by their GP, this led to frustration and the question being asked whether pharmacy staff had the correct qualifications and level of training to provide information and advice, whether staff with these skills were always available at the pharmacy or whether residents were expecting too much from their pharmacists?

A question was asked as to whether the quality of the services (advice and referrals) is monitored, are failed experiences captured and how we know whether pharmacy contracts are working?

Comments were made regarding availability of pharmacy services, where some pharmacies occasionally have no pharmacist on site for several hours. Suggestions were made that the hours that they are available be promoted (for example if the pharmacist is not there on a specific day or between specified hours due to lunch breaks etc. to state this.)

Many discussions linked to communication, providing information on what services were available at each pharmacy and the times services were available. It was suggested that this information be available on the NHS App (which is where patients are signposted to), and online, so people could easily find information about late opening pharmacies using the search engine optimisation. Suggestions to include a list of the services they provide and the conditions they can treat via Pharmacy First could also be printed on leaflets and issued in medication bags.

Whilst several people suggested posters promoting the availability of services and providing health education messages, it was felt that there are sometimes too many signs and information, or messaging gets lost if walls or windows are overcrowded.

Other points raised were questions regarding:

- how referrals were made to specialist services such as dermatology
- The availability of certain medications

## Online Workshop

### Bedford and Luton

Attendees suggested that we needed to do more to enhance public awareness about the diverse services pharmacies can provide and encourage use of pharmacy services. This includes the new "Pharmacy First" initiative – which needs to be promoted, so more residents are aware of it, understand what it is, and use it as and when appropriate.

Residents were concerned about the lack of privacy within most pharmacies, advising that private consultation spaces were essential to encourage more people to seek help from their local pharmacy.

It was suggested that GP practices could send text messages to their patients to inform them about Pharmacy First and share links to local pharmacies on their websites. Patient Participation Groups (PPGs) could also support practices to spread awareness and educate the public on the advantages of utilising pharmacy services.

### Central Bedfordshire

*“Using pharmacy is ok but sometimes they just send you back to GP – and you go round again!”*

*“Pharmacies are also swamped, can’t just push everything to pharmacies”*

*“Mostly if I use the pharmacist, it’s a good service – they are knowledgeable”*

### Milton Keynes

*“I only go to a GP when I really need to. I have once sought a Pharmacy advice. It was fine but I'd be more confident if the GPs really had the faith in the Pharmacists the NHS seems to.”*

*“I don’t use Pharmacy but aware of what they can provide.”*

### Question 3

## Have you used 111 (telephone) or 111 online?

### Bedford (See appendix 3 for workshop notes)

The feedback received from people attending the workshop was generally positive saying the operators were knowledgeable, were able to provide callers with advice to manage their condition and arranged call-backs or referred them to the appropriate services such as arranging an ambulance for them or booking them into the Urgent Treatment Centre (UTC). Although the feedback on the advice and support was positive, there were lots of comments about the length of time it took for calls to be answered or for people to receive a call-back from the health professionals.

One person commented that although it took between 90 minutes and 2 hours for the clinician to ring, the patient received call-backs in between to check on their symptoms and provide reassurance that they were still on the list which they appreciated.

*“Had a good experience - had a video consultation and was then booked into the urgent treatment centre at Bedford Hospital”*

*“Excellent service - knew ambulance wait times, they were very aware of the resources available.”*

*“Experience of 111 – long wait to be answered. The clinician rang back and was clear; they gave advice; it was a good process.”*

The following questions were asked for consideration:

- Whether the 111 service could be expanded to cover all triaging.
- Whether we could provide more information for people from the Ukraine, as many are not registered with dentists, and they contact 111 when they need a dental appointment.

### Central Bedfordshire (held in Flitwick) (See appendix 4 for workshop notes)

Residents gave us several examples of using 111 (telephone) and 111 online, the feedback was mixed with some people saying they had received an excellent service whilst others reported poor experiences.

Several people provided examples of positive experiences including being signposted to A&E alternatives during the junior doctor and nurse industrial action, contacting 111 and getting the answer they needed, and receiving call backs as promised.

*“The doctor’s call back was prompt, the advice was helpful with no follow-up needed.”*

*“The rapid response service when providing a home visit from 111 was excellent”*

We were told that it takes a long time for people contacting 111 to get the support they need. With some people waiting more than 45 minutes for their call to be answered, some people waiting so long that they gave up trying to call and went to the Putnoe walk-in-centre instead.

Several gave examples of facing long wait-times for the promised 'return call' with a healthcare professional.

*“Operator was insistent on talking to patient when the patient was really unwell – person making the call on their behalf because they were feeling too unwell to make the call themselves, they were then told to attend A&E where they had a very long wait.”*

*“Person rang at 2am, was given 4hr window for call back”*

*“Get more people to answer the 111 phone - waited on phone for 45 mins (gave up and went to Putnoe WiC)”*

Several people had been referred to A&E, believing they had an appointment, rather than a timeslot, and felt this should have been explained to them as they had to wait for over 2 hours to be seen.

A Healthwatch representative advised that in the [Healthwatch Central Bedfordshire's Bedford Hospital Report 2022](#), there was feedback regarding mental health access and the fast-track route for NHS111 for the crisis line; the report also reported on which services patients had contacted prior to attending A&E of which many had contacted NHS111. The report also suggests that those aged 18-30 were the group least likely to use NHS111.

### **Central Bedfordshire (held in Biggleswade)** *(See appendix 5 for workshop notes)*

Residents provided numerous experiences where they had used either 111 (telephone) or 111 online, the feedback was mixed with some people saying they had received an excellent service whilst others reported poor experiences.

The positive experiences included people receiving call backs as promised, being prescribed medication which they were able to collect from their local pharmacy, ambulances being dispatched following the 111 call, going to A&E who had a team waiting for them or being told to go the Urgent Treatment Centre at a specific time to be seen.

*“Called 111 received a call-back from the doctor, who prescribed painkillers which were available to collect the next day at 9am”*

*“Called 111 was advised to go to A&E where urgent treatment was required”*

*“I've telephoned a couple of times at night (out of hours) and they were able to send the ambulance direct. I can't fault the 111 or hospital staff.”*

There were a few examples where people told us that they had been given incorrect advice by the 111 service, and therefore did not receive the healthcare they needed at that time. This had resulted in them becoming more ill, being admitted to hospital and requiring surgery.

*“Called 111 and it took more than 4 hours for someone to call back”*

Several people told us that they had been told that a clinician would call them back, and that it had taken a long time for the clinician to call back (in excess of over 4 hours), or that they had not received the call-back that they had been promised.

It was highlighted during the discussions that many residents were not aware of what the 111 service was or how it worked. We were told that some people were surprised that the person they were talking to was not a clinician and felt the questions they were being asked were too prescriptive, saying the process did not allow them the opportunity to ask questions. Some did know that the service was available online and via the phone, and that D/deaf users could contact NHS111 using text relay or via signvideo for British Sign Language (BSL).

Whilst some suggested that more should be done to encourage people to use 111 and to explain how the service worked and the links it had with other providers, there was some concern that some people were bypassing the system.

*“111 have access to ‘ring-fenced’ GP appointments which is good, but does seem people abuse the system to try and get those”*

A few people advised that if they did use 111, that they would always opt to ring 111 rather than use the online service as they preferred talking to someone (and being able to explain themselves). They also commented that the online system is difficult for users to navigate.

*“If you’re not well, it’s difficult to use the online process, especially if you do need to be seen urgently as you’re often unable to function normally and think how to navigate the system”*

### **Central Bedfordshire (held in Dunstable)** (See appendix 6 for workshop notes)

*“I used NHS online; it was in the early hours of the morning at a weekend. I was able to type in my message and was then told to go to the hospital straight away. I did all this whilst feeling anxious – it worked well.”*

Need to consider how older people navigate the system (online and telephone). Also people are aging and although they can currently use systems, may experience memory loss or dexterity issues in the future and be unable to navigate apps.

### **Luton** (See appendix 7 for workshop notes)

The feedback regarding people’s experience of the 111 services was poor.

Attendees told us that it took a long time for patients to receive the call-backs that they were expecting. This caused great difficulties for people with no address or who are homeless and getting support from a local organisation such as NOAH, as the support organisations tend to work office hours, so if NOAH is expecting a call-back for one of their service users, the call may go unanswered if it's after office hours. The online service also was difficult to navigate for those with poor ICT skills.

The discussions focused mainly on communication and providing public information about the services provided by the 111 team as it was thought that many people were not aware of the service and were continuing to access other less appropriate services which were oversubscribed.

### **Milton Keynes** *(See appendix 8 for workshop notes)*

Attendees at the Milton Keynes workshop shared numerous experiences of when they had used either 111 (telephone) or 111 online, the feedback was mixed with some people reporting good experiences whilst others reported poor.

The positive experiences included people receiving call backs and talking to clinicians, being prescribed medication, having ambulances being dispatched, being signposted to either the walk in centre or urgent treatment centre, or being given an appointment at their GP surgery.

*“Spoke to a 111 call handler, got a call back from a nurse and was given an appointment the next day”*

*“Rang 111, outlined issues and they prescribed medication so a positive experience”*

*“Good experience for children – reassuring to be able to be able to speak to someone at 111 if you're unsure”*

*“Good experience via phone line - able to help with query and the whole system worked together (111, then sent to Maple Unit at Milton Keynes Hospital)”*

There were a few examples where people told us they had not received the callback, one person had been told to go to A&E and that the A&E team would be told they were on their way - which they were not, and someone who was given the wrong information.

*“It's only as good as the information provided to the call handler”*

We were told that they felt they were asked a lot of questions when they rang 111 and the online system was very limiting, residents found that there were restrictions on answers/information the users could provide which some people found either unhelpful or frustrating. Some said they preferred to use the NHS website to look up information and/or go to the walk-in centre to avoid the 'scripted' conversations.

Attendees felt said that the demand for the service was high and more staff were needed to deal with the number of calls and online contacts, they asked whether AI (artificial intelligence) could be used to help manage the demand.

It was highlighted during the discussions that many residents were not aware how the 111 service was or how it worked. Some people attending the workshop did know that the service was available online, that people could ask for a translator, and that signvideo was available for British sign language (BSL) users and text relay for people who do not hear.

It was suggested that more should be done to promote 111 and to explain how the service works and how people should use it. We were told that the NHS often forgets that systems and processes can be complicated or overwhelming for users. Some patients may need help or instructions to feel comfortable using it or have had a poor experience and be hesitant to use it again.

Residents suggested that more people would use it if they had confidence that the system was working, and they would get the health support or advice they needed. Making the system easier to use and ensuring that actions promised by the 111 team were implemented, would encourage more people to use it and provide reassurance to patients.

A suggestion was made for residents to receive texts following contact with NHS111 to provide reassurance they were in the system.

*“A general perception that failing when first implemented (the perception takes a long time to change, so need to get it right at first)”*

## **Online Workshop**

### **Bedford and Luton**

Most of the group had used 111 (telephone) and one person had used 111 (online), reporting positive experiences, saying they were happy with how their contact was handled and the outcome that was achieved through the process.

The process can take a long time with lots of questions being asked, which on occasion do not feel appropriate.

One resident was not aware that there was 111 online and suggested more awareness/promotion is done around this offer.

### **Central Bedfordshire**

*“111 is a good service but in Leighton Buzzard we have very limited access to urgent or out of hours services – even a pharmacy – it’s quite a drive”*

*“Urgent eye service is very good – really helpful and quick”*

*“Communication needs to improve – residents need more information, and regularly about primary care”*

*“Where practices have PPGs, engage with them and provide them with information – they are ready to receive and learn”*

*“Websites need improvement – if practice websites were up to date with relevant local info it might help residents”*

*“111 always helpful – can’t do enough to help – but there is a limited range of services in Leighton Buzzard so end up driving quite far.”*

## **Milton Keynes**

*“Used 111 for 16-year-old son, very good service, good links to other services.”*

*“I’ve had no need to use it but am happy to use it if required.”*

## Question 4

Please can you provide feedback on any other service such as Walk-in centre, Urgent GP clinics, Urgent Treatment Centres or a GP Out of hours service (accessed via 111) that you may have used.

Posters were affixed to the wall for each of the service areas, attendees were asked to add comments explaining what worked well and what could be improved on post-it notes and add them to the appropriate headings on the posters.

<b>1. Walk-in centre (WIC)</b> <i>Within BLMK there is Putnoe WIC based in Bedford and one in Milton Keynes (on the Milton Keynes hospital site, it is also referred to as the UTC)</i>		
	<b>What worked well?</b>	<b>What could be improved?</b>
<b>1) Bedford</b>	No responses received	<ul style="list-style-type: none"><li>• Open longer in the day</li><li>• Luton UTC – given an appointment time but it was irrelevant because when arriving at the WIC told would have to wait 1-3 hrs.</li></ul>
<b>2) Central Beds (Flitwick)</b>	<ul style="list-style-type: none"><li>• Walk in registration was seen in 10mins out in 20mins with prescription</li><li>• Putnoe Walk in – Used 3 times in the last two years. Did have to wait up to 1.5hrs but got very good service and competent treatment</li><li>• Putnoe Walk in service</li><li>• Used this service when local GP service couldn't/wouldn't give an appointment. It was excellent and, in both cases, prescribed medicine to treat the problem</li></ul>	<ul style="list-style-type: none"><li>• Waiting time – defeats the whole idea of urgency</li><li>• Provide this service locally – I live in Leighton Buzzard</li><li>• This does not exist there is no urgent treatment centre for face to face in CBC!</li></ul>

## 1. Walk-in centre (WIC)

*Within BLMK there is Putnoe WIC based in Bedford and one in Milton Keynes (on the Milton Keynes hospital site, it is also referred to as the UTC)*

	What worked well?	What could be improved?
<b>3) Central Beds (Biggleswade)</b>	<ul style="list-style-type: none"> <li>Staff (Putnoe) helpful and always get the necessary treatment</li> <li>Putnoe (WIC) – I walked in and waited 30 minutes</li> </ul>	<ul style="list-style-type: none"> <li>It's only open until 2pm</li> <li>It's too far away</li> <li>Rang 111, I was given an appointment at Putnoe WIC. Putnoe WIC could not help and was sent to hospital. Person had a kidney stone and was passing blood</li> <li>Transport links – it's difficult to get to the walk-in centre</li> <li>Needed in Biggleswade – we don't have one</li> </ul>
<b>4) Central Beds (Dunstable)</b>	No feedback given	No feedback given
<b>5) Luton</b>	<ul style="list-style-type: none"> <li>Getting an appointment on the day.</li> <li>Walk-in centre – good response is patient's feedback.</li> </ul>	<ul style="list-style-type: none"> <li>Should be able to refer patient for x-ray – not to send them back to GP for referral.</li> <li>Did not work so well – felt they had a lack of interest.</li> <li>Long waiting time – not able to make onward referral.</li> </ul>
<b>6) Milton Keynes</b>	<ul style="list-style-type: none"> <li>Walk -in centre - Have used – All positive (apart from having to wait sometimes for hours) for persistent stomach pain).</li> <li>A&amp; E used after a fall – injury to nose – A&amp;E was recommended by weekend GP</li> <li>999 (self assessed that 111 was not appropriate – confirmed by paramedics.</li> </ul>	<ul style="list-style-type: none"> <li>Don't know where the 'Walk-in' centre is on the MK site. Is it the same as the Urgent Care Centre? Is it the Maple unit? Even taxi drivers need to know there is a long walk between the different centres if you get it wrong.</li> </ul>

Residents told us that the Walk-in centre worked well, mentioning the convenience of being able to be seen on the day by a healthcare professional if unable to get an appointment at their registered surgery.

The service could be improved by reducing the waiting-times and extending opening hours. Residents from Central Bedfordshire said they wanted a similar service to be available in their area, as the Putnoe walk-in centre was too far away, and transport links were not good.

Patients said that services needed to be more joined up as the WIC could not make referrals, the patient was told they needed an x-ray, but had to get their own surgery to make the referral, which meant that had to have an appointment with their GP.

## 2. Urgent GP Clinic

*Within BLMK there is one Urgent GP Clinic based in Luton (on the Luton and Dunstable Hospital site)*

	What worked well?	What could be improved?
1) Bedford	No feedback given	No feedback received
2) Central Beds (Flitwick)	No feedback given	<ul style="list-style-type: none"> <li>No urgent Face 2 Face in Central Bedfordshire, Out of Hours</li> </ul>
3) Central Beds (Biggleswade)	No feedback given	No feedback given
4) Central Beds (Dunstable)	No feedback given	No feedback given
5) Luton	No feedback given	<ul style="list-style-type: none"> <li>Client registered with Town Centre GP Surgery – unable to get through - so went there. No appointment went to walk-in centre not able to see client as they are registered to same building. (Same contract holder).</li> <li>Told the concern was not serious enough to be seen at clinic.</li> </ul>
6) Milton Keynes	No feedback given	No feedback given

A patient advised that as their GP practice was in the same building as the Urgent GP clinic (and with the same provider) they were unable to access the service, another person advised that their condition was deemed not serious enough to be seen at the clinic.

