

**“Changes to the ways
people access health and
care services”
Survey report**

**Survey data collected
November 2021 to April 2022**

Published in June 2022

Introduction

Healthwatch Tameside is the independent consumer champion for health and social care in Tameside.

We listen to local people, and gather information about their experiences of using health and social care services.

We use this information to talk to the people who arrange (commission) the services and the people who provide the services. We can influence changes which will make these services better for everyone. If we hear about good practice, we encourage this to be shared. If you tell us about something that could be improved, we will talk to the people in charge about this too.

Any information we are given will remain anonymous. We are careful to share ideas in a way which will not identify any individuals.

What is this survey about?

This survey gives people an opportunity to tell us what they think about the different ways of accessing health and care services.

During the COVID-19 pandemic, new ways were introduced very quickly. These involved using technology, whilst we were locked down. Services are looking at how they can build on these changes for the future.

What will happen next?

We will share the anonymised findings from this survey with local health and care partners. The report will also be published on our website.

The information will be used by commissioners and providers of services, alongside other feedback, to plan future services for the local population.

Survey responses

We received 102 responses to the survey. Surveys could be completed online, via a QR code, on paper or over the phone.

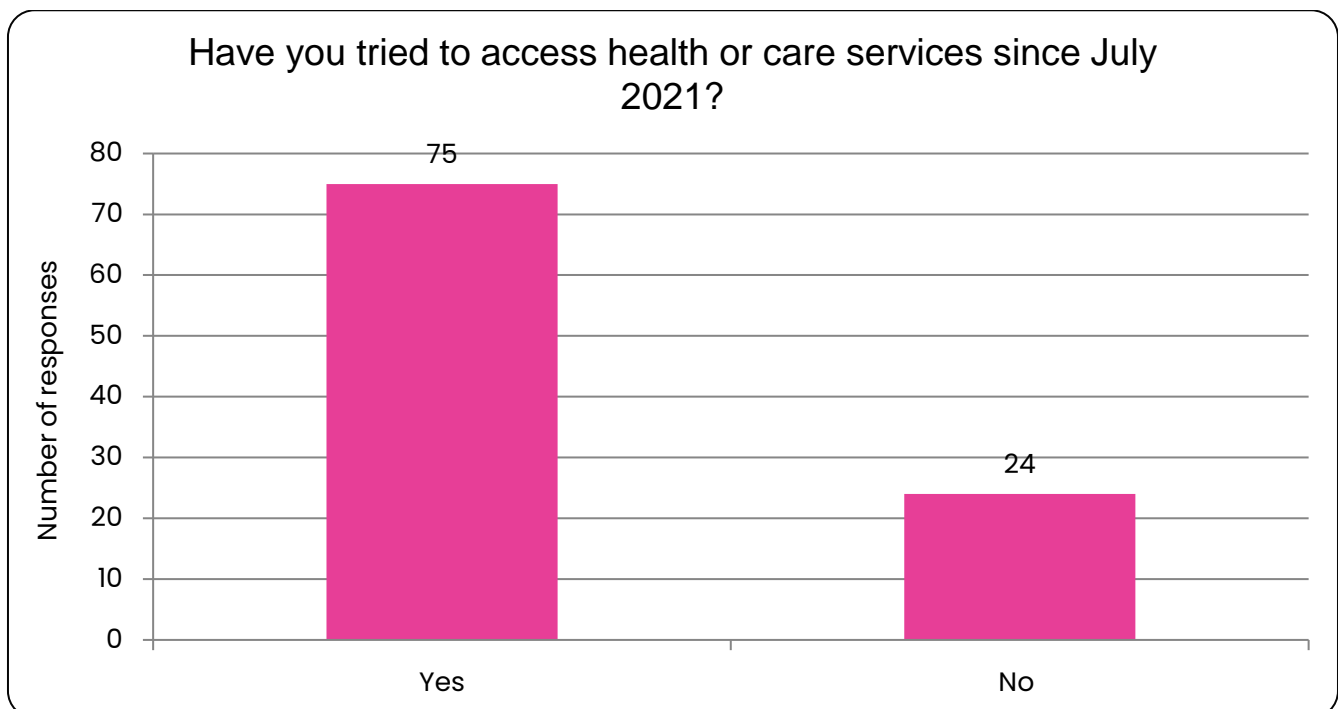
Online	-	36
QR code	-	1
On paper	-	53
By phone	-	12

Questions

Many of the questions had tick-box responses. There were also opportunities to provide additional explanations or information. We will look at the questions in the order on the survey.