### 3. Urgent Treatment Centres

*Within BLMK there are three Urgent Treatment Centres based in Bedford (CMC), Milton Keynes (MKUH) and Luton (Chapel Street)*

	What worked well?	What could be improved?
1) Bedford	No feedback received	<ul style="list-style-type: none"> <li>Bedford Urgent Care – extremely long waiting time</li> <li>Putnoe walk-in – long waiting time and short opening hours</li> <li>Putnoe – need to have access to 24/7 pharmacy</li> </ul>
2) Central Beds (Flitwick)	<ul style="list-style-type: none"> <li>Good experience of the Bedford Urgent Treatment Centre</li> <li>Very quick service when passed onto the Urgent Care centre</li> </ul>	<ul style="list-style-type: none"> <li>No urgent Face 2 Face in Central Bedfordshire, Out of Hours</li> <li>Only used because sent across from A&amp;E after instruction from 111 to go to A&amp;E (Bedford)</li> <li>A long waiting time in waiting area with a young child</li> <li>This service is needed but doesn't exist in Leighton Buzzard.</li> <li>It's hard to evaluate a service that doesn't exist.</li> <li>111 or A&amp;E not thinking about anything OOH</li> <li>Lack of continuity creates issues when GP's and hospitals don't agree</li> <li>Joined up care needed – hospitals not speaking to GPs</li> <li>How many people go untreated because there is no service?</li> <li>Transport to Urgent Care – only accessible by car</li> <li>There needs to be an urgent care centre in Central Bedfordshire</li> </ul>
3) Central Beds (Biggleswade)	<ul style="list-style-type: none"> <li>I was seen face to face by a competent GP</li> </ul>	<ul style="list-style-type: none"> <li>Was sent back to GP surgery to request blood tests as UTC said they could not request them. It was a nightmare going back and forth.</li> <li>UTC was ok, but did have to wait a while</li> </ul>
4) Central Beds (Dunstable)	<ul style="list-style-type: none"> <li>I was seen with an hour</li> </ul>	No feedback given
5) Luton	<ul style="list-style-type: none"> <li>Worked well</li> </ul>	No feedback given

### 3. Urgent Treatment Centres

*Within BLMK there are three Urgent Treatment Centres based in Bedford (CMC), Milton Keynes (MKUH) and Luton (Chapel Street)*

	What worked well?	What could be improved?
<b>6) Milton Keynes</b>	<ul style="list-style-type: none"> <li>• New Same day emergency care (SDEC) team works very well.</li> <li>• Being seen in UCC for sore knee and sent to A&amp;E for Xray and treatment was seamless and quick.</li> <li>• Availability for demand.</li> <li>• MK Urgent Care Service</li> <li>• Called 111 and given a booked appointment at MKUCS – positive experience.</li> <li>• UCC – triaged at MKUCC for abscess – excellent, seen within 2 hours with antibiotics.</li> <li>• GP care navigator had no appointments that day – knew antibiotics were needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Walk in Centre MK (UTC) – very long wait due to lack of staff</li> <li>• MK Walk-in – more staff required. Babies and elderly should get priority.</li> <li>• Understaffed, long waiting times and a breeding ground for bugs and germs.</li> <li>• Urgent Care Centre. Very helpful especially when GP closed. Diagnosed well, picked-up medication as well or diverted to A&amp;E if provision not available.</li> <li>• Good Service – 15-20 mins wait. Excellent follow-up.</li> <li>• UTC – talking to patients, saying that they no longer telephone GP surgeries and just go straight to UTC.</li> <li>• Urgent Care Centre – used a couple of times, went prepared for a long wait (water, snacks, book) seen after about six hours. Resigned to decreasing standards in NHS generally, but it shouldn't be like this.</li> <li>• Urgent treatment centre – Horrendous waiting times.</li> <li>• No x-ray available so get sent to main hospital.</li> <li>• Walk-in Centre- Long wait – 6 hours</li> <li>• Lack equipment –</li> <li>• -no Xray,</li> <li>• -can't do blood tests</li> <li>• If referred from walk-in centre to A&amp;E need to go to the back of the queue in A&amp;E</li> </ul>

Residents shared positive examples of their experiences at the Urgent Treatment Centres (UTCs), the examples given demonstrated in most a joined-up service,

Residents from Central Bedfordshire said they wanted a similar service to be available in their area.

The Milton Keynes Urgent GP Clinic worked well for a resident who needed support over the weekend.

#### 4. GP out of hours service (accessed via 111)

	What worked well?	What could be improved?
1) Bedford	<ul style="list-style-type: none"> <li>Set appointment time</li> </ul>	<ul style="list-style-type: none"> <li>At present you have a confusing system involving UTC, HUC, Bedford PCN's, WIC's, A&amp;E providing OOH and extended hours. It is unnecessarily complex, confusing and inefficient, time consuming and expensive. You could reduce it to A&amp;E, UTC/OOH centre at BGH and PCN's providing extended hours.</li> </ul>
2) Central Beds (Flitwick)	No feedback given	<ul style="list-style-type: none"> <li>No urgent Face 2 Face in Central Bedfordshire, Out of Hours</li> <li>Lack of transportation especially at night to get to health services</li> </ul>
3) Central Beds (Biggleswade)	<ul style="list-style-type: none"> <li>Online 111 was helpful – booking out of hours GP</li> <li>Worked well for me but I think due to severity of problem – it was middle of the night, and they called an ambulance</li> <li>Works well as a comfort blanket to know someone will help</li> <li>Have used 111 to get an appointment at Stevenage, was seen quickly too!</li> <li>Have tried 111 to get an out of hours appointment at Luton – it worked well</li> </ul>	No feedback given
4) Central Beds (Dunstable)	<ul style="list-style-type: none"> <li>The GP Out of Hours service was very good. It was 9pm on a Saturday night and I was referred to the hospital the urgent service</li> </ul>	No feedback given
5) Luton	<ul style="list-style-type: none"> <li>Worked well</li> <li>Worked well</li> <li>Worked very well</li> </ul>	No feedback given

#### 4. GP out of hours service (accessed via 111)

	What worked well?	What could be improved?
6) Milton Keynes	<ul style="list-style-type: none"> <li>The last 3 times I have requested an appointment I have had either a phone call or face to face.</li> <li>I was given a face-to-face GP appointment for my daughter, and it was very reassuring and resulted in a referral to secondary care.</li> <li>Always quick to give an appointment, friendly and quick to refer.</li> <li>I find the online request for appointments really convenient as a full-time working mother.</li> <li>Knew it was impossible to get through on phone. Managed to get an appropriate same day appointment by physically queuing – even though I was 10th in the line of a queue of 25.</li> <li>Early morning appointments at GP surgery are available. Am aware but have not used the services.</li> <li>Sept 2023 tested positive for Covid19 and was very poorly with poor oxygen levels. Had been in ‘at risk group’ following chemotherapy. Was put in touch with doctor to discuss what/if treatment was needed. All done in one day and over a weekend. <i>[this is likely to be CMDU service]</i></li> </ul>	<ul style="list-style-type: none"> <li>Difficult to communicate the urgency of the situation to a care navigator.</li> <li>Impossible to get through on the phone.</li> </ul>

As a whole residents shared positive examples of using GP Out of hours (via NHS 111), one person advised they had difficulty getting through on the telephone and one person explaining the urgency of the situation

## Online Workshops

This question was approached differently for the online sessions, and held as a discussion with the following points being raised:

### 1) Bedford & Luton

1. Signposting - One resident contacted her GP practice to get an appointment as had a rash. Was advised by reception that there were no appointments and to go to the Urgent Treatment Centre. When arrived as the complaint was more than 2 weeks old UTC told resident she needed to go back her GP and did not see her. It was a wasted trip – called GP again and said what had happened and was given an appointment to see the Nurse at the practice.
2. Appointment process at Luton UTC – takes booked appointments through the 111 service but patients still walk in. When you walk in do you still just sit and wait and are seen between patients that have booked appointments, i.e. you may arrive and there only be 4 people in the waiting room but another 3-4 arrive after you and are seen before you as they have booked appointments.
3. I have used this service after numerous attempts to get a GP appointment for family members to no avail when I had real concerns around their health

### 2) Central Bedfordshire

4. Access to out of hours and urgent services needs to be consistent, very hard in some parts of Central Bedfordshire
5. Need to do better signposting – be clear about what all the options are.
6. Long waits in primary care and at the hospital – it's so frustrating – sometimes you just need some advice and it's hard to get it as everywhere seems to have long waits
7. I have been to the UTC at Bedford and I didn't have a good experience – they don't seem to be able to do much, GP out of hours service is much better as they seem to be able to do more and get things sorted
8. I have used Putnoe WiC and the staff were nice, and they seemed able to do things.
9. Can't expect residents to decide where to go, we are not clinicians – we need clear options and clinical support to guide us.

### 3) Milton Keynes

10. My GP Practice sent me to Milton Keynes Urgent Treatment Centre (UTC), service was good.
11. Used Milton Keynes UTC, worked well although long wait on a Friday evening. Went back on a Sunday, much shorter wait.

## 6. Key findings from survey for young people

Free format responses to questions 2,4,5,6,8,9 and 10 can be found in appendix 9.

### Question 1 - What is most important to you when contacting your doctor's surgery or other healthcare service such as NHS111, local walk-in centre and urgent treatment centre for a same day or urgent healthcare appointment?

Please order the responses, so the most important thing is at the top (ranked 1) and least important at the bottom (ranked 4)

	Number of responses received for each option (A score of 1 is most important and 4 least important)				Ranking calculation Score	Order of importance (Ranking order) Result
	1	2	3	4		
Having an appointment that day	14	10	6	1	3.19	<b>1<sup>st</sup></b>
Having a face-to-face appointment	10	12	6	3	2.94	<b>2<sup>nd</sup></b>
Seeing a doctor (GP) - rather than another member of the team, such as a nurse	4	6	12	9	2.16	<b>3<sup>rd</sup></b>
Having a telephone conversation with a health care professional who can help me	3	3	7	18	1.71	<b>4<sup>th</sup></b>

(31 responses received)

The results of the survey show that what is most important to them when accessing a same day or urgent healthcare appointment is to have an appointment that day, closely followed by having a face-to-face appointment.

### Question 2 - What else is important to you when you want to get an appointment urgently or on the same day at your GP surgery or other healthcare setting?

14 people provided responses this free format question

Young people said that they wanted to get urgent help or advice when they needed it and be issued with prescriptions straight away. They said that did not want to wait for a long time in a telephone queue trying when trying to book an appointment as this could be stressful. It should be noted that none of the responses said that they needed to be seen by a GP, instead there was a theme of getting the help/advice they needed.

*“Not being hung up on by reception, telephone appointments are pointless, don't bother, it wastes GP time....”*

*“That they can work around times I've asked to be avoided.”*

*“That they help me feel better and fully explain my condition, so I know how it works. “*

**Question 3 - Have you tried to get support from somewhere else - such as a community pharmacy (high street chemist), before contacting your doctor's surgery?**

Yes	14
No	5
Not sure	9

**Question 4 - What was your experience?**

8 people provided responses this free format question.

Of the 8 responses, 3 people advised it had been a positive experience and 3 advised that it had been a poor.

*“Good, medicine prescribed was effective”*

*“It was ok and got seen quick but not necessary the best medical advice.”*

*“They didn’t help. Both times, we were told we would have to see a doctor, and they gave us no further information.”*

**Question 5 – How could it be improved?**

8 people provided responses this free format question.

Respondents asked for pharmacists to have better training to be able to provide more advice for more conditions or to have at the doctor on site for people unable to get an appointment at the surgery. Suggestions were also made for services to be quicker at the pharmacist – reduce waiting times and the processing prescriptions.

*“By giving appointments to people who need them. I went to the pharmacy with my mum and had to tell someone there what was wrong. I then got told I needed to see a GP, but we couldn’t get an appointment.”*

*“Better wait time”*

*“Reduce wait times by increasing investment”*

*“Better medical advice and training for pharmacists”*

*“By actually giving us some information, even if they can’t fully diagnose”*

**Question 6 - Community pharmacies (high street chemists) can provide health advice and can even prescribe medicines for some conditions. What would encourage you to use your community pharmacy?**

19 people provided responses this free format question.

Several respondents said that they would use the pharmacy if was able to provide the help or support they needed. A few wanted to understand better how prescribing worked and the services provided by pharmacies. A few were unsure of the qualifications that pharmacists had and wanted reassurance that they would be able to provide accurate information and advice.

*“If it worked. Communication between the pharmacy and the doctor surgery is shocking.”*

*“More awareness of this and the support/advise they can offer. My only concern is where is this information logged/recorded what’s been discussed.”*

*“If I knew how the prescribing works.”*

*“Knowing that the pharmacists are trained like doctors and know about medicine.”*

### **Question 7 - Have you used NHS 111 (telephone) or NHS 111 online to get medical help?**

Yes	12
No	7
Not sure	4

### **Question 8 - What was your experience?**

9 people provided responses this free format question.

*Respondents told us that it took a long time for their 111 call to be answered with several respondents advising that they were then told to see a GP.*

*“It took ages on the phone, and they said I needed to see a GP”*

*“It was a lengthy experience on all occasions we used the service. Often GPs don’t call back when told they will.”*

*“111 online scares me, it’s always telling me I need to get medical help although it won’t tell me what for.”*

Several reported positive experiences

*“I was recommended to go see a GP, which was arranged for the next day (as the incident was late at night).”*

*“Very quick and easy”*

### **Question 9 – How could it be improved?**

9 people provided responses this free format question.

Suggestions were made to reduce waiting times for calls to be answered, to join up services better and to provide more GPs to meet demand.

A suggestion was also made for NHS111 online to provide information as to what it suspects you have.

*“Don’t tell people they need see a GP when they can’t get an appt”*

*“More staff so that the wait is not as long, quicker to answer the phone”*

*“A more joined up service as I do feel it’s quite disjointed”*

*“It went well. No improvement recommendations”*

**Question 10 - NHS 111 (telephone) and NHS 111 online helps people with an urgent medical need (that is not life-threatening) to get assessed and directed to the right care, especially if their GP surgery is closed. What would encourage you to use NHS 111 (telephone) or NHS 111 online to get medical help?**

17 people provided responses this free format question.

There were a wide range of responses to this question, with people saying they would use NHS111 if it was more easily accessible and staff were knowledgeable and treated patient kindly. Several said they would use the service if it was urgent or very important and they were unable to get an appointment at their GP surgery.

*"I would use the service for the family if needed to."*

*"If I was unable to get a doctor's appointment or see a pharmacist"*

*"If I had something non-emergency but important"*

*"Online text support"*

**Question 11 - If you have used any other services such as a Walk-in Centre, Urgent GP Clinic, Urgent Treatment Centre or a GP Out of Hours service, please let us know what worked well and what could be improved.**

**What worked well?**

*"I was able to book an appointment to be seen on that day. The wait to see the doctor was short and the doctor we saw was very experienced."*

*"The wait time"*

*"They told me I needed to go to the hospital"*

*"It was professional"*

*"Bookings"*

*"Having lots of rooms."*

**What could be improved?**

*"Availability of GP appointments"*

*"More appointments available for people and more doctors working in walking in centres"*

*"Can't think if anything"*

*"It took them ages for them to tell me that"*

*"It was scary"*

*"Waiting time"*

*"The wait- I always go in 20 minutes after when my bookings supposed to be."*

# 7. Key findings from survey for people with autism

Free format responses can be found in appendix 10.

## Question 1 - What is most important to you when contacting your doctor's surgery or other healthcare service such as NHS111, local walk-in centre and urgent treatment centre for a same day or urgent healthcare appointment?

Please order the responses, so the most important thing is at the top (ranked 1) and least important at the bottom (ranked 4)

	Number of responses received for each option (A score of 1 is most important and 4 least important)				Ranking calculation	Order of importance (Ranking order)
	1	2	3	4	Score	Result
Having an appointment that day	18	3	3	0	3.63	<b>1<sup>st</sup></b>
Having a face-to-face appointment	5	15	2	2	2.96	<b>2<sup>nd</sup></b>
Seeing a doctor (GP) - rather than another member of the team, such as a nurse	0	3	14	7	1.83	<b>3<sup>rd</sup></b>
Having a telephone conversation with a health care professional who can help me	1	3	5	15	1.58	<b>4<sup>th</sup></b>

(24 responses received)

The results of the survey show that what is most important to them when accessing a same day or urgent healthcare appointment is to have an appointment that day, closely followed by having a face-to-face appointment.

## Question 2 - What else is important to you when you want to get an appointment urgently or on the same day at your GP surgery or other healthcare setting?

19 people provided responses this free format question

We were told that the current systems caused great deal of stress and anxiety.

Respondents with autism advised that they struggled with having to contact the practice first thing in the morning, finding it induced their stress and anxiety, some were on medication which made it difficult to wake up early enough, or they lacked the mental clarity that early in the morning to have a meaningful conversation.

Talking on the telephone caused people stress, some said that they would prefer to be able to have an online system for booking urgent appointments. Several people found not knowing the specific time that they would receive a call-back stress-inducing. They said that they would like to given a specific and time and sent confirmation by text.

They said that remembering or processing information is very difficult, so would like to receive texts to confirm the times that they will be called back. Then following their appointment to receive the information in written format – handwritten by the healthcare professional or sent electronically after the appointment.

They said that they wanted to be treated with kindness and respect and not be rushed, for both reception staff and healthcare professionals to allow them time to explain themselves

and to provide environments which did not induce stress such as a quiet place to wait if the waiting room is busy or noisy.

*"I am often told to ring at 8am on the day I need to see a doctor. Firstly, this is impractical and causes unnecessary stress and anxiety. Secondly, the medication that I am on makes it very difficult for me to wake up early or have the mental clarity to confidently speak to someone and advocate for myself at an early time."*

*"Not to be rushed or judged and to be able to talk about more than just the one problem. It'd help if they wrote down/printed everything they've said to me so, I don't forget."*

*"To be seen on time or as close to the booked appointment time as possible. Not to feel rushed when trying to explain what's wrong. Not to be undermined or brushed off when expressing my worries and symptoms. Any treatment is explained to me properly. That if the waiting room is crowded and there is a delay in being seen that there is a place to go if really needed to try and calm down and not get too stressed out."*

**Question 3 - Have you tried to get support from somewhere else - such as a community pharmacy (high street chemist), before contacting your doctor's surgery?**

Yes	14
No	10
Not sure	0

**Question 4 - What was your experience?**

13 people provided responses this free format question.

There was a range of both positive and negative experiences, with some respondents praising the service they had received whilst others advised that they had been given an incorrect diagnosis or told that they needed to see their GP for advice or for medication to be prescribed.

Several said that the support you get depends on the individual pharmacist and how busy they are. One person said they felt bad asking the pharmacist for advice because it left other customers waiting.

A suggestion was also made for pharmacists to be publicised that customers can be asked to be seen in a private room.

*"Generally, it's been good but, it'd be helpful if they were signs to say "we can see anyone privately if you have an issue or don't know what you need" kind of thing. I hate going to the doctors so it would be much better if I knew for sure you can talk to a pharmacist in a private room for advice. Sometimes, I want to ask if I can talk to a pharmacist privately quickly so, I know what product to get or how to treat something but, I'm worried they'll tell me to go to the doctor or that they don't do that. I want clear signs saying they do and how do I ask, like which words do I say because sometimes they come out all jumbled up and I don't make sense then I feel really embarrassed, or I just don't and walk away so I have the problem for months."*

*"I always seek help elsewhere before contacting the surgery. I seek help from a pharmacy and online. The help you get at a pharmacy depends entirely on the individual pharmacist, and how busy they are. When the pharmacy is extremely busy, I feel bad about asking for advice because it keeps other people waiting."*

*"As always brilliant."*

### **Question 5 – How could it be improved?**

13 people provided responses this free format question.

Respondents with autism suggested that pharmacies should have clear signs stating the services that they provide and the times that the services are available.

They suggested that pharmacists receive more training to be able to deal with queries competently and for a broader range of conditions.

*"Pharmacy staff need to be trained to understand difficulties, and not be judgemental, but instead helpful, patient and understanding. For example, I have found that I am treated as if I am stupid when people know I have Asperger's, and conversely my son has been treated as if he doesn't have a learning disability and is expected to be 100% mentally able to do the same as an average 17-year-old, which he isn't. Make sure all staff have a knowledge of Mental Health and where you can go for help."*

*"I think a detailed list of what pharmacists can help with and what they can't help with would be good. Maybe make it so pharmacists have more in-depth training so they can deal with more conditions."*

*"Sometimes I would like a little more privacy."*

*"I don't think supermarket pharmacies are very good for this. The one closest to me is always snowed under with stuff and it's a long wait to get prescriptions, and there's little facilities to get anything beyond that."*

*"I have before been laughed at for looking for help after a sexual assault after being referred there by GP (they just told me boots pharmacy CMK)."*

### **Question 6 - Community pharmacies (high street chemists) can provide health advice and can even prescribe medicines for some conditions. What would encourage you to use your community pharmacy?**

22 people provided responses this free format question.

Respondents said that they would use their community pharmacy more if they knew that they would be able to trust the pharmacist and that the pharmacist dealt with them in a kind and understanding manner and did not rush them.

They suggested that pharmacy appointments be offered, and people empowered to ask to talk to a pharmacist in a private space. Suggestions were also made for doctors to be based at the pharmacy and staff trained to support people with mental health needs.

*"If you know whether a trusted pharmacist will be there when you go in, and not a temporary one flown in for the day."*

*“Clear info on services, phone numbers, times, walk in appt. availability “*

*“Friendly and helpful pharmacists who take you seriously. I never use my nearest pharmacy as the “front” person seems to be friendly only to her friends. I feel like I am a nuisance if I ask anything. My favourite pharmacy is often too busy. It would be better if pharmacists / front staff working there who aren’t themselves a pharmacist were more understanding/patient. It would also help if they were not already far too overworked, with the pharmacies being extremely busy.”*

*“If they had knowledge of Mental Health issues as well as physical health problems.”*

*“The problem is if I try and get to a pharmacy first, then there are no appointments left at the doctor if the pharmacist can’t help me.”*

*“I wouldn’t use a supermarket pharmacy like that. Reasonable wait times, privacy, and qualified staff are things I would look for.”*

### **Question 7 - Have you used NHS 111 (telephone) or NHS 111 online to get medical help?**

Yes	18
No	5
Not sure	0

### **Question 8 - What was your experience?**

16 people provided responses this free format question.

People with autism provided a range of both positive and negative experiences – several provided words of praise and gave examples of how they had been supported, and a few said that had been given advice to go to A&E or to call 999 which they did, only to be told that this was wrong.

A few commented on the length of time for the call to be answered, some said they struggled using the service, due to hearing problems or feeling rushed.

*“I have always felt very rushed when on the phone and struggle to actually get across to them what the problem is. The long waiting times on the phone and the uncertainty of the outcome triggers a large amount of anxiety for me. I have however always had some type of treatment/help when calling 111 which is good.”*

*“Very good. The person I spoke to was empathetic and went above and beyond to help me.”*

*“I have spoken to them twice about mental health which didn’t go anywhere, and I was told to speak to a GP. “*

*“It’s hit and miss. Sometimes they seem to completely overreact and insist you go to A&E (who are furious when you arrive and explain) and other times they’re completely disinterested and just tell you to book a GP appointment on Monday.”*

*“It almost always says it can’t assess you safely and you have to call.”*

## Question 9 – How could it be improved?

16 people provided responses this free format question.

Respondents suggested that when 111 refer you to another service that they send the provider the information the caller has already provided so they do not have to repeat themselves. A suggestion was made for more information to be provided to the patient as to what to expect when attending the urgent appointment, for example where the reception is and whether they are likely to have to wait to be seen,

Suggestions were made to reduce calls waiting times for calls to be reduced.

*“Less uncertainty i.e. shorter reply times/waiting on the phone, a clear description of what is going to happen i.e. if going to hospital to be seen rather than just saying “head to this department” they could explain a bit more about what to expect upon arrival such as where the reception and waiting room will be, if the department is currently busy and if you should prepare for a long waiting time, if it's likely you'll need to stay in overnight based on your symptoms and why they've asked you to go to hospital etc. Could introduce an online system that you put your symptoms into, and it will give you an estimate as to whether you may need to go to the hospital or not after speaking to someone.”*

## Question 10 - NHS 111 (telephone) and NHS 111 online helps people with an urgent medical need (that is not life-threatening) to get assessed and directed to the right care, especially if their GP surgery is closed. What would encourage you to use NHS 111 (telephone) or NHS 111 online to get medical help?

21 people provided responses this free format question.

They said that waiting for their call to be answered and then the time it took to receive a call-back was stress-inducing and it would be helpful to receive a text to provide a time to expect the call-back.

Several respondents advised that they would avoid calling 111 and would rather text the service than ring and have to speak someone as the call makes them anxious and judged. Though once they had used the 111 online service, they were often advised that as assessment could not be made that they should ring them instead.

Suggestions were made for the online service to be improved.

*“A shorter wait time. It can take a while to get through. Then instead of getting transferred to an adviser, it can take several hours for anyone to ring you back. Stop asking ridiculous questions - for example, if I am ringing about myself, what is the point of asking if I am conscious?”*

*“I don't really like phone calls if at all possible. Online is more okay, but I don't think they could do anything more for me than I could find online myself. (I try and use the NHS websites when possible, I'm not just using WebMD or whatever.)”*

## Question 11 - If you have used any other services such as a Walk-in Centre, Urgent GP Clinic, Urgent Treatment Centre or a GP Out of Hours service, please let us know what worked well and what could be improved.

## **What worked well?**

*Reception and medical staff were helpful and professional.*

*Antibiotics were prescribed for my infection and the waiting room wasn't very busy.*

*GP out of hours service only used via 111 and several years ago*

*Staff were very helpful and were empathetic.*

*Had to fill in form for appointment, thought it would delay appointment but did not*

*I haven't used the walk-in centre for a while, but it works because you just have to wait and you see someone face to face. Out of hours is fine - they just don't know your history.*

*Staff were helpful and thorough*

*Any time I've used it I got the help I needed.*

*Gave me the information needed quickly and got to see a doctor*

*Nothing - there are none near where I live*

*Nothing (x2)*

## **What could be improved?**

*Shorter waiting times and more fully trained NHS nurses and doctors.*

*Actually have some!*

*Maybe a way to easily find out if your name was called (if you need the restroom or something), Maybe something that helps you keep track of the visit for health professionals*

*I was sent to a random out of hours GP unit where I had never been before. I don't drive and if it wasn't for family giving me a lift there, I wouldn't have been able to attend the*

*More training opportunities especially around Mental Health Issues*

*Receptionist understanding of autism*

*With the Luton walk in centre there isn't much clarity on whether it's still open. Speaking to friends or online people think it's been closed down. Chapel Street is a bit of a dump and to some people would seem unsafe.*

*Wait times (x2)*

*Everything*

## 8. Conversation with Victims of abuse

We met with two residents who has previously experienced domestic abuse, the two individuals sit on the Authentic Voice Panel for Central Bedfordshire Council, one of them is a trained domestic abuse first responder.

The questions asked during the wider resident engagement were used as a guide for the conversation though the conversation deviated at times to provide insights into other health services.

### 1) What is most important to you when accessing your practice team for an urgent appointment?

The method of accessing services either by telephone or in person would depend on the person seeking help and their individual situation and what is safe for them at the moment in time. Speaking to a healthcare professional when contacting the surgery would be the preference.

For some in coercive relationships, face-to-face appointments may not be safe as they may be 'seen' at the practice, or if the perpetrator knows about the appointment, they may insist on going to the appointment and controlling the medical care. In this scenario the person may prefer a telephone call at a time that is safe for them.

However, being able to see or speak to someone that is familiar to them is important. The reasons for this are two-fold:

- 1) Already in a vulnerable position seeing someone that you are familiar and feel you can trust is particularly important and might be the difference between someone reaching out for medical support or not
- 2) Seeing a familiar clinician reduces the need to repeat your medical history. Having to go over your medical history with new clinicians each time can mean having to relive traumatic episodes in your life and may not be relevant to the current medical situation. If you see the same person, the background is known and understood. However, if the condition is new (a one-off) and completely unrelated, it would be acceptable to see whoever could provide the right support.

We discussed the potential for having a 'flag' on a patient's record (with their consent) so that when requesting an appointment, the receptionist can see without asking that the patient needs to be seen by a named clinician and what kind of appointment works for them.

A question was raised around how private this information may be if the information were to show on the patient record in the NHS APP which a perpetrator may be able to gain access to.

A question of 'trust' was also highlighted – some people may be wary of who they can 'trust' for fear that the professional may contact social services and their children taken away.

### 2) Access to services

Whilst it is understood that there are waiting lists for services for all patients, those that are in an abusive relationship, fleeing a relationship or have previously experienced abuse are

often in a position where they need direct access to services. Someone in an abusive relationship may have a small window when they feel it is safe to contact medical services and it could be unsafe for them to receive a call-back at an unscheduled time later that day.

*“When you’re in an abusive relationship, a couple of hours can feel like a lifetime.”*

*“When you make the call, you’re looking for support at that moment, having someone tell you to ring a number or contact x organisation, doesn’t really help. It would be much better if the person you were talking to supports you at that moment in time.”*

### **3) Use of Community Pharmacy**

We discussed the use of community pharmacy and there is an issue around privacy and how confidential conversations are.

*“If you live in a small town, it is easy to be ‘seen’ at community pharmacy which may not be safe. This may not be the case if in larger towns and cities which would be more anonymous.”*

*“Having people queuing next to you as you ask the pharmacy for advice would not be appropriate for many and going to a confidential space with a pharmacist would also not be appropriate. Many of the confidential spaces in the pharmacy are not well sound-proofed or in discreet locations given the space available in most pharmacies. “*

Following the conversation about the different services community pharmacies can provide, the person advised that they would seek advice from their pharmacy, though not around anything ‘abuse’ related. A question was also raised as to whether pharmacies have access to your health record to be able to view the medication they are taking, any medications prescribed by other pharmacies and contradictions.

### **4) NHS 111 and Urgent Treatment Centres**

*“It wouldn’t occur to me to go to a walk-in centre if I needed urgent care – I’d either ring 111 or go to hospital. If I’m ringing 111 for urgent help, I’ll see anyone and go anywhere”.*

An example was given where an agoraphobic friend had contacted 111 and been told to go to the urgent treatment centre, the friend was in a queue with 30 people and found the whole experience extremely distressing, with no adjustments being made to support her.

### **5) Training for professionals**

Training for health professionals across all services is very important to enable them to spot the signs of abuse and know how to approach the patient with empathy and offer the right support for that person, which may be sign-posting in the first instance.

Professional curiosity is key, if those working in services feel something is not right or there are physical signs that could be abuse, they need the training so they feel confident to

approach the subject and what to do. They should ideally know who to contact, how to refer and how to respond to the person.

The role of Social Prescribers / Health coaches in practices/PCN's could be a good person to be a 'trusted voice' and known contact.

There was a discussion around the approach and style of healthcare professionals, with patients feeling the professional doesn't really care and is dismissive towards them, sending out "I'm here to fill in because the surgery is closed" vibes

## **In Summary**

The most important things for those that have experienced abuse or that are still in an abusive relationship are:

- Consistency of the professionals you see for support/medical help
- An understanding that there may be a short window to access medical help
- Knowing where to go for support – making the information easy to find and understand
- Training for health professionals

## **Other feedback**

Waiting times for wellbeing support services are an issue, it often takes a great deal of courage to come forward to ask for support and many have experienced traumatic experiences. There was a 1-year wait list for Bedfordshire Well-being services.

Health care professionals should be mindful that 'abuse survivors' may need additional support.

For those that are currently in an abusive relationship, they need:

- trusted and consistent contact if they are to be supported and encouraged to leave their abusive situation
- Appointments at venues where they feel safe (there is an anonymity to seeing a health care professional in a GP practice). Example was given where person used to have appointments with their wellbeing coach at the GP surgery, when funding was cut, the appointments were transferred to online.

It was acknowledged that patients are more accepting of a hospital's multi-disciplinary team and expect to be seen by a member of the consultant's teams rather than the consultant when attending a hospital appointment.

During the conversation, the following areas were also commented on and/or discussed:

- That the wellbeing coach at the GP surgery was invaluable, and that the ability to provide more than 6 sessions would be highly beneficial to patients should they require them.
- Difficulties faced by VOA when transferring between practices. We suggested that the person contact their surgery and request a handover, so the health professionals can be brought up to speed regarding the patient's history
- The NHS App doesn't show all test results – for example it doesn't show results of a recent MRI scan.

## 9. Conversations with people who are homeless

We met people who are experiencing homelessness and are supported by the SMART Prebend Centre in Bedford. The conversations were held with a support worker present who is a trusted person to those we were talking to. We would like to thank SMART Prebend Centre for their support in hosting these conversations.

The questions asked during the wider resident engagement were used as a guide for the conversation though the conversation deviated at times to provide insights into other health services.

### **27-year-old female, Ethnicity French**

Currently homeless. Explained that she would attend A&E if she needed medical assistance. She says that experience is 'ok, but slow!'

She also would see the doctor or nurses that come to the homeless centre – or sometimes even at the surgery if she needed to.

In terms of pharmacies – she uses Boots in the town centre and get on well there.

She didn't really feel like she had trouble accessing the care she needed.

### **Male, 23 English**

Always uses the walk-in centre if he needs medical help – he knows he will have to wait, but also knows he will be seen that day.

Mentioned that his wife was registered at a different surgery in Bedford – which she likes, but it always takes a while to get through.

He described an injury that he has suffered in his arm, which required emergency surgery and said that as he had not been able to make his first physiotherapy appointment, he had been removed from the list and was now unable to access physio – this was despite describing ongoing issues that suggested physio might be needed. He was directed to the self-referral to MSK and his support worker said she would help him to self-refer.

He also said that he needed to find a dentist as he required some dental work – again, with the help of his support work, we directed him the [nhs.uk](https://www.nhs.uk) where he would be able to find a local dentist who was accepting NHS patients.

### **Male, 36 English**

Has been in Bedford for 6 years and has experienced being housed and being homeless. Currently homeless, waiting to be housed.

Although, he has never used Bedford Hospital services himself, he lost his wife to cancer in the last few years and spoke very highly of the Oncology services.

Registered at a practice in Bedford who are aware of his situation. However, he still feels like everything is being pushed to digital – which can be challenging when you are not homed. Not everybody has a phone, or sometimes it is not charged.

Has used 111, he was sent to the urgent treatment centre via 111 for an ear infection and has used the walk-in centre a couple of times.

He has also seen the Nurse who comes to the centre quite regularly for his ruptured ear drums. But doesn't require regular medications, so doesn't really use pharmacies.

He indicates that he felt he could navigate the system as he was previously housed – which makes it so much easier.

He commented that there is no shortage of support with food, but what he really needs is somewhere to live and a job.

### **Case worker insights**

Whilst at the centre, we also heard some experiences from the case workers. There was a gentleman there who declined to speak with us but had recently been released from hospital having been attacked whilst on the streets, he had an open wound on his face and had been discharged back onto the streets. He also had nowhere safe to keep his medication.

This did not seem to be a one-off, as the case worker also described a service user who had been injured with a machete in the back of the head, he had also been discharged back onto the streets without any signposting or support offered.

## 10. Next Steps

This report will be used to help shape the same day and urgent primary care and Integrated Urgent Care services in BLMK.

This report will be made available online and shared with all of those that indicated they would like to receive a copy.

# 1 Source of Insights

Organisation	Report Title	Period of engagement
Healthwatch Milton Keynes	The Great Big MK GP Survey	1 Feb 2023 - 31 March 2023
Healthwatch Luton	GP Listening Event	March 2022
IPSOS Mori	GP Patient Survey	3 Jan – 3 April 2023
Healthwatch Bedford Borough Healthwatch Central Bedfordshire	Seen and Heard - a strong voice for local people	November 2021
BLMK ICB	BLMK Sentiment Benchmarking	May 2023
BLMK ICB	BLMK Digital Strategy Resident Engagement	October 2022 – February 2023
Healthwatch Bedford Borough Healthwatch Central Bedfordshire Healthwatch Luton Healthwatch Milton Keynes	Denny Review	2020 - 2023
BLMK ICB	The Big Conversation	May 2023 – October 2023
Healthwatch Milton Keynes	Healthwatch Milton Keynes Feedback Report	1st July – 30th September 2023

The recommendations developed through the Denny Review should be applied to the Re-design or Primary Care 24/7 – key areas to consider are:

## Insight Area

### Communications

- Ensure that residents communication needs are being met with interpreters made available in all required languages including British Sign Language
- Ensure that communications for the service reflect the different communities in BLMK
- Make translated materials available in line with legal duties
- Clear information about access points to support, for example, whether a referral by a GP is necessary, whether self-referral is possible and information about an expected care pathway is required.

**“It should be easier to book an urgent GP appointment and the NHS should inform people who are new to the area about how to book an out of hours appointment.”**

**“My GP seems to rely on 111 to screen patients and arrange appointments. Also, I am deaf and they don’t seem to understand that a phone appointment is useless, I need face to face but cannot get this.”**

**“We were told that calling the GP at 8am is not suitable for everyone as some people with disabilities are physically not able to be up out of bed, and able to call at that time of the day.”**

## Cultural Competency

- Training for all staff within the new service to support with language and understanding the needs of residents, including different ethnicities, those with physical and learning disabilities and LGBT+ people
- Consider how an Asset Based Community Development (ABCD) approach to engaging with communities can be used in the co-design phase for the new service working with the VCSE and Healthwatch to deliver this.
- Consider developing services that involve going into communities where people feel most comfortable, such as pop-up centres.

**“Make more GP appointments available the same day to relieve pressure on walk-in centres and to make care more accessible to disabled people, or people with mental illness that cannot wait hours in a walk-in centre. This will help catch issues before they escalate.”**

## Representation

- Through the co-design work ensure that communities that have been underrepresented and experience the greatest health inequalities have the opportunity to inform the design of the new service to help tackle health inequality.

### Access

- Accessible Information Standards and the Equality Act to be rigorously applied so that the new service meets the needs of all residents
- All premises for the service should ensure disability access is always available, including hearing loops that are regularly tested and staff trained on their use
- For GP services, simply getting an appointment was found to be difficult by many. When residents managed to get an appointment, this was sometimes not face-to-face when that was a clear, and sometimes necessary, preference. In addition, the length of appointments was felt to be too short by many to get to the heart of the matter. At each stage, residents spoke of difficulties convincing someone that they needed help, or that their need was sufficiently serious. For example, people spoke of having to convince a receptionist they needed to see a GP, or convincing a GP that they needed a referral.