Question 1) - Have you tried to access health or care services since July 2021?

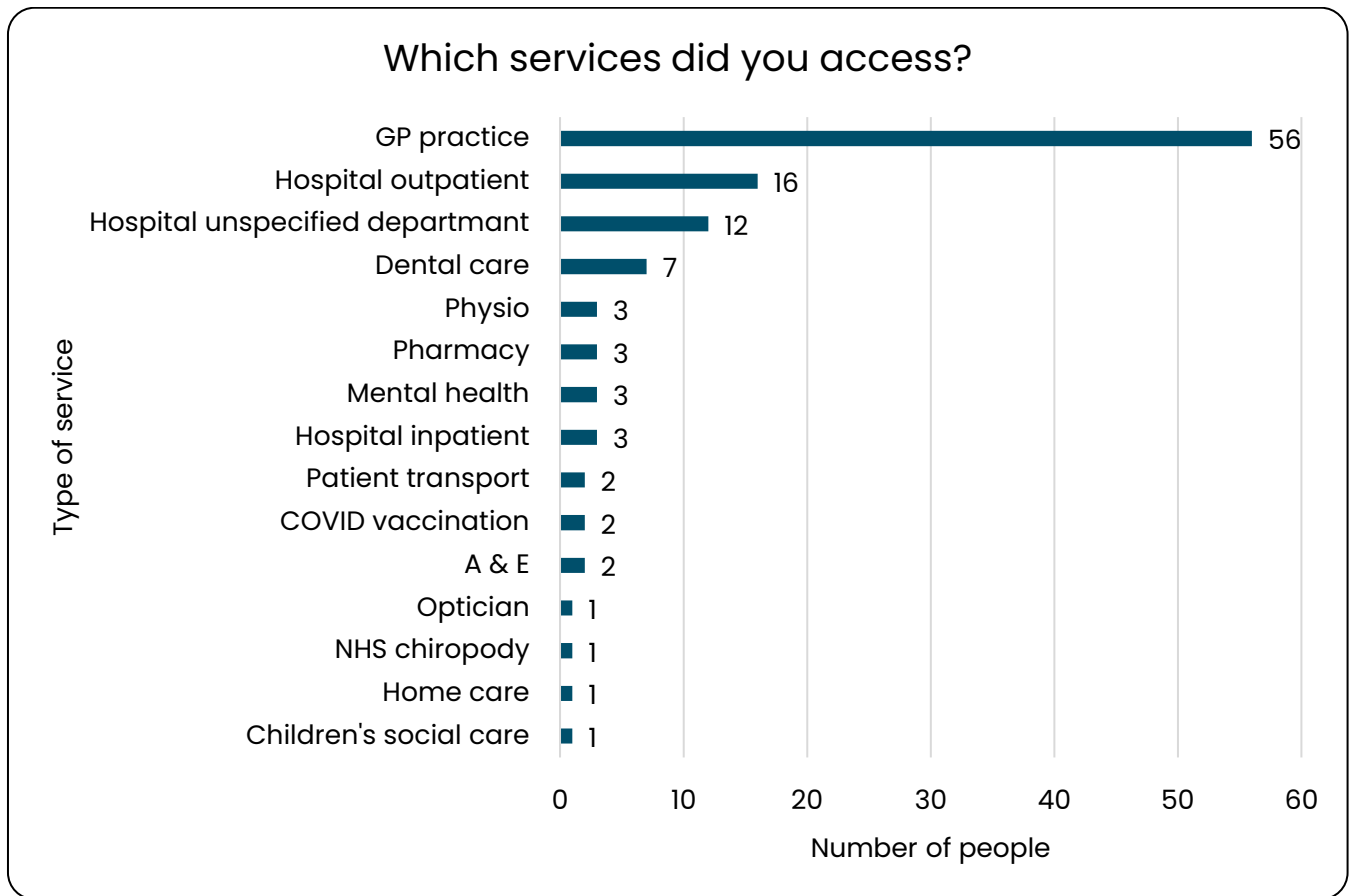
99 people answered this question.