**“I can’t get an appointment, when I do get through on the phone, they say you have to access the online portal. When I say I can’t, they hang up on me.”**

- Some residents said that appointment times were not available at the times when they could attend, creating a barrier to health services.
- People with physical disabilities found that having to attend A&E or urgent care was particularly difficult because the long wait times could be physically impossible for them. This was also noted as an issue for people with mental ill health or neurodiverse conditions.
- Some felt doubly penalised because they tended to avoid contacting the GP due to worries about staff attitudes towards their particular characteristic, and so their needs were more acute by the time they were seen.

**“Contacting and gaining an appointment with a GP is beyond a joke. This results in us having to visit hospital more with minor issues”**

**“GP appointments need to be easier to arrange and more admin staff to actually answer the phone instead of long waits to get through with irritating music to listen to.”**

**‘I often get caught in a loop between the walk-in clinic and A&E. The walk-in clinic say you’re too serious for them, but A&E say you aren’t serious enough’, Female aged 22.**

- The process for booking GP appointments is difficult or impossible for many of the people the groups we spoke to work with (Autism / Neurodiverse) (early morning telephone calls, online bookings etc)

**‘The GP now feels really accessible to me. Before, I had to go in. Now, they have an app so I can send photos and book a telephone call and they can make an assessment that way. I don’t work in MK [Milton Keynes] and I can’t always get to weekday appointments so it’s the best way for me currently’, Female aged 25.**

**‘I prefer when I can phone to get an appointment. At my new GP, you have to book online at 8am and I don’t like it. When I phone, they tell me I’m not allowed. I have learning difficulties so I can’t use the website. When I call, I can talk to a person and explain what I need. The website is too confusing for me’, Female aged 23.**

**‘I don’t have a GP. I don’t have any ID so I can’t join. It means if I have any health issues, I have to go to A&E. I need a fit note from the GP for my universal credit, but I can’t get it as I’m not signed up to the GP’, Female aged 22**

**‘Sometimes I have to stay up overnight just to be awake to get an 8am slot [for a GP appointment]. I work nights so it doesn’t really work for me. I can get seen at the hospital, but then they refer me back to the GP, and I can’t see them! It feels like I’m being pushed from pillar to post. There are so many steps to follow and it feels overwhelming. I’ve been forced to go private before, but then I fall behind on my rent’, Female aged 24.**

**‘My sister tried to see a GP. She had tried throughout the pandemic to get an appointment and because she kept getting told to ‘call back tomorrow at 8’ she gave up. By the time she ended up in A&E, she was diagnosed with terminal bowel cancer. She died last year.’**

**‘If the GP is going to be the gatekeeper for every treatment, the GP needs to be available and to follow up – no-one can do anything without the GP referral but the GP is never there and other GPs at the practice tell me we have to see the original Dr’**

# Appendix 1

## Digital Strategy Patient Engagement 2023

When considering delivery of primary care services via digital methods some useful insight can be drawn from the Digital Strategy Patient Engagement.

### Initial Perceptions of digital services

- A great opportunity to help with the demand on NHS services, but risks marginalising those that can't or won't use digital services
- The benefit of digital services is recognised by many but the systems are often seen as confusing and not user friendly, the NHS App was highlighted as an easy to use platform for repeat prescriptions and vaccination bookings
- Need to demonstrate clearly the benefit of digital systems
- The majority of respondents were willing to use digital services, but systems need to be integrated and have a user friendly interface

The research highlighted some enablers and barriers for residents accessing digital services;

### Enablers

- The design of platforms needs to be accessible
- Systems should be clear and simple to use
- Effective instruction should be given to help residents feel confident in using systems
- Choice should be given over the preferred way of communication, whether that be email/letter etc

### Barriers

- Cannot assume that everyone has access to a computer or smartphone
- Some residents lack confidence in using digital technology, clear information is required
- People must not be forced to engage digitally so a non-digital option must be made available and easy to access
- Sending long hyperlinks to appointment information in text messages to those who do not use smartphones is inconvenient, focus should be placed on how residents would like to receive information.

### NHS 111

'A lot of local people do not know about the access to online NHS services. I have 3 colleagues at work this week who I have helped to get their medical needs answered by digital means so that they got prompt treatment. If they had left it, it would have resulted in a hospital visit thereby adding to the pressure. They did not know their surgery had a "Ask the Dr a question" page, nor did they know that other online services they could access from the NHS. One of my colleagues had not heard of 111 online.'

'111 able to help me get antibiotics when I could not get any type of apportionment with my GP Allow chemists to prescribe more medicines'

'Booking an online (telephone/econsult) appointment left me waiting 3 weeks to discuss my health issue with anyone. Use of 111 and 999 for my wife's condition was a joke ("a doctor will call you within 8 hours" / "no ambulances for 8 hours" for what was an emergency). Digital services do work for routine matters, and I'll use them for those, but they are not suitable when you need face-to-face time with a doctor or the hospital services.'

'Accessibility to see a GP in a timely way as I couldn't get a same day appointment, even after going through NHS 111. '

'111 is very long winded and time consuming. We cannot book appointments at the moment nor see our records. I would like to book a face-to-face appointment for two specific problems. I would also like an M.E. check-up every so often to distinguish that from a new symptom or pain.'

'Gps online form is only available when they are open. It's very often not available because they are "very busy" and told to contact 111 or Pharmacy etc. These services are obviously not busy according to GPS! '

**GP Appointments**

'Would prefer to be able to book appts in advance at all, rather than the only option for an appt is to phone 300 times (not exaggerating) at 8am to not get an appt the same day. This is so inefficient, and GPs are unable to plan.'

'When booking appointments online the majority have been at least 6 weeks away which is too long. I hate ringing my GP, I always feel guilty as it is impossible to get a non-urgent appointment in a reasonable time frame. You are either so ill that you have to be seen today or just not ill and you can wait 6 weeks. For less important issues I have taken to emailing the practice as I am not made to feel guilty by the receptionists, and I get a response from a Dr more quickly.'

'Could be improved - GP surgery only offers telephone appointments initially even when you know you will need to be seen in person. GP surgery not able to specify a time for telephone appointments or even say morning or afternoon. GP surgery has the ability to book appointment online, but none are ever available, and this system is not used.'

'Our surgery does not offer online appointment booking, or remote consultations. Their phone lines are not fit for the service they are supposed to provide. Waiting by the phone all day for the GP to call at some point is completely incompatible with having a job, as is having to ring 200 times in the morning to get through to the receptionist when you start work at 8am. Also when large swathes of Biggleswade have a very poor to non-existent phone signal, telephone consultations are an absolute waste of time & are actually dangerous when being prescribed medication when you can't hear what the doctor is prescribing, what it's for & how regularly & for how long it should be taken.'

'The 8am telephone scramble to get an appointment, needs to change as appointments should be allocated by clinical need not by being lucky getting through on the phone! I would like to complete an appointment request online so that the most sick people are prioritised. It would be good if I could get the results of blood tests, urine tests, etc on line. Be good to look back to previous results for comparison too.'

'You have to enable people to be able to book a doctor's appointment without having to have access to a phone for the entire day. I am an early year's teacher who is not allowed their phone at work, due to child protection, and this now effectively means that it is impossible for me to get a doctor's appointment. I do not think this is fair or reasonable. '

Nine out of ten residents who have used a pharmacy (98%) found it 'easy' to access the care they needed.

A similar proportion (93%) found it 'easy' to access the care they needed when using Eye care services.

In contrast, only half (48%) found it 'easy' to access the care they needed through their GP surgery. 72% found it easy to access NHS 11 telephone services and 83% found it easy to access 111 online

Whilst access to pharmacies was deemed 'easy' (98% found it easy to access the care they needed), ease of access was considerably lower when accessing mental health services, GP surgeries and A&E. This was further supported in the comments with 24% mentioning a need for easier access/accessibility for medical appointments and/or treatment.

Nine out of ten residents who used a Pharmacy or Eye care services (both 96%) rated their overall experience of using these services as 'good' (either 'very good' or 'good') 69% rated their experience of their GP surgery as good, 76% NHS111 telephone and 75% 111 online.

We have been engaging across BLMK at community events and local groups, feedback areas have been led by patients, recurring themes that link to Primary Care and Urgent Care services are;

## Face to Face appointments

- I also don't like all appointments being over the phone, it is much easier to talk to the doctor face to face to explain problems, I do not feel comfortable doing this over the phone.

## GP Access

- Access to GP's is a real issue, it's so difficult to get appointments. Has fibromyalgia and would like to be able to see the same GP for this long term condition. It would improve treatment for all those with long term health conditions to have a regular named GP who knows them and their condition. This will stop the patient having to repeat their medical history each time and will enable to GP to see in changes in the patient.
- Issue of access to GP services, long waits to get to see a GP and not able to see the same GP.
- Pathways for patients don't always work well - need more work on making sure patients go to the right place at the right time, and have linked up services.
- I don't like the way the GPs work now – I go to De Parys. I used to be able to talk to my GP, but there's not enough time to do this anymore.
- I wish it was easier to make an appointment to see my GP –I can't get an appointment despite ringing at 8am
- Stress on services mean that you can't get an appointment with a GP for weeks.
- Access to GPs a problem. Young people being affected a lot – affecting their lives/missing schools
- Really long waiting lists for accessing GP services and no ability to get an appointment.
- When I speak to my doctor they are very good and speak the same language as I do, but it is difficult to get an appointment in the first place.
- It can be very difficult to get an appointment, having to ring at 8am and then when you finally get through being told that there are no appointments left and to ring back the next day.

- Access to GP Services is very difficult and needs to be improved, it can be very difficult to get an appointment. I was unwell and was not able to get an appointment so I attended the Walk-in service in Milton Keynes, I had to wait for 3hrs to be seen but the service I received was very good.
- Issues with getting appointments at Castle Street Surgery (kingfisher practice) when calling takes over 100 tries to get through.
- "experienced initial stroke symptoms in March 2022, it took until July 2023 to get an initial referral. Has been waiting for over 1yr for Neurology scans."

## NHS111

- I had an abyss in my throat, I kept ringing my GP at 8am to try and get an appointment but couldn't get one. It was getting worse, so I rang 111 and had a virtual appointment. I sent them a photo of my throat / the abyss and they said it was ok and prescribed some medication. I was in so much pain that I couldn't cope, so I went to the hospital on the Friday night. They admitted me and I had surgery on the Saturday. I was in hospital for 3 days. If I had been seen by a person, they would have seen how bad I was it wouldn't have got as bad as it did .
- It's very difficult getting a GP appointment, if I need to see a GP I tend to go to the walk-in-centre or use 111
- I have 3 children, it's very difficult to get an appointment for them to be seen by a GP... It's a vicious circle trying to get an appointment. I usually contact NHS111 if we need to be seen urgently and NHS 111 arrange for this me.
- I've been on a waiting list for 18 months trying to see a dentist. I contacted NHS 111 and was then given an appointment to be seen 3 months later. I ended up flying to Poland to have my treatment as it was taking so long

### Views of people experiencing homelessness

- M currently lives in a hostel, he has been there for 6 months after his relationship broke down with his family.
- His experience of accessing health and care has been a challenge as while he is registered with a GP, he can't get an appointment easily. He has got to be careful with his mobile phone as he can't afford to wait in line and pay.
- His experience is that GPs rush people through – they're too busy to listen. He said that he has several ailments he wants to discuss with the doctor, and he's told one thing per appointment as there's no time, so he now feels like there's no point.
- No one cares. They just prescribe pills.
- Registered with Medici Medical Centre. It's difficult getting an appointment and when he does get one, the doctor never rings back.
- He can't get seen face to face. He would sooner go to A&E to be seen as he knows he can walk in and get to see someone if he is ill.
- He has many health conditions as he had a heroin and crack addiction that has messed up his lungs.
- He'd like to give up smoking now but has no idea how or support to help.
- He has mental health issues as well as other health concerns, but the doctor won't talk about more than one issue at a time as they have a short appointment with him.
- D is Polish and has been sleeping rough for 5 weeks. He is currently fit and healthy but says that he will visit A&E if he is sick.

### Views of people experiencing homelessness

- L is 35 and has lived in a hostel for a few months. He's unhappy there as there are people who have mental health issues, and he does not feel safe.
- He is registered at Leavale but it's not all that easy getting an appointment.
- He has MSK issues from sleeping on a park bench – but doctor just prescribes pills that make him drowsy. He is worried about being drowsy as he needs to be alert to care for himself.
- No one calls him back. Lucas has stopped asking for help from health and care professionals. He feels no one cares and so he has stopped caring about himself.
- M lost his home after his wife died in 2019 and he has been sleeping in his car on Tesco car park since. He has Type 2 Diabetes and is registered at Castle Street surgery, who he says continue to look after him.
- He is booked to have an eye scan at the L&D and recently had an eye test at Specsavers. That all went well.
- He struggles to access a GP appointment because of how busy people are and he needs to be careful with how he uses his phone. He mostly uses his bus pass to get into town to put in his prescription for diabetes pills. That process is easy but talking to someone isn't – because of the waits on the phone.
- He has problems getting appointments because the hospital sends things out by post, but because he has no address and post goes missing at the shelter, he doesn't always get letters.
- The practice now email him but he has to keep his phone up, so he can get access to information / appointments.
- He is struggling with grief and anxiety and has not been signposted to grief counselling / talking therapies support. He didn't know he was able to access those services or talk about that with a professional.
- No one is helping him with that at the moment. He asks for help and there's no guarantees which is affecting his mental health.

## What did not work well

- Triageing was raised as an issue. It was felt that they 'didn't want to discuss' their medical needs with a receptionist and wanted to speak with the GP. It was seen as 'access to the GP being denied.
- With existing medical conditions being problematic for individuals, it was felt that waiting for over 45 minutes on the phone for the 'line to go dead' when it was finally answered was felt it was not acceptable. Neither was waiting for an appointment for five weeks for an elderly person who had fallen and injured their shoulder. It was only due to a person driving to the surgery that the person was able to get an appointment.
- A parent carer stated they were not able to access the GP for their son. They were not able to get any appointments or any prebooked appointments. It was felt that the option of digital appointments was not suitable as the family were under privileged. There was a comment, that you can access A&E with ease, so why not the GP?
- One person mentioned they would call up for an appointment at 8am, and they would be waiting and when they finally were able to speak to a receptionist, all the appointments were gone. Patients with additional needs, such as serious illnesses or special educational needs, were not able to get appointments. One person mentioned they had not been able to see their GP for over two years and even after family members passing away, they were still unable to get to see their GP. The biggest challenge for one person was being on hold when trying to call to speak to the GP surgery. They mentioned a 37 minute wait they had recently had.

## What worked well

- It was mentioned by one person that 111 had 'come up trumps'. They felt over the last 18 months, the service from 111 had been 'a lifeline'. They were able to access the medical records, sort out medical help and see a person face-to-face.

## What could be improved

- One person mentioned putting clear pathways/instructions on a GP door would assist individuals in knowing the best route to take to get the medical support they needed.
- There was a feeling there needed to be a standardised service for all patients across Luton, no matter what GP surgery they were registered with. There was a discussion about if the service commissioned for carers, Carer's Central, could review and support the Carer's Charter within GP practices, to ensure separate pathways for unpaid carers and those with a disability.
- It was felt there needs to be more training given to receptionists, for example on issues relating to being a carer.
- There is not a direct route or way to communicate with the GP. They do not answer the phone and are no longer personable. There needs to be clear routes to access the GP, and ensuring people know they cannot speak directly to the GP. Equally, understanding what a nurse can do and how to access a nurse would help.
- Knowing the opening hours and increasing these to evenings and weekends and sharing this information with the public would make services more accessible.
- Accessible information can be provided in different formats, including digital and other languages. Being aware of digital poverty and the inaccessible systems in place. If someone cannot access online services, they are not able to access as freely or easily as others, even as far as booking.
- It was felt doctors' appointments take more time when face-to-face. When someone is able to and it is appropriate, telephone consultations would be a better use of time. Having a telephone system that works well, for example not having specific times for call backs is not useful and can mean patients miss their telephone consultation and it ends up listed as 'DNA' and they must start all over again.
- Communication needs to improve between surgeries and the patients. People should be encouraged to join their Patient Participation Group (PPG) so concerns can be shared

# Appendix 1 Seen and Heard – A strong voice for local people – Healthwatch Bedford Borough / Healthwatch Central Bedfordshire

## What did not work well

- Accessing a GP appointment was a key challenge for most participants of the focus group.
- Feedback suggested that all staff, especially receptionists and General Practitioners (GPs), lack deaf awareness. They felt very strongly that receptionists were not reading a patient's notes accurately, prior to offering an appointment, to determine what needs the patient may have and/or if a patient is deaf.

### **"I have to constantly repeat to the receptionist that I am deaf and have to explain how to book an interpreter"**

- One participant explained they had been at a particular GP surgery for seven years and they did not have him registered as a deaf patient on their records.

### **"Add something to the screen as an alert that it is a deaf person. The responsibility seems to be on the deaf person"**

- Another participant, who had undergone a biopsy for cancer at Addenbrookes Hospital said: **"The GP tried to give me my biopsy results over the telephone! I have to drive to the GP every time"**

## Interpreters

- Feedback from the focus group suggested that a lack of provision of interpreters was an issue for them when accessing most health services. Healthcare staff were not aware how to book an interpreter, or in some cases why they should, and it was very clear that access to an interpreter was very 'hit and miss'.
- Participants felt that the lack of access to interpreters made them feel more anxious, adding to their anxiety about their health needs in situations that were already stressful for them. Consequently, they would like to be notified if an interpreter had been booked. One participant suggested that each Primary Care Network (PCN) have an in-house interpreter that could be shared across the practices within the network.
- Participants felt that even when they were provided with an interpreter, they were unable to stay for the duration of the appointment, as they had to leave to attend another appointment.

**"We get interpreters from 'Language is everything' in Hull - why Hull? It's my right to choose an interpreter. I have constantly requested to book via my own agency"**

## Communication

- It was very clear from the focus group that communication is a major challenge and a huge barrier for the deaf community when trying to access and use health and social care services. 'SignLive' is a service provider of online video interpreting services through its Video Relay Service (VRS) and Video Remote Interpreting (VRI), however not everyone is able to access the service.
- The deaf community need face to face communication, or digital communication, such as 'SignLive', that meets their specific needs.
- It was also highlighted by participants that not everyone's first language is English. Written English is a completely different language and, therefore, not readily understood by those who have British Sign Language (BSL) as their first language.

- Participants also felt that if receptionists and interpreters could have a better relationship then things would improve.
- Some participants explained that, on occasion, they had been refused access to interpreters and/or felt that they had to justify access to an interpreter.
- In addition, participants stated that when deaf patients receive a 'do not reply' text message from the GP surgery they often have to drive to the surgery, as they have no other way of responding, therefore further disabling their ability to communicate with the healthcare provider.
- There were also concerns expressed about the potential for ineffective or miscommunication leading to delays in diagnosis or inappropriate treatment or care for the deaf person. **"I don't have good English. It's difficult, I'm under stress and panicked."**

## Autonomy and Privacy

- There was concern from all participants about the reliance on a deaf persons' family and friends to support them when accessing services, however families do not always live nearby to support.
- This also denies a deaf person their privacy and confidentiality whilst having a consultation or treatment. Many patients do not want to share their medical history or symptoms with their family.

# Appendix 1 Seen and Heard – A strong voice for local people – Healthwatch Bedford Borough / Healthwatch Central Bedfordshire - cont

When asked what improvements could be made to GP Practices for deaf people, suggestions included the following:

- Text message appointments and reply service via text.
- Interpreters clearly seen on a screen in the surgery.
- GP's to be qualified in BSL.
- Increased use of email.
- For a person's deaf status to be displayed more prominently on the screen with instructions for the receptionist on what to do (instead of a footnote at the bottom of the patient records which is easily overlooked).

## Recommendations

Following analysis of all feedback received from participants at the focus group, Healthwatch Central Bedfordshire and Healthwatch Bedford Borough would recommend the following to help improve access to health and social care services for the deaf community:

- Increased deaf awareness training is recommended for all health and social care professionals (especially receptionists as first point of contact) and that basic sign language should be compulsory for medical students.
- All service providers to comply with the AIS to ensure that interpreters are readily available, to be more proactive in ensuring that they are available when and where required, for as long as is required. Better access to interpreters would increase a deaf person's confidentiality and privacy, and reduce their levels of anxiety before and during an appointment with a health and/or social care service.
- All service providers and commissioners to consider the commissioning of local, quality interpretation agencies to provide a personalised service, allowing greater continuity and reliability for the service user and service providers.
- Each Primary Care Network (PCN), and local hospital, to seriously consider employing an 'in-house' qualified interpreter, and for each PCN to appoint an AIS dedicated individual to support and enforce AIS within the Network. This would ensure better identification, recording, flagging up and sharing of a deaf person's needs when using services.
- GP practices to make a private space is available (where applicable) to be used to enable patients from the deaf community to communicate their needs in confidence.
- Ensure that 'SignLive' and other digital solutions are more accessible and readily used. Explore the potential for use of other technological solutions to improve two way communication, for example, use of video interpreting.

They felt that professionals do not understand the concerns and needs of the deaf community and the detrimental effect that it has on them. There is general anxiety in the deaf community about how to access services, who will accompany them to an appointment, whether they will have access to an interpreter, and who will be paying for the interpreter.

The deaf community feel that health and care services have 'gone back in time' and with all of the technology currently available to support marginalised people there should not be such difficulty when communicating with health and social care professionals.

## Conclusion

The participants want to see tools like 'SignLive' being used more widely and frequently. However, they confirmed that their overall preferred choice remained 'face-to-face' consultation.

## Overall Experience of your GP Practice:

63% Good  
17% Neither good nor poor  
20% Poor  
National 71% Good / 14% Poor

## Ease of getting through to GP practice on the phone:

35% Easy / 65% not easy  
National 50% Easy / 50% not easy

## Helpfulness of receptionists at GP practice:

76% Helpful / 24% Not helpful  
National: 82% helpful 18% not helpful

## Online service use in last 12 Months:

Booking Appointments: **BLMK 21%** / National 23%  
Ordering Repeat Prescriptions: **BLMK 39%** / National 33%  
Accessing my medical records: **BLMK 19%** / National 17%  
Filling in an online Form: BLMK 10% / National 11%

## Ease of use of practice website:

Excluding those that 'have not tried' (31%)  
BLMK: easy 65% / Not easy 35%  
National easy 65% / Not easy 35%

## Choice of appointment:

Choice of Place - 15%  
Choice of time or day - 26%  
Choice of professional - 6%  
Choice of type of app - 16%  
none of these - 51%  
BLMK - **Yes 49%** / No 51%  
National - Yes 59% / No 51%

**Satisfaction with appointment offered:** (not including 18% not offered an appointment)  
BLMK - **Yes took app 66%** / No took App 29% / No didn't take appt 4%  
National - Yes took app 72% / No took App 24% / No didn't take appt 4%

## What patients do when they did not get an appointment:

Got App for another day - BLMK 4% / National 5%  
Called an NHS helpline; such as NHS 111 - BLMK 18% / National 12%  
Used an online NHS Service - BLMK 6% / National 5%  
Used a non NHS online Service or looked online - BLMK 5% / National 5%  
Went to A&E - BLMK 14% / National 12 %  
Spoke to Pharmacist - BLMK 14% / National 13%  
contacted or used another service - BLMK 8% / National 6%  
contacted or used another non-NHS service - BLMK 4% / National 5%  
contacted practice another time - BLMK 16%/National 15%  
Spoke to a friend/family - BLMK 10% / National 10%  
My practice helped in another way - BLMK 5% / National 10%  
Didn't speak tot anyone - BLMK 32% / National 33%

## Overall Experience of making an appointment:

BLMK - **Good 42%** / Poor 38%  
National - Good 54% / Poor 28%

## Type of Appointment:

Phone - BLMK 29% / National 28%  
in-person ay my practice - BLMK 66% / National 67%  
in-person at another practice - BLMK 4% / National 3%  
video call - BLMK 1% / National 1%

## Were you given a time for the appointment?

BLMK - Yes 90% / No 10%  
National - 91% / No 9%

### Use of Services when practice is closed:

Called an NHS helpline; such as NHS 111 - BLMK 61% / National 57%  
Used an online NHS Service - BLMK 20% / National 21%  
Used a non NHS online Service or looked online - BLMK 10% / National 11%  
A healthcare professional called me back - BLMK 16% / National 17%  
A healthcare professional visited me at home - BLMK 2% / National 2%  
Went to A&E - BLMK 36% / National 34 %  
Spoke to Pharmacist - BLMK 21% / National 20%  
I used another General practice service - BLMK 5% / National 4%  
contacted or used another service - BLMK 8% / National 8%  
contacted or used another non-NHS service - BLMK 4% / National 4%  
Can't remember - BLMK 7% / National 9%

### How do you feel about how quickly you received care or advice on that occasion?

(when GP closed)

BLMK - **About right 44%** / Took too long - 56%  
National - About Right 46% / Took too long - 54%

### Overall experience of services when GP practice is closed:

BLMK - **Good 43%** / Poor 37%  
National - Good 45% / Poor 35%

### Feedback about care in GP practices

Communication is the most common theme when people contact us about their GP practice. There are many challenges facing residents and services alike within the current environment. Confusion about referral channels, support whilst waiting for secondary care, and inaccessibility for people with specific communication needs, are all key issues.

### GP access

Accessing appointments continues to be one of the main subjects that galvanises residents to share their experiences of care with us. Whether it is residents concerned and frustrated about barriers to accessing the help they need, or others wishing to share how despite challenges, their services are supporting good access people want to play a role in sharing their experience.

### Trying to navigate care

**"My child had an infected wound on his leg but when I called the GP surgery, they wouldn't see him. I went to the pharmacy, and they advised I call 111. 111 called my surgery for an emergency appointment, but they too were refused. We had to go to A&E where he saw a nurse for clean dressing. There was no hope trying to get an appointment."**

### Digital Diagnostics

**"How can you diagnose eye infections over the phone?"** The patient said they used to love their GP practice but after three weeks, three calls, three prescriptions, no change and still no access to a face-to-face appointment their perception has altered.

## **What is not working well with the emergency appointments booking system at your practice?**

A common response was that triage was non-existent, as many practices only offered on the day appointments:

“There is only a 2-hour window where they take appointments, and if there isn't one - call back tomorrow”.

“It feels like a lottery as to whether you will get an appointment or not. It's all to do with luck and where you are in the call queue”.

“Because you can only make on the day appointments - everything seems to be an emergency”.

“The only way to get any type of appointment is to go to the practice and queue to make an appointment. ... You hardly ever can get an appointment by phoning as you just can't get through. You can't book an appointment for later in the week only same day appointments”.

“Emergency appointments are all we can make. At 8 am you call and are assigned an appointment if you're one of the lucky ones”.

## **Some patients told us that the online system was not always available. This may prevent people utilising digital options as a first point of access:**

“Our online access is shocking. They sometimes only open it for an hour, or 4 hours, but they essentially close the online option if they get too busy. And you never know when this will be. This means standard appointments that are not needed urgently cannot be applied for. It does not work well at all”.

“Sometimes they close the online booking system, so it is not possible to make any appointments, emergency or otherwise”.

“The online forms are only available during surgery hours. This service is quite often unavailable during these hours though, the message gives a time it will be available again but directs you to 111 or pharmacies”

**Healthwatch Milton Keynes know that many practices utilise Care Navigators, alongside clinicians, to triage both telephone and online appointment requests. The responses received, and many of the suggestions offered for improving the system, demonstrate that patients do not have a clear understanding of how the triage system is operated in their GP Practice and reinforcing perceptions that reception staff creating barriers to access:**

“If receptionists believe you, they may speak to a doctor themselves, but they refuse to give appointments with doctors, either by telephone, pre bookable or online. If you use the online service, you get the care navigators tell you that you will get a call via text message.”

“Receptionists decide whether you need a telephone or face to face appointment no matter what you ask for.”

“Receptionists seem to be trained to stop you asking for/making an appointment at all costs.”

**Patients who felt informed about their practice's systems and processes were more likely to either acknowledge the pressure that Primary care is under and/or report a positive experience:**

"Our GPs are using a triage system so you may get a phone call first or an appointment straight away."

"The new phone queueing system works well, but the demand is up to 5 times the appointment capacity".

"The triage by the first person you speak to seems to work reasonably well".

"First, I have to have a telephone appointment, if needed I can then go into the surgery for blood test, or to see GP if he feels I need a face to face appointment".

"Access to the surgery paramedic is usually an option offered".

Most suggestions for improvements asked for more phone lines with more staff answering calls, or for more appointments to be offered. Only four people noted that there were not enough Doctors. This demonstrates a limited understanding that the number of appointments available is directly attributable to the number of clinicians on staff.

**Other, more achievable, suggestions for improving access to emergency appointments included allocating specific staff to emergencies in order to leave other clinicians available for more routine appointments:**

"There should be an emergency Dr/Practice Nurse for that purpose only. My practice tends to have that sometimes, but I don't think is all the time."

"The phone line only has about 25 spaces so sometimes you may have to keep ringing back multiple times before getting access to the phone queue. Often all appointments are gone very very quickly. It would be useful to be able to speak with a triage person over the phone that could offer basic clinical advice about what to do/where to go".

"Need to allocate at least 2 hours for emergency appointments daily and need to open for longer hours in the evenings. Also, you can one doctor allocated for emergency appointments on daily basis".

"I feel they should offer more routine appointments, so things don't become an emergency".

"Triage online system or message facility where you can put your symptoms. Sometimes you just need reassurance that symptoms are not something to worry about".

### **Making non-urgent routine appointments:**

"I did have one forward appointment when someone from the surgery 'phoned me to say that test results were in, and the GP wanted to see me. When I went for the appointment, the GP was unaware that I had been called in and asked why I had made the appointment, so the communication had not worked. Usually, we cannot make forward appointments even when the GP has said that they want to see me for a follow up."

"To see the GP, you have to call on the day, except in very rare instances. To see nurses and other healthcare professionals, you can get an appointment in advance."  
"My GP also has a non-emergency automated service but for limited services, such a booking a blood test. I can also email and request advice about the right appointment to make. This has sometimes resulted in being issued an appointment without any further contact needed by me."

"However, no guarantee your request for an appointment will be granted."  
"They will only let you have contact online that's it and they close the online at all different times of the day."

"They called me to cancel a Nurse appointment due to staff being away, I asked if I could book a routine appointment while on the phone to them, they said no -call tomorrow at 8am."

"Let people have appointments when they need them not just 'call back tomorrow at 8."

"I can never get through on the telephone, get cut off very often, I'm over 90 and can't walk very far so unless someone takes me cannot book an appointment, so I spend taxi money for nothing."

### **How could non-emergency appointments be improved?**

simply allowing advance appointments to be booked would be one way to improve this system.

"My practice dropped the non-emergency system and I find that it is easy to miss routine check-ups because the hassle of having to make same day appointments is difficult for anyone working or has responsibilities or needs assistance with children and adults requiring care."

Alongside the suggestions which were based on having more GPs and more appointments slots, there was a strong feeling of dissatisfaction with the current system. People feel that the system, as it is, is not fit for purpose and needs a complete overhaul. 'No system for non-emergency appointments. It's all done the same and it's ridiculous and does not work.'

The majority of people felt that the online system would work better if they were able to accurately describe the issue in the online system as currently it has a very narrow scope. People said it would be better if they could book with a GP, and there were several people suggesting that a visible calendar of available appointments that they could select from would help manage scheduling issues.

'I personally feel that if patients are given access to be able to book appointments online at a date/time that fits in with their own schedule, it could quite possibly alleviate patients who do not show at their requested time.'

Several people suggested practices could have an hour in the morning and an hour in the afternoon protected for on the day emergency appointments, freeing up the rest of the day's appointments to be booked at any time. People were particularly concerned about the difficulty they encountered when trying to book follow up appointments as requested by the GP during their appointment.

'It would help if, at an appointment, when you are asked to comeback in a week. If you could make that appointment before you leave.'

The frustration with reception staff shone through in a number of comments. This highlights the earlier reflection in this report, that the triage system is not well understood by many patients or is, perhaps, being inconsistently applied.

The comments we received suggest that some patients experience reception staff making clinical judgements or decisions about the severity of the patient's illness, rather than triaging them to the appropriate health care professional or setting.

The difficulty in being able to make appointments and to get through an often perceived arbitrary triage process has led to almost a quarter of people admitting that they exaggerate, or sometimes exaggerate, their needs in order to get an appointment for fear of being stuck in a never-ending loop of 8am phone calls.

## **Triage Process:**

When asked to explain why they were either happy, or unhappy, with this approach two very strong themes emerged.

The first being that people believed there was no real triage happening when appointments were all allocated within 30 minutes of the appointment lines being opened for the day. After that it did not matter how urgently the next person might need an appointment.

The second was that people felt that the receptionist's role in triage was to decide which health professional the appointment should be made with, not to decide whether they needed an appointment at all.

People who found that they had missed the day's available appointments were often directed to the Urgent Care centre or A&E instead of being offered an appointment the following day, or within the week.

## **The people who were happy with the approach tended to express an understanding of the need for it, even if they weren't always convinced that the current method was appropriate:**

"I am happy if I have a straightforward need that can be easily triaged by someone not medically trained, I don't like that this means I have to convince a non-medical person that I need to see someone, can lead to further appointments being made".

"Triage is a good thing providing the receiver of the call is proficient in understanding the patient's condition."

"I would want to know more about how they were basing their decisions - e.g., is it based on a 111 decision tree?"

"It rather depends on their skill level. They are often managing multiple call demands. They have even less time than a GP to understand and triage an issue and determine needs of the particular patient. Some receptionists are amazing, and some have a combative and defensive customer service approach."

"This is necessary however it would be useful for them to have a greater awareness of mental health issues that can lead to crisis".

"Receptionists should be given the appropriate training and appropriate pay to triage people. Whilst they probably learn through experience, they also develop biases and make assumptions..."

"Seems sensible to triage to enable navigators to guide you to the appropriate person".

From the comments made, being more transparent with patients about what the triage is supposed to be achieving (the right appointment with the right professional), what training reception staff and Care navigators are given, how often do staff attend refresher training, and an assurance that the information is not being broadcast to the whole practice, will increase patient confidence in the process.

"They should explain each time why they are asking - and not ask for such detail - they aren't going to diagnose me Receptionists are NOT doctors plus a lack of confidentiality when receptionists answer calls in full view and range of a waiting room".

## Other health care professionals

Two thirds of people said they had been triaged or referred to other health care professionals within the practice rather than seeing their GP. Just over half of these patients were told why this decision had been made.

"It works when the receptionist explains clearly why they decided that I should see someone else."

**We were pleased to hear that almost 70% of patients who were seen or treated by one of the other health professionals reported that they received the advice and/ or treatment they required and did not have to see a GP for the same issue. The comments we received from people who found this option helpful most often mentioned the competence and efficiency of the professional:**

"The nurse examined me explained the diagnosis, advised me on what to use & what not to use more importantly. She then prescribed a remedy".

"I had a wound on my knee that was not healing and had become infected. I saw a nurse at a specialised clinic at the surgery for this. She cleaned gravel out of the wound and dressed it and gave me ointment and additional dressings. I had a follow up with her to check the wound was healing. It was a very good service."

"Paramedic is great, very thorough but not enough of them and too few GPs is a dreadful situation."

"The staff are very competent, and I know the appointment has been made with the right person to see me".

**Some patients who needed to see a GP following an appointment with one of the other health professionals within the practice felt that they had been misdirected initially because there had not been a GP appointment available, not because the triage suggested they would be better placed seeing another health professional:**

"I feel that this a pass the buck situation".

Others who had to have a GP appointment because of the same issue following an appointment with one of the other health professionals within the practice reported feeling that this was down to issues with the triage process, particularly around clinical understanding of their needs and the ability or authority of the professional they had seen.

"I put on the app why I needed an appointment, they booked me with a nurse. The nurse couldn't diagnose/ prescribe what I needed so I had to make another appointment to see a Dr".

This approach could lead to a loss of trust in the triage process and, more importantly, could undermine patient confidence in the other health care professionals' competence and ability to provide good healthcare. Patients should not be encouraged to see these other health care professionals inappropriately.

They are fully trained and competent in their own area of expertise, and it is important to avoid encouraging patient perception that the GP is always the appropriate professional to manage their issue.

## Accessibility needs

When we asked people to specify what needs they had, there was an even number of those needing support with English Language, with visual impairments and those who required easy read information. Those who identified that they needed support with their hearing impairment were by far the biggest proportion. Hearing loops not being available or not working, unavailability of BSL interpreters and lip-reading issues were also noted.

“If one is hard of hearing it can be extremely difficult to access these services, unless you wish to lose your independence and privacy and ask someone to 'interpret' for you as most staff are not trained in how to communicate with the hard of hearing”.

Just over 70% of those who said they needed support chose to leave comments in the free text 'Other' option and expanded on the difficulties they faced. Many of these comments mentioned mobility issues, particularly around their struggles with using their mobility aids in the practice.

People with dyslexia also mentioned their difficulties not being very well understood by staff, including GPs, within their practice.

Women who needed to see a female doctor felt that this was not given the consideration it needed. This is a common theme reported to us by religious women as well.

## Digital Services:

With the national push towards a digital offer within the NHS, we asked people whether they had found any of the online/ digital messaging, appointment or prescription requests systems used by their GP Practice helpful.

We were pleased to see that 63% of people who responded to our survey had found the digital services helpful. 28% said that they did not find these services helpful with the remainder selecting 'I don't know' .

People who have spoken to us about the positive aspects of digital systems, and those who left a positive comment within the survey noted that once they had been shown how to use it, it made contacting their GP practice with prescription or clinical queries a lot easier than trying to speak to someone on the telephone. People mentioned that the font and the words are not always helpful for those people with dyslexia, learning difficulties, sensory impairments or whose first language was not English.

The service that was mentioned the most was the prescription ordering. A small number of people said that the online prescription service kept getting the due dates wrong, but a majority of people found that the online prescription service was the most useful digital service their GP practice had.

A close second was the text confirmations and reminders for appointments. Some people added the caveat that it would be even better if they were able to alter or cancel their appointment by replying. A small number of these responses also said that because this communication was only one way, it made it less useful.

Some people told us that when their practice changed the digital provider/ system that they were no longer able to use it.

**“Just got used to the online then they brought in Klink. Got used to that and now it's Accurx. Can't get that to work for me. Neither can other older people that I know”**

People also left comments to say that they would like to be able to make their appointments online but that this feature has been disabled, or that it is only available during practice hours. One of the things people liked about using digital options for prescriptions was that they were able to make their requests in the evenings or weekends when they had the time to do so.

Patients who said that their practice offered training in the use of the online systems reported the most positive experiences with digital services. People also felt that there needed to always be an offline option available for people who don't have the technology to properly utilise the online services.

People who used online services suggested that the digital offer needed to be able to deal with more complex situations than it is currently able to. For this reason, people who were happy to use online methods would like to keep 'in person' options available for times when issues are too complicated for the digital offer as it currently stands.

## Booking appointments:

We asked people if there was anything further to add when thinking about their experience of booking an appointment at their GP practice. Some of the neutral comments offered suggestions that might improve patient experience as well as reducing some of the frustration that gets taken out on reception staff:

**“I would like clarity from my surgery as to the best approach to booking an appointment e.g., which app to use, what time to phone, how to get an emergency appointment etc. I would expect this information to be clearly available on the website along with signposting to other useful sites and services. However, the website is badly structured and out of date”.**

“A more open honest approach - Up to date information in the waiting area and on website”

“Advise when appointments are cancelled due to staff illness.”

“Just that it should be a requirement to see a patient face to face every six months if they have any medical identified condition. To keep track of things. You can't see how a person deteriorates over the phone”.

“It's stressful and often there are no appointments by the time you get through on the phone. Booking appointments online should be made available and you should be able to book appointments in advance”.

“Only having on the day appointments is causing a lot of the issues - if they could fix this, it would take the strain off the receptionist as well as the health professionals, and patients would probably not be as frustrated and angry at them”.

“No access to appointments. Get told to go A&E or call 111 for all non-urgent issues when they do not give out appointments. Not reassuring as a first-time mum calling about baby. Appointments always late. If GP practices were better managed, you would find the use of A&E and walk in centres significantly reduced”.

“Recently, after having called 111, and being told to ring my surgery and request an emergency appointment within the hour, was told to go elsewhere, as there were no appointments. Then rang 111 again, who instructed me to go to A & E. After being seen there, was told they would contact my surgery and recommend an emergency consultation. Two days later, receive a text from the surgery, asking me to call them for a GP appointment. Waited 25 minutes in a queue, to be told I would be put on a waiting list to arrange a telephone appointment with a GP. Two days on and have heard nothing”

The numbers of people left wondering about how long their symptoms might last, or when they should seek further medical attention mirrors the findings from Healthwatch Milton Keynes 2022 patient audit in the Milton Keynes Urgent Care Centre; where one third of the 231 people we spoke to were attending because their health professional had told them to go to Urgent care if their issue hadn't improved or got worse. No patients we spoke to had been told how long their illness or symptoms were likely to last, or how long it would be until the medication prescribed by their GP would take to have an effect on how they felt.

The standard 10-minute appointment approach within primary care doesn't always allow time for GPs and other health practitioners to explain their reasons for why they have or have not decided on a particular course of action. This may be an area that emerging additional roles with GP Practices and Primary Care Networks could be utilised to support

## **Have you been offered or referred to a 'social prescriber' through your GP practice?**

Fewer than 10% of patients reported being referred to the Live Life Service, or to their own Primary Care Network social prescribers. Of the 29 people who chose to expand on their answer, 4 people told us they didn't know what a social prescriber was and 10 people told us of their referral to Talking Therapies, their issues with medication, and other activities outside of the scope of the social prescriber role, indicating poor knowledge and understanding of the role of, or if they had been referred to, social prescribing specifically.

Those few who had used the social prescribing service had, on the whole, found it helpful with one person saying that their social prescriber had been amazing. One person said that they had not found it very helpful and two people had declined the offer. Wider promotion of the role of social prescribing amongst health professionals and patients could raise awareness of the valuable service social prescribers can provide to people.

## Recommendations

1) The Integrated Care Board should fully recognise the greater and more complex role that GP Receptionists have taken on in recent years because of increased patient demand, acuity of patient need, the development of complex primary care teams and the requirement to ensure patients are given an appointment or signposted to another appropriate service. The Integrated Care System, and patients increasingly expect more from this role, one of the lowest paid and minimally trained/supported roles within Primary Care. As partners within the Integrated Care System the Integrated Care Board and Primary Care Networks together must:

- a. Develop high quality training packages and ongoing support for GP Reception and Triage personnel.
- b. Support practices to communicate to their patients how assessment and triage procedures work in their own practice, how confidentiality is managed, and clearly invite their feedback.
- c. Demonstrate how triage processes are reviewed and improved in dialogue with patients and carers.

Improvements made to triage and internal referrals to other health professionals, and how these are communicated to patients, in addition to measuring patient experience of these processes can make a positive impact to appointment availability, patient confidence in triage procedures and patient and receptionist relationships.

2) Primary Care teams must innovate and co-produce with their communities, access solutions to transform current cultural norms of channelling patients through emergency only pathways. This should include improving access to advanced booking for non-emergency appointments, easy and consistent digital access and improving systems for cancelling appointments.

Transformation of access and improving population health is far more than increasing funding and additional health professional roles. It is about empowering people to have more control over their own care journeys, allowing people to focus on prevention rather than crises, being able to take their time in a longer appointment than taking up several slots to get the help they need and giving them easier channels to free up access for others as soon as they know they can't make an appointment.

3) The Integrated Care Board must develop a method of ensuring Primary Care service providers are compliant with the Accessible Information Standards and the Equality Act 2010. The ICB should review how access and health inequalities could be addressed through so called, Anchor Health institutions strategies to support smaller strategic partners to proactively meet their legal and ethical obligations.

The collective skills, experience, resources and purchasing power of 'Anchor Health Institutions' within the BLMK Integrated Care System has the potential to provide high quality, easily accessible translation services, equipment, digital software and printed material that enables all residents equitable access to services and information.

4) The Integrated Care Board must consider ways it can support the development and sustainability of effective Patient Participation Groups as a golden thread of the Fuller Neighbourhood development.

Patient Participation Groups can play a central and vital role in the developing strong connections between practices, their patients and their community. PPGs with appropriate resources and support already have the model and framework within which to operate, and many already demonstrate benefits to the health and care system through their social value.

## Appendix 2

### Primary Care Same Day Access – Engagement Activities

Date	Place / Target Group	Venue	Residents	Staff supporting / facilitating event
12 March 2024	Central Bedfordshire	Rufus Centre, Flitwick	34	<ul style="list-style-type: none"> <li>Chief Primary Care Officer</li> <li>Deputy Chief Primary Care Officer</li> <li>Senior Primary Care Manager (Integrated Same Day Access)</li> <li>Head of Integrated Primary Care</li> <li>Clinical lead for Same Day Access</li> <li>Associate Director People Transformation (Primary Care)</li> <li>Senior System Engagement Manager</li> <li>Engagement Manager</li> <li>Engagement &amp; Coproduction</li> <li>Senior Integrated Primary Care Manager</li> <li>Senior Place Transformation Manager</li> <li>Integrated Neighbourhood Support Manager</li> </ul>
18 March 2024	Bedford Borough	Addison Centre, Kempston	10	<ul style="list-style-type: none"> <li>Chief Primary Care Officer</li> <li>Deputy Chief Primary Care Officer</li> <li>Senior Primary Care Manager (Integrated Same Day Access)</li> <li>Head of Integrated Primary Care</li> <li>Clinical lead for Same Day Access</li> <li>Workforce Transformation Project Manager (Primary Care)</li> <li>Senior System Engagement Manager</li> <li>Engagement Manager</li> <li>Engagement &amp; Coproduction Coordinator</li> <li>Senior Integrated Primary Care Man</li> <li>Senior Place Transformation Manager</li> <li>Integrated Neighbourhood Support manager</li> </ul>
18 March 2024	Online session	Online via Teams link	19	<ul style="list-style-type: none"> <li>Chief Primary Care Officer</li> <li>Deputy Chief Primary Care Officer</li> <li>Senior Primary Care Manager (Integrated Same Day Access)</li> <li>Senior System Engagement Manager</li> <li>Engagement Manager</li> <li>Engagement &amp; Coproduction Coordinator</li> <li>Senior Integrated Primary Care Manager</li> </ul>
21 March 2024	Luton	Luton Irish Forum, Hitchin Road	10	<ul style="list-style-type: none"> <li>Chief Primary Care Officer</li> <li>Deputy Chief Primary Care Officer</li> <li>Senior Primary Care Manager (Integrated Same Day Access)</li> <li>Clinical lead for Same Day Access</li> <li>Senior System Engagement Manager</li> <li>Engagement &amp; Coproduction Coordinator</li> <li>Senior Integrated Primary Care Manager</li> </ul>

Appendix 2

Date	Place / Target Group	Venue	Residents	Staff supporting / facilitating event
				<ul style="list-style-type: none"> <li>• Head of Integrated Primary Care</li> </ul>
<b>22 March 2024</b>	Milton Keynes	Holiday Inn, Saxon Gate West	26	<ul style="list-style-type: none"> <li>• Chief Primary Care Officer</li> <li>• Deputy Chief Primary Care Officer</li> <li>• Senior Primary Care Manager (Integrated Same Day Access)</li> <li>• Head of Integrated Primary Care</li> <li>• Clinical lead for Same Day Access</li> <li>• Senior System Engagement Manager</li> <li>• Engagement &amp; Coproduction Coordinator</li> <li>• Senior Integrated Primary Care Manager</li> <li>• Place Transformation Manager</li> </ul>
<b>22 April 2024</b>	Voice Group (people with Autism)	Online	0	<ul style="list-style-type: none"> <li>• Deputy Chief Primary Care Officer</li> <li>• Senior System Engagement Manager</li> <li>• Engagement Manager</li> </ul>
<b>26 April 2024</b>	Prebend Street – Homeless session	Drop-in, face to face conversations		<ul style="list-style-type: none"> <li>• Senior System Engagement Manager</li> <li>• Engagement Manager</li> </ul>
<b>3 May 2024</b>	People with autism	Online survey	24	
<b>8 May 2024</b>	Young people	Online survey	31	
<b>8 May 2024</b>	Dunstable	Dunstable Community Halls, Dunstable	3	<ul style="list-style-type: none"> <li>• Head of Integrated Primary Care</li> <li>• Engagement &amp; Coproduction Coordinator</li> </ul>
<b>9 May 2024</b>	Biggleswade	St Andrews Rooms, Biggleswade	20	<ul style="list-style-type: none"> <li>• Deputy Chief Primary Care Officer</li> <li>• Senior Primary Care Manager (Integrated Same Day Access)</li> <li>• Head of Integrated Primary Care</li> <li>• Senior System Engagement Manager</li> <li>• Engagement Manager</li> <li>• Engagement &amp; Coproduction Coordinator</li> <li>• Senior Integrated Primary Care Manager</li> <li>• Place Transformation Manager</li> </ul>
<b>22 May 2024</b>	Authentic Voices Groups (Victims of abuse) am	Online – teams meeting	1	<ul style="list-style-type: none"> <li>• Head of Integrated Primary Care</li> <li>• Engagement &amp; Coproduction Coordinator</li> </ul>
<b>22 May 2024</b>	Authentic Voices Groups (Victims of abuse) pm	Online – teams meeting	1	<ul style="list-style-type: none"> <li>• Engagement Manager</li> <li>• Engagement &amp; Coproduction Coordinator</li> </ul>

## Appendix 3

### Bedford Workshop – Monday 18 March 2024

Notes captured during group discussions

<p><b>Question 2</b>  <b>Have you ever tried to get support from somewhere else – such as Community Pharmacy – before contacting your practice team?</b></p>
Go to pharmacist for my children and get good advice
Pharmacists have relationships with patients.
Would go to community pharmacist – you can go at a time that suits, you are in control of when you go, can get over the counter medication
Pharmacy gives you the choice – you can go whenever you like is convenient to you and would use for over-the-counter medication.
People have trust in their community pharmacy
Pharmacist offers good advice and will advise if you need to then go and see a GP.
Took child to pharmacist after practice signposting. Pharmacist sent me back to the GP as pharmacist was not trained with a stethoscope – being bounced between services.
To improve connections between GP and pharmacist by improving IT and interconnectivity
Pharmacists offer a call back to patients who are on first time medication.
Good if English is your first language
Not always a clinician on site – often when you go, they are not there / taking lunch etc so you can't get the help you need.
Need to make it clear what services are available – important to communicate what is available and when.
Awareness of pharmacy first needs to be improved
Practices and pharmacies should promote short videos of what the roles are in practice teams.
Language needs to be simplified to help residents understand the value and experience of the pharmacy team.
Need to define roles and level of training
Should share information via schools for parents and children
There should be campaigns within pharmacy to explain the services and roles of the team
Press releases – make clear in the title of the release what the service being promoted is and Cllrs and the local authority will share.
Cost of over the counter can be prohibitive
It is more expensive in the Community Pharmacy than buying online
<p><b>Question 3</b>  <b>Have you used 111 telephone or 111 online?</b></p>
Experience of 111 – long wait to be answered. Clinician rang back and was very clear. Gave advice, very good process.
Excellent service, operator knew ambulance wait times, they were very aware of the resources available.
Used 111 a lot for my children, very good experience
Ukrainians calling 111 for dentist appointments, there is no information about dentists on the BLMK guide to services.
During covid – 111 experience was very poor
Could NHS111 be expanded to cover triage?
Call back was slow – 1 ½ to 2 hrs for a clinical call back But had call backs in between to check on symptoms and provide reassurance that they were still on the list and were happy with the outcome.

## Appendix 3

3 of those that spoke to Healthwatch Bedford Borough had called 111 and been booked into the Urgent Treatment Centre – were really pleased with the speed/service and were all discharged with advice.
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Bedford UTC – good experience recently – previously had a bad experience.
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Had a good experience - had a video consultation and was then booked into the urgent treatment centre at Bedford Hospital
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### Other feedback:

- Question: Who should provide extended hours and out of hours ideally?

Answer: GP primary care fund them and give them estates to employ a workforce to deliver this and it will be done well and cost effectively. Do this in the partnership model (i.e. practices as businesses.)

- Triage and care navigation, they should not be the gate keepers of services.
- Need to consider all groups of the population.
- Need improved premises - buildings
- Need more workforce
- Different services need to talk to each other – IT needs improving / out of hours services should be able to refer to other specialist services where needed.
- Need to break down silos in health services

## Appendix 4

### Central Bedfordshire Workshop (Flitwick) – Monday 12 March 2024

Notes captured during group discussions

<p><b>Question 2</b>  <b>Have you ever tried to get support from somewhere else – such as Community Pharmacy – before contacting your practice team?</b></p>
<p><b>What was experience?</b></p>
<p>I trust my pharmacy to give advice, but they don't have capacity/time</p>
<p>Good experience of all my pharmacies – but are they are staffed enough?</p>
<p>Community Pharmacy – mixed picture based on standard of local services</p>
<p>Issues with accessing pharmacy – local pharmacy has closed down creating capacity issues in Biggleswade.</p>
<p>Shortage of professionals in each service including pharmacy and lack of continuity of service</p>
<p>There are regularly queues out of the door at the pharmacy in Biggleswade</p>
<p>No continuity of pharmacist – have experienced 7 different locum pharmacist – often giving different information/advice for the same thing. This has eroded trust and confidence in the service</p>
<p>Because of poor experience with pharmacy – would not consider going to the 'Pharmacy first'</p>
<p><b>How can it be improved?</b></p>
<p>Vaccinations for travel – the local pharmacy did not offer and did not know which pharmacies had travel clinics</p>
<p>Would be better if all pharmacies had the same offer.</p>
<p>Capacity issues across pharmacy to deal with regular issues and then Pharmacy First on top. There is not enough capacity in the system</p>
<p><b>If you haven't, why not? What would encourage you to do so?</b></p>
<p>Walk-in centre – excellent experience for child support of illness (Putnoe)</p>
<p>Trust – a key to finding help elsewhere i.e. Trust for pharmacy to treat for minor illness.</p>
<p>Public education is key/crucial</p>
<p>Trust is waning residents are sceptical.  Society and attitudes  Imagery</p>
<p>Public figure we trust to deliver message - David Attenborough or Idris Elba</p>
<p>Photo of local pharmacist on the surgery walls creating recognition for patients</p>
<p>Most members of the public would not know about the Pharmacy First scheme and what is offered by pharmacies.</p>
<p>Issue for WiC for Central Bedfordshire, there's not a local service and which makes it hard for patients who cannot drive.</p>
<p>Had face-ache visiting the dentist (was easy to get an appointment as was private) and was referred to hospital – in this situation would the GP/hospital have access to the information?  Are these services integrated?</p>
<p>Infrastructure is an issue across all health services and capacity.</p>
<p>Trust and confidence in health professionals once lost is hard to re-build</p>
<p>Would use Walk in Centre if we had one in Central Bedfordshire</p>
<p>Exactly giving the same message</p>
<p>Some good experience of local pharmacy – delivering a high standard of service to patients</p>
<p><b>Question 3</b>  <b>Have you used 111 telephone or 111 online?</b></p>
<p>Great service but struggling, called at 6pm long time for a response</p>
<p>NHS111 – Good experience – very helpful gave alternative to A&amp;E during strikes</p>
<p>NHS111 – Bad experience – ringing unanswered for a long time.</p>
<p>Not enough people to provide the services</p>

## Appendix 4

I got the answer I needed
Get more people to answer the 111 phone - waited on phone for 45 mins (gave up and went to Putnoe WiC)
Healthwatch feedback approx. 70/90 report positive feedback - signpost
NHS111 are protected on the phones
Could 111 triage all patients?
Person rang at 2am, was given 4hr window for call back
Mental Health – due to experience of NHS111 there is a distrust of option2 (which goes through to the Mental Health Crisis team)
Never used 111 online
NHS 111 Telephone – Good experience – signposted alternatives during industrial action
Given 'arrival time' not appointment time which didn't realise at first and had a 2 hr wait
WiC at Caudwell – did what they said they would and followed up
Bad experience of NHS111 telephone
Tried to dial 111 from outside country to get advice but didn't connect
Long waits but no answer so went to WIC instead
Used 111 instead of practice
The doctor call back was prompt, the advice was helpful with no follow-up needed
Negative experience – Operator was insistent on talking to patient when the patient was really unwell. Person making the call on their behalf because they were feeling too unwell to make the call themselves, they were then told to attend A&E where they had a very long wait.
NHS111 should not tell patients that they have been 'booked' an appointment at A&E – should be made clear that it is an arrival time and patients will still be triaged and seen when possible.
Was referred by 111 to the emergency dental referral unit, but when the patient called the unit all of the appointments had gone, and the patient then had to wait to be seen by their own dentist.
Good experience with referral back to GP from 111 for pain medication
The rapid response service when providing a home visit from 111 was excellent
<b>Question 4</b>
Access is an issue
We want an Urgent care /Walk-in/ UTC in Central Bedfordshire
All the examples are too far away

### Other feedback:

- Central Beds has no WiC/UTC etc which for patients are not able to get to if they do not have transport.
- Infrastructure – feels like lack of infrastructure to support such house building/increase of population, Decreasing capacity on current services.
- Experience of being referred by GP to A&E where they had a long wait. Were told by the hospital that the GP should have referred them to a specific 'medical unit' and that would have meant they were seen quicker by the correct department.

## Appendix 5

### Central Bedfordshire Workshop (Biggleswade) – Thursday 9 May 2024

Notes captured during group discussions

<b>Question 2</b>
<b>Have you ever tried to get support from somewhere else – such as Community Pharmacy – before contacting your practice team?</b>
<b>Positive</b>
There is ok access to pharmacies and the service is ok.
Have not used the community pharmacy – they are short of chemists and short of staff
There is limited access to community pharmacy which reduces people's willingness to use
The number of chemists is reducing as the population is increasing, Biggleswade recently lost the chemists in Boots and Sainsburys.
There is a capacity issue. There is often a 3/4hr queue, the length of the queue prevents people using the service
Would not want to discuss ailments in front of a long queue
Had a good experience (caused by a poor GP experience)
Yes, I had no issues speaking to the pharmacist, they suggested some treatment options, which were good
Several good experiences shared – person with a long-term condition has a good relationship with pharmacy, pharmacy has good relationship with local community, people are able to talk about their medications with the pharmacist
The pharmacist in the practice is very good
<b>Negative</b>
I don't use community pharmacy and would not think of using it. I won't be using Pharmacy First – they are not qualified to diagnose the whole person, just the single conditions, so any treatment advised may not be ok for that person based on their medical history which the pharmacist would not know.
There is an increased risk factor if the pharmacist does not have access to your medical notes.
There is a dire shortage of some drugs, for example specific eye-drops
The closure of Lloyds Pharmacy at Sainsburys has put a huge pressure on other local pharmacies (Boots)
Yes, I've been to the pharmacy since Pharmacy First was introduced, but was told to go to my practice
Concern if there's capacity in pharmacies to do prescription and assessment. Would additional services lead to increased time for dispensary (it was 7 days and now 9 days)?
<b>improvements</b>
Admin is the issue not the Doctor, I have been waiting for 3 years for an operation
I'd go to the pharmacy as a first port of call while abroad but would not think to do this in the UK.
Pharmacy First is not fixing the problem the actual problem is not enough GPs
We have a good pharmacy in Sandy, and I would be happy to go there, depending on what the issue is, privacy can be an issue in a pharmacy.
Important for customers to have privacy and to have a separate area for pharmacist consultations – pharmacist consultation rooms should be advertised as many people don't know they exist
Local authorities undertake Pharmaceutical Needs Assessments (via the Public Health team)
The length of time it takes to issue a prescription varies between 3 days and 1 week, would be better if issued quicker

## Appendix 5

Introducing dedicated slots for 'Pharmacy First' would encourage more people to use the service, or increasing the capacity at the pharmacy
Have posters in the pharmacy window which state the conditions they can treat and the services they provide.
Better advertising is needed to show when the pharmacist is on available/on duty.
Could pharmacy start a "locker system" for the pick-up of medications out of hours
There's an issue of having no link between the pharmacy and the practice, so may delay access to care if it's a challenge to get into practice
Community Pharmacy – not private and there is a lack of access in Biggleswade
There's an issue with dental practice prescriptions not being taken by the pharmacy
<b>Question 3</b>
<b>Have you used 111 telephone or 111 online?</b>
Called 111 received a call-back from the doctor, who prescribed pain killers which were available to collect the next day at 9am
Called 111 was advised to go to A&E where urgent treatment was required
Have used 111 and have had good experiences, but we should not need to – we should be able to see a GP in Primary Care
Called because of chest pains, the call handler dispatched an ambulance that arrived promptly
The 111 service can be good and prevents going to A&E where the wait is very long.
Used 111 three times twice because there were no doctors' appointments. <ol style="list-style-type: none"> <li>1) 111 identified an allergy and was given a call by the doctor and directed to the pharmacy</li> <li>2) Had been to A&amp;E for an infected cyst and was given antibiotics but they were not working, called 111 who arranged a GP appointment within 20 minutes. Following the appointment more antibiotics were required, and an operation was needed.</li> <li>3) I had shingles – called 111 and received a call back, I needed to see a doctor and the Walk-in UTC was too far, I was offered a prescription.</li> </ol>
My family have had a positive experience using the 111 service
Residents need to be made aware that they can direct you to other services and that the initial person you talk to is not a medical professional and they have to go through a number of triage questions.
Rash/bite – had sent a photo to the GP on a Friday, they were not concerned and said to review after the weekend. By Sunday hot/target spot had formed. Called NHS111 and was given an appointment in 20 minutes at the Urgent Treatment Centre and was given antibiotics for Lyme disease.
Called 111 they arranged for an ambulance to come very quickly. People need to be reminded that for life-threatening conditions they should call 999 not 111
111 have access to 'ring-fenced' GP appointments which is good, but do seem people abuse the system to try and get those?
111 online was good, they generally ring back
I contacted 111 out of hours and referred to the Lister in Stevenage, so I got seen.
It's a useful service
I've telephoned a couple of times at night (out of hours), and they were able to send the ambulance direct. I can't fault the 111 or hospital staff.
I used 111 once and they told me to go to Bedford A&E. The A&E team were efficient as they knew the patient was coming, had their details and the patient was seen straight away
In Bedford they give you your appointment time for the Urgent Treatment Centre – that helps
Called 111 and it took more than 4 hours for someone to call back (the person ended up losing a leg).

## Appendix 5

I contacted 111 in 2023 as my blood pressure was very high, I was told that someone would call back - they didn't
The lack of call-back is an issue
If you're not well it's difficult to use the online process, especially if you do need to be seen urgently as you're often unable to function normally and think how to navigate the system
I prefer to talk to a real person, so no I have not used 111 online
Ringling 111 feels similar to trying to ring your GP practice, in that you not able to access it
111 feels too prescriptive, if you want to ask a question it doesn't allow this as much
111 wasn't a great service – they wouldn't send an ambulance (I ended up at A&E at night and had an emergency operation)
Improvements
How do deaf people access NHS111? Need to promote this
Need to improve how different providers share / transfer medical information / data specifically
The appointments at the UTC and other places are ok if you drive, but what about those relying on public transport?

### Other feedback

- Triage needs to be used more effectively, patients are not currently receiving triage, how can a non-medical person give triage?
- Patients are being expected to know if their condition is urgent and decide themselves which service they need – this should be done by a medical person who can direct them to the right service. How can an individual access what is wrong with them?
- Patients should have red flags against their notes for various serious conditions so when they are calling for an appointment the receptionist can see that they have a serious condition and likely need an urgent appointment.
- Saffron Surgery digital clinic system is not working
- There is a lack of GP recruitment
- We need a walk-in /UTC and improved access to GP's
- Face to Face is needed – you may not understand what symptoms are important, ok to see the other professionals but diagnosed by a receptionist?!!
- NHS Direct was much better – bring it back
- Ideally, a walk-in or emergency (secondary care) access should be provided for Leighton Buzzard – Lister, the Luton & Dunstable and Bedford are not ideal
- Government Policy – Must allow for more doctors to be trained
- Walk-in needed for Biggleswade / East Bedfordshire

## Appendix 5

- There is a UTC in St Neots but don't think Bedfordshire patients can use it?
- The key is to get the PCN working – if practices can work better together, then a wider, more co-ordinated and joined up service is possible (other parts of the country are doing this, so it's entirely possible. Could one practice in a PCN offer a walk-in service? Could you have a co-ordinated telephone system?)
- Transport is an issue – and if you're not well it's difficult to drive or use public transport
- Resurrect Biggleswade Hub
- Very difficult to access out of hours services as there's no bus access.

## Appendix 6

### Central Bedfordshire Focus Group (Dunstable) – Wednesday 8 May 2024

Notes captured during group discussions

<b>Question 2</b> <b>Have you ever tried to get support from somewhere else – such as Community Pharmacy – before contacting your practice team?</b>
The ICBs social media channels are very good – I've seen a lot of posts about using your pharmacist
We have a good relationship with the pharmacist
Local pharmacy provides a good service
Opportunities to educate residents about the services that pharmacies can provide.
Provide more encouragement for elderly residents and empower them – give them the confidence of where they should go / what they can do to help themselves
It could be more accessible – i.e. Open at weekends
Lots of opportunities for the pharmacists to promote their services – people go in on a regular basis to pick up medication, so the pharmacies should be promoting them
<b>Question 3</b> <b>Have you used 111 telephone or 111 online?</b>
I used NHS online; it was in the early hours of the morning at a weekend. I was able to type in my message and was then told to go to the hospital straight away. I did all this whilst feeling anxious – it worked well.
Need to consider how older people navigate the system (online and telephone). Also people are aging and although they can currently use systems, may experience memory loss or dexterity issues in the future and be unable to navigate apps

A conversation was also had regarding Priory Gardens GP Practice and services provided at Grove View.

## Appendix 7

### Luton Workshop – Thursday 21 March 2024

Notes captured during group discussions

<b>Question 2</b>
<b>Have you ever tried to get support from somewhere else – such as Community Pharmacy – before contacting your practice team?</b>
Cost of prescription
Paying for over-the-counter medication
Patient education takes time
Not all pharmacies are doing pharmacy first
Need a cultural change to use alternative services
Schools' communications and programmes plus advertising is needed
Engaging public/residents – e.g. venue 360 – 700+ people
Engage with local large businesses, group, clubs and faith groups
Really positive experience
Education – continuity of care / prescribing pharmacy
General advice and onward signposting – may still need GP
Able to prescribe
Proactive pharmacies
Patient relationships – maximise on those relationships
Partnership working with GP/Pharmacy – joint working
Supportive pharmacist
Engaging
Willing to listen
Do they have capacity
<b>Question 3</b>
<b>Have you used 111 telephone or 111 online?</b>
Public education of 111 offer and what services are covered
Response time was good
111 hold GP appointment slots – not released in unused
Assurance
111 categorised departments – Mental Health
Thorough, prompt and the right advice
Includes dentistry
Long wait for call back
Experience of call handler
Access to those with no address / homeless
Online

Other feedback:

Agencies that support residents i.e. NOAH it's an office-hours service and not available 24/7 service, so difficult for staff and clients if waiting for a call back.

## Appendix 8

### Milton Keynes Workshop – Wednesday 20 March 2024

Notes captured during group discussions

Question 2 Have you ever tried to get support from somewhere else – such as Community Pharmacy – before contacting your practice team?
Signposted – validation and support of clinical need.
Are there written referrals through system one?
How do referrals to specialist services work e.g. Dermatology?
Self-care / Management – Easy access location and time
Vaccinations and Immunisations – direct referral could support
Have used in the past and were sent back to GP
Not enough integration between pharmacy and practice
Shop assistant not pharmacy
There needs to be accountability - concerns around pharmacy workforce/resource
Poor experience
Confidentiality - in public having to give name/address/ medical conditions
Depending on the reason you are going needs to be identifies and a confidential room made available.
Would need assurance on addressing issues outlined above before using pharmacy
Most people aware how to manage via self-care if a minor condition
signposting
Advice given
Good to use for vaccinations
Experience of service depends on the time of the issue, if it is Out of Hours or during normal working hours.
Access to diagnostics e.g. Dipstick
Privacy and neurodiverse access
Time pressure issues / routine dispensing versus Pharmacy First.
Communication - Diverse needs /language and cultures
Prevention Space – more could be done on blood pressure and weight
Knowledge – screens / TikTok / Snapchat
Supply of medication not always available – travel to multiple pharmacies
Variation across pharmacies
Useful for travel vaccinations
Do Pharmacy have the capacity to deal with extra traffic
Advice for minor ailments
Experience from practice – 111 allocated urgent appointment to patient, transpired that the need was not urgent which was frustrating.
Local pharmacy (Jardines) not open at weekend in Newport Pagnell. Boots is open 7 days per week.
Local pharmacies do not have a pharmacist on site (for several hours) – need to promote / advertise when they will be available.
Bletchley has lost 3 pharmacies
Practices don't get pharmacy rota details as a matter of course (advised by PCN).
People are overloaded by signs – there are too many
Pharmacist service – flu vaccination, cross-contamination issue as pharmacist was called away to do another action – under time pressure so issues can arise.
Blood tests
More space for consultations
More pharmacies

## Appendix 8

A list of what they can treat
Better communications - NHS App / leaflet in medication bag
Medication reviews could be carried out
Opening times could be increased over the weekend
Concerns over privacy
Accessed pharmacy but was sent to GP (rash)
Communication – not being passed around the system
Waiting times for prescriptions and advice.
Availability of certain medications
Don't prescribe to age 65+
Every household to have a leaflet talking about services
Should be able to google opening times to find a local open pharmacy to make it easy to find late opening pharmacies. Use Search engine optimisation (SEO) so people can find the pharmacy.
Need information to know what is offered at each pharmacy (what and when) – is this on the NHS App? Practices are pointing people to the NHS App.
Role of GP practices in promoting pharmacy first? How do we capture failed experiences / contacts how do we know it's working.
How do we know they are being staffed (Head office sign contract – but what about staff?)
<b>Question 3</b>
<b>Have you used 111 telephone or 111 online?</b>
Online – positive signposting over duration of symptoms / convenient / timeline.
111 Telephone – responsive (triggered blue light response)
Navigate to virtual appointments
Access for fast response not ambulance
Medication issues – wrong medication was issued, and this was then changed using the 111 service
Told to go within the hour seen quickly once there and registered
Good experience – signposted to WIC and seen with satisfactory result
Good experience via phone line - able to help with query and the whole system worked together (111, maple unit)
Experienced and got an appointment via telephone that resulted in a face to face appointment
111 services need to be accessible for deaf and hard of hearing residents.
Screens / IPADS in public places to help access
Need for text-based service (like 999 text service)
Awareness and communications
Frustration of going through questions at times – time going through
Neurodiverse access
Text back to know you are in the system would be useful
Next generation text does not work properly on older phones so is not a viable option for may deaf/hard of hearing people who try to phone 111.
Are there translation services in NHS111 – are they made available if someone calls and does not speak English?
Wasn't aware online was available. Would try it now I know about it
It's only as good as the information provided to the call handler
Prefer to use NHS website as call handlers reading from script so prefer walk-in centre
Good experience of call-back
Good experience for children – reassuring to be able to be able to speak to someone at 111 if you're unsure
Positive experience of 111 in an emergency situation, 111 booked an ambulance
Rang 111, outlined issues and they prescribed medication so a positive experience
A general perception that failing when first implemented (the perception takes a long time to change, so need to get it right at first)

## Appendix 8

Spoke to call handler, got a call back from a nurse and given an appointment the next day
Not a good service – there are lots of questions and multiple contacts (111 online), on the phone call lots of questions too.
Negative experience – not called back until the next day
Signed posted to A&E, was told they are expecting you, but when arrived they had no idea
Used 111 online - Information incorrect for your area
Patient pathway experience - 111 – see doctor – 14 day wait – went to walk-in centre – sent to A&E
111 gave wrong information
111 not properly joined up to walk-in centre
Online very limited to the information the user can add / enter in the system (restricted line of questioning).
Issue with 111 not booking appointment when they could
Potential of abuse and people being able to bypass the system
Needs to be more education about the service
The government / UK is working towards the removal of analogue / terrestrial/satellite services by 2030. This will mean that households will be dependent upon broadband if they do not have a smartphone. There is no public advertising of social tariffs for broadband. If GP surgeries, pharmacies and other public premises had limited free use of internet it would help people who cannot afford, the social tariff. Support for people using public wi-fi equipment who are not IT savvy.
What could be improved
Demand for 111 is high – need more staff
Use AI to manage demand
Clear communication on the user's behalf (not always easy for people)
111 online – not all have internet access

### Other feedback:

- Need to use various channels of communication to educate the population about new health and social care services and how to access them.
- UTC not on NHS App?
- Do new practices digital phone systems work with personal pendants/alarms?
- Is 111 available via text? (999 is)?
- Rota for late w/e opening and pharmacies
- Care navigator role - huge role, under pressure, lots of training required.
- If pathway is to use other service such as pharmacy, how does the ICB ensure pharmacy is adequately resourced to provide the service?

## Appendix 9

### Children and Young People Survey

#### Question 2

**What else is important to you when you want to get an appointment urgently or on the same day at your GP surgery or other healthcare setting?**

1	1. Not being hung up on by reception 2. All are all top priority, previous question is stupid 3. Telephone appointments are pointless, don't bother, it wastes GP time 4. Why do GP's not work full time hours, absolute disgrace, you are working for the community not money 5. Receptionists are rude, lack a work ethic.
2	Cutting down the waiting times when you call them about a medical issue or appointment as it takes about 1245 days at the minute
3	having someone of the correct profession
4	Getting the help I need for the situation
5	Getting an appointment there and then
6	can't really think of anything
7	Nothing
8	If we need to see the doctor, have less time waiting around maybe 15 minutes so there is less stress
9	That they help me feel better and fully explain my condition, so I know how it works
10	not sure
11	Being provided with prescriptions easily.
12	That they can work around times I've asked to be avoided.
13	Not having as long to wait for an answer on the phone. When you ring at 8 and you have to wait 2 hours before you speak to someone
14	That I'll see a medical professional who can assess me and prescribe the needed medicine.

#### Question 4

#### **What was your experience?**

This was a follow on to the question 'Have you tried to get support from somewhere else - such as a community pharmacy (high street chemist), before contacting your doctor's surgery?'

1	Really poor
2	Good, medicine prescribed was effective
3	Long wait times
4	It was ok and got seen quick but not necessary the best medical advice.
5	Not very helpful
6	They didn't help. Both times, we were told we would have to see a doctor, and they gave us no further information.
7	Good
8	All went well

## Appendix 9

### Question 5

#### How could it be improved?

This was a follow on to the question 'What was your experience?'

1	By giving appointments to people who need them, I went to the pharmacy with my mum had to tell someone there what was wrong and then got told I needed to see a GP, but we couldn't get an appointment.
2	Better wait time
3	Reduce wait times by increasing investment
4	Better medical advice and training for pharmacists
5	Maybe have a doctor from local practice at local chemist for any urgent needs that are unable to get a doctor's appointment
6	By actually giving us some information, even if they can't fully diagnose
7	Quicker service
8	Prescription being sent quicker.

### Question 6

#### Community pharmacies (high street chemists) can provide health advice and can even prescribe medicines for some conditions. What would encourage you to use your community pharmacy?

1	If they were able to help and I didn't just get told to see a GP
2	If it worked. Communication between the pharmacy and the doctor surgery is shocking.
3	Better wait time
4	Shorter waiting times on the phone
5	More awareness of this and the support/advise they can offer. My only concern is where is this information logged/recorded what's been discussed
6	Right medication or cream or whatever is needed for the problem
7	Needing care, but not needing to see a GP or urgent care clinic
8	Prescription
9	If they actually helped
10	What
11	The need for medication
12	I already use it
13	I'm not sure
14	If an appointment is impossible for 3 days plus in a hospital
15	Doctors because they know how to do it better and can help me, not just give advice
16	Advertisement and advise from others
17	If I knew how the prescribing works.
18	Knowing that the pharmacists are trained like doctors and know about medicine
19	More local [pharmacies]

## Appendix 9

### Question 8

#### What was your experience?

This was a follow on to the question 'Have you used NHS 111 (telephone) or NHS 111 online to get medical help?'

1	It took ages on the phone, and they said I needed to see a GP
2	Waiting on the phone for over half an hour. Disappointing. told to go to random surgery in Bedford, had to wait for 40 minutes there.
3	It was a lengthy experience on all occasions we used the service. Often GPs don't call back when told they will.
4	I was recommended to go see a GP, which was arranged for the next day (as the incident was late at night).
5	The wait was ages
6	Helpful
7	111 online scares me, it's always telling me I need to get medical help although it won't tell me what for.
8	Very quick and easy
9	Said I'd be fine and hung up

### Question 9

#### How could it be improved?

This was a follow on to the question 'What was your experience?'

1	Don't tell people they need see a GP when they can't get an appt
2	"We just need more capacity, 1) Make GP's work full time 2) Make GP's see you first rather than just send you elsewhere, excluding emergencies. 3) Our capacity for our town is ridiculous, we need another surgery in the other side of the town."
3	Shorter wait times
4	A more joined up service as I do feel it's quite disjointed
5	It went well. No improvement recommendations
6	More staff so that the wait is not as long
7	Quicker to answer the phone
8	If 111 online could say what it suspects you might have.
9	Shorter waiting times

### Question 10

**NHS 111 (telephone) and NHS 111 online helps people with an urgent medical need (that is not life-threatening) to get assessed and directed to the right care, especially if their GP surgery is closed. What would encourage you to use NHS 111 (telephone) or NHS 111 online to get medical help?**

1	If the advice was actually achievable
2	When I'm told to by the GP, I always use the GP first.
3	Don't need to
4	N/A

## Appendix 9

5	I would use the service for the family if needed to.
6	If I was unable to get a doctor's appointment or see a pharmacist
7	Sickness or disease
8	If I had something non-emergency but important
9	Having a problem
10	I don't know
11	An urgent medical emergency
12	I'm not sure
13	If it was easily accessible
14	People who know what they're doing and are kind to me
15	Advertisement or advise
16	If I didn't feel like other people need to go to A&E or something more than me.
17	Online text support

## Appendix 10

### Survey for people with autism

#### Question 2

**What else is important to you when you want to get an appointment urgently or on the same day at your GP surgery or other healthcare setting?**

1	I am often told to ring at 8am on the day I need to see a doctor. Firstly, this is impractical and causes unnecessary stress and anxiety. Secondly, the medication that I am on makes it very difficult for me to wake up early or have the mental clarity to confidently speak to someone and advocate for myself at an early time
2	Getting an appointment whilst the issue is ongoing, not after it has passed and moved onto another part of the body.
3	That requests are followed (I struggle with phone calls) preferably given some time/ warning info provided in a written format such as text with location included (our medical centre has given wrong information and / or denied an appointment was booked actually actioned and not forgotten the entire query regarded not just part
4	Not to be rushed or judged and to be able to talk about more than just the one problem. It'd help if they wrote down/printed everything they've said to me so, I don't forget.
5	To be seen on time or as close to the booked appointment time as possible. Not to feel rushed when trying to explain what's wrong. Not to be undermined or brushed off when expressing my worries and symptoms. Any treatment is explained to me properly. That if the waiting room is crowded and there is a delay in being seen that there is a place to go if really needed to try and calm down and not get too stressed out.
6	An understanding of what Autism means and how that can affect someone (especially an adult, not a child!)
7	Health
8	Confirmation
9	Someone who listens carefully and takes what I am saying seriously. Usually I wait several days or weeks - even months - before contacting the surgery trying different options, as I don't want to waste their precious time. I need to be taken seriously.
10	That the person I'm seeing has read my notes and knows why I'm there
11	That there is enough time in the appointment
12	I would like to be able to book online rather than phoning up.
13	I would like an easier booking system. I find it hard to remember when to call and even if I set an alarm, I'm immediately added to a call queue and then on hold for a very long time and then there are no appointments left.
14	I wish if they ran out of appointments, they could offer you one for the next day.
15	Not having to explain to a non-medically trained person what the problem is
16	Being able to go into the surgery to make the appointment and for the receptionist to be appropriately trained, kind and understanding.
17	Understanding, both from receptionists and medics, that if I am there, I am genuinely worried about something, AND that that worry doesn't mean I'm an anxious panicky idiot. I don't bother them if something is minor, to my detriment sometimes. I just want to honestly talk about my concerns and be understood.
18	That it's with a doctor I know as it causes less anxiety
19	Getting good reaction from staff.

## Appendix 10

### Question 4

#### What was your experience?

(This was a follow on to the question 'Have you tried to get support from somewhere else - such as a community pharmacy (high street chemist), before contacting your doctor's surgery?')

1	Unhelpful and relieved a misdiagnosis.
2	Almost impossible to get an appointment within a month
3	Usually told too complex (I have a lot of issues)
4	Generally, it's been good but, it'd be helpful if they were signs to say "we can see anyone privately if you have an issue or don't know what you need" kind of thing. I hate going to the doctors so it would be much better if I knew for sure you can talk to a pharmacist in a private room for advice. Sometimes, I want to ask if I can talk to a pharmacist privately quickly so, I know what product to get or how to treat something but, I'm worried they'll tell me to go to the doctor or that they don't do that. I want clear signs saying they do and how do I ask, like which words do I say because sometimes they come put all jumbled up and I don't make sense then I feel really embarrassed, or I just don't and walk away so I have the problem for months.
5	Not very good! My surgery has now switched to an on-line form, and assessment BEFORE you are allowed to even see a GP - with them assessing if what you have put on the form qualifies you getting to see a GP or even talking to them
6	As always brilliant.
7	I always seek help elsewhere before contacting the surgery. I seek help from a pharmacy and online. The help you get at a pharmacy depends entirely on the individual pharmacist, and how busy they are. When the pharmacy is extremely busy, I feel bad about asking for advice because it keeps other people waiting.
8	It was a waste of time as they couldn't help me.
9	It was for my daughter. They said she had impetigo, so I had to contact a GP. Another time they recommended horrible tasting nail polish to stop my daughter biting her fingernails and to help her red fingers heal and she needed antibiotic cream in the end. They didn't have home UTI tests so again had to go back to the GP for her. For myself I had hives and got antihistamines, but I still had to go to the GP for steroids.
10	Poor
11	They were not helpful or knowledgeable.
12	It has depended on the individual pharmacist. Some are really helpful, others seem lacking in knowledge.
13	I can't remember the exact experience, but I think it was okay. I would still prefer to talk to a doctor, mostly just because of the issues I need to talk about.

### Question 5

#### How could it be improved?

(This was a follow on to the question 'What was your experience?')

1	This could be improved by returning the Chemist's role back to dispensing the prescriptions and training/employing more NHS doctors to provide a better healthcare service.
2	Being able to get a face-to-face appointment within a week or less.
3	I have before been laughed at for looking for help after a sexual assault after being referred there by GP (they just told me boots pharmacy Central Milton Keynes)
4	Clear signs and instructions on the services they provide. Times of when they do walk in appointments.

## Appendix 10

5	Unknown - I have yet to go through the process.
6	No.
7	I don't know.
8	Make sure all staff have a knowledge of Mental Health and where you can go for help.
9	I think a detailed list of what pharmacists can help with and what they can't help with would be good. Maybe make it so pharmacists have more in-depth training so they can deal with more conditions.
10	More doctors
11	Having a competent pharmacist.
12	For the pharmacist to be honest about their level of understanding.
13	Sometimes I would like a little more privacy.
14	I don't think supermarket pharmacies are very good for this. The one closest to me is always snowed under with stuff and it's a long wait to get prescriptions, and there's little facilities to get anything beyond that.

### Question 6

**Community pharmacies (high street chemists) can provide health advice and can even prescribe medicines for some conditions. What would encourage you to use your community pharmacy?**

1	If trained doctors were based in a pharmacy.
2	If you know whether a trusted pharmacist will be there when you go in, and not a temporary one flown in for the day.
3	Ability to communicate issue discreetly/ ask for a private area
4	Clear info on services, phone numbers, times, walk in appt. availability.
5	If I needed over the counter medication such as pain relief or if I had to get an emergency prescription if one of my prescribed medications ran out.
6	Unsure, not of the question, but unsure what would be better. The nearest pharmacy is not within walking distance of where I live, and so would entail a drive.
7	Friendly and helpful pharmacists who take you seriously. I never use my nearest pharmacy as the "front" person seems to be friendly only to her friends. I feel like I am a nuisance if I ask anything. My favourite pharmacy is often too busy. It would be better if pharmacists / front staff working there who aren't themselves a pharmacist were more understanding/patient. It would also help if they were not already far too overworked, with the pharmacies being extremely busy.
8	If they had knowledge of Mental Health issues as well as physical health problems
9	Confidence in their service. Small wait time
10	If there was more information about what they can and can't treat.
11	The problem is if I try and get to a pharmacy first, then there are no appointments left at the doctor if the pharmacist can't help me.
12	Also, if the pharmacy had a booking system and I could see if they were available at whatever time etc... I'd be more likely to risk booking in to see them.
13	Queueing for a long time and then being told they're unavailable or can't help is just a waste of a day. "
14	As previous, I wouldn't use a supermarket pharmacy like that. Reasonable wait times, privacy, and qualified staff are things I would look for.
15	More information on what they can or can't help with.
16	Due to anxiety I rarely go to a pharmacy
17	Good service.
18	No

## Appendix 10

### Question 8

#### What was your experience?

(This was a follow on to the question 'Have you used NHS 111 (telephone) or NHS 111 online to get medical help?')

1	Every time I have called 111, I have been told to call 999, even when it was unnecessary to do so."
2	Pretty much always say go to A&E, because no other facilities are available for minor injuries (like deep cuts that just need cleaning and gluing/a stitch).
3	Honestly, I super struggle with this as I struggle hearing over the phone
4	Good. Every now and then I need emergency meds when I forget to order more before I run out.
5	I have always felt very rushed when on the phone and struggle to actually get across to them what the problem is. The long waiting times on the phone and the uncertainty of the outcome triggers a large amount of anxiety for me. I have however always had some type of treatment/help when calling 111 which is good.
6	Pretty good, I received a call back very quickly.
7	Mixed. It's very rare for me to ring for myself as I try to avoid using services as much as possible. When ringing for my disabled husband the experience has been good. When ringing about my 17-year-old autistic son who had had difficulties with his preventer inhaler and needed an urgent replacement, it was extremely difficult to get one. They need to take into account when someone has disabilities. My son doesn't usually have this problem and made a mistake.
8	Very good. The person I spoke to was empathetic and went above and beyond to help me.
9	I have spoken to them twice about mental health which didn't go anywhere, and I was told to speak to a GP. For my daughter they booked an appointment for her at our own doctor's surgery which was useful. That was when she had a suspected UTI. They also got us an appointment when my daughter had period issues.
10	Ok
11	It's hit and miss. Sometimes they seem to completely overreact and insist you go to A&E (who are furious when you arrive and explain) and other times they're completely disinterested and just tell you to book a gp appointment on Monday
12	They called an ambulance for me when I needed one.
13	"Sometimes good, sometimes tragically lacking
14	Excellent on all occasions.
15	Most of the time they are great. Always friendly.
16	Very good and efficient

## Appendix 10

### Question 9

#### How could it be improved?

(This was a follow on to the question 'What was your experience?')

1	Have more fully trained NHS Nurses and Doctors who have better training and more experience than health care assistants.
2	More minor injury clinics. Actually, a minor clinic. There are none within a reasonable area from where I live.
3	A text or chat box service
4	To not have to go through the same things on the phone when you get to the pharmacist.
5	Less uncertainty i.e. shorter reply times/waiting on the phone, a clear description of what is going to happen i.e. if going to hospital to be seen rather than just saying "head to this department" they could explain a bit more about what to expect upon arrival such as where the reception and waiting room will be, if the department is currently busy and if you should prepare for a long waiting time, if it's likely you'll need to stay in overnight based on your symptoms and why they've asked you to go to hospital etc. Could introduce an online system that you put your symptoms into, and it will give you an estimate as to whether you may need to go to the hospital or not after speaking to someone.
6	It needs to be flagged up on records where there is any kind of disability. For example, my son needs to be flagged up with autism and moderate learning disability. I have Asperger's but no learning difficulties. Pharmacy staff need to be trained to understand difficulties, and not be judgemental, but instead helpful, patient and understanding. For example, I have found that I am treated as if I am stupid when people know I have Asperger's, and conversely my son has been treated as if he doesn't have a learning disability, and is expected to be 100% mentally able to do the same as an average 17-year-old, which he isn't.
7	The online system is better than the phone which is awful with all these annoying options just to get a call back. It's weird you have to contact 111 sometimes to get an appointment at your own doctor's surgery. It just doesn't seem logical.
8	Mostly I think it's okay, they're only human.
9	The service was good.
10	Take responsibility and listen then do the job for what they are paid for
11	Sometimes the help offered isn't always appropriate for the issues.
12	Quicker answering time.

### Question 10

**NHS 111 (telephone) and NHS 111 online helps people with an urgent medical need (that is not life-threatening) to get assessed and directed to the right care, especially if their GP surgery is closed. What would encourage you to use NHS 111 (telephone) or NHS 111 online to get medical help?**

1	For medical advice. Advise on what over the counter medication I may need and professionally assess my symptoms to sign post me to the appropriate service.
2	No, just go to A&E because that's what they always tell you to do.
3	text based way to communicate
4	I don't know but, they make me feel anxious and judged when I talk to them. Sometimes they're tone is very nice or they're rude. If they all spoke with a friendly tone, I'd be less anxious to speak to them. It would help if they text you to let you know when someone is just about to call back so, I'm not anxiously waiting right next

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	to the phone for hours, worried to even quickly go for a wee in case they call and I miss it.
5	To be honest I try to avoid it as much as possible. The idea of suddenly needing to call 111 is terrifying let alone not knowing what they're going to say, what's going to happen, where you're going to be sent etc. I only ever use it if I really need to and either can get through to my GP or my GP is closed.
6	Lack of available medical assistance during the day, if unable to get a GP appointment, or walk in centre busy.
7	Yes.
8	A shorter wait time. It can take a while to get through. Then instead of getting transferred to an adviser, it can take several hours for anyone to ring you back. Stop asking ridiculous questions - for example, if I am ringing about myself, what is the point of asking if I am conscious? If I wasn't conscious, I wouldn't be on the phone with them, so there is no need actually to ask that unless you are calling about another person.
9	I prefer to use NHS 111 than try to get through to my gp surgery.
10	Telephone answered quickly
11	I don't need encouragement to use them. If I can't get a GP appointment the normal way 111 is my go-to.
12	Surgery closed and can't get 2 a and e
13	I'd like it if I could do more online. It almost always says it can't assess you safely and you have to call."
14	I use the online service first rather than making a call as that can feel too overwhelming.
15	I don't really like phone calls if at all possible. Online is more okay, but I don't think they could do anything more for me than I could find online myself. (I try and use the NHS websites when possible, I'm not just using WebMD or whatever.)
16	If they listened more
17	Because I have had good experiences I would use them again, but there are times when I struggle to use the phone. I am not sure what could help with this.
18	N/A I use it regularly
19	Need?
20	No

## Appendix 11

### Demographics of workshop attendees

#### Which local authority area do you live in?

Bedford Borough Council	8
Central Bedfordshire Council	37
Luton Council	10
Milton Keynes Council	23

#### What gender to you identify with?

Male	35
Female	44
Other – please specify	0
prefer not to say	0

#### What age category are you in?

18-24	0
25-34	2
35-44	4
45-64	27
65+	46

#### How would you define your ethnic background?

White British	68
White Other	3
Mixed/multiple ethnic group	0
Asian/Asian British	3
Black/African/Caribbean/Black British	4
Other ethnic group inc. Arab, Chinese	0
Other please specify	0
Prefer not to say	1

**Which of the following statements apply to you?**

My day-to-day activities are limited a lot by long-term physical and/or mental health conditions or disabilities	7
My day-to-day activities are limited a little by long-term physical and/or mental health problems or disabilities	20
My day-to-day activities are not limited by long-term physical and/or mental health problems or disabilities	19
My day-to-day activities are limited a lot by temporary physical and/or mental health problems or disabilities	2
My day-to-day activities are limited a little by temporary physical and/or mental health problems or disabilities	14
My day-to-day activities are not limited at all by temporary or long-term physical and/or mental health problems or disabilities	30