Question 2) - How was it? Which services did you access?

72 people answered this question.

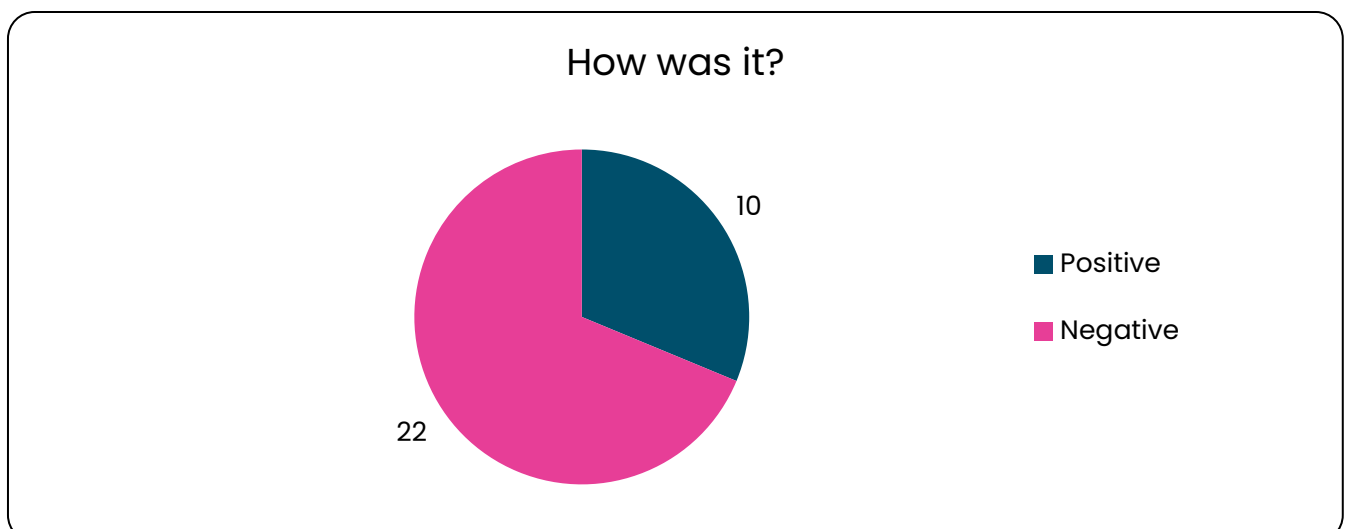
We have summarised the services used in the following graph.



Not everyone provided feedback about the service(s) they used. We have summarised the responses below, and included a few of the comments as examples.

GP Practices

There was a mixture of positive and negative feedback.



The positive feedback included comments about:

- Care/treatment provided
- Ease of phone access
- Face-to-face appointment provided
- Information provided
- Medication review
- Online access
- Phone consultations
- Referrals
- Speed of appointments

A member of my family has accessed GP services and has found this process worked well (using online app).

Was seen by doctor within 3 days and sent for X-ray same day.

I was given a telephone appointment and I was diagnosed and prescribed treatment based on a 'selfie' which I emailed to the doctor.

The negative feedback included comments about:

- Care/treatment provided
- Clinic closed
- Difficulties contacting the practice by phone
- Difficulties with access and making appointments
- Difficulties with online access
- Phone consultations
- Referrals

I am very hard of hearing, but was told I had to have a telephone consultation. My husband had to take the call - this was embarrassing and unsatisfactory. I really feel that deaf people have become extremely marginalised during this pandemic.

I could not get an appointment online as it was always being taken down. Could not get an appointment when I rang.

A lengthy phone call waiting, over 10 minutes. No treatment given, told to self-refer even though finances mean I have no internet connection.

Hospitals

The feedback about using hospital services was evenly divided between positive and negative.

All the positive comments related to the care provided.

Recently diagnosed with Angina - everything went really well, no wait all just got done.

The negative feedback included comments about:

- Awaiting results
- Delayed surgery
- Transport to appointments
- Access to appointments
- Phone calls
- Walk-in centre

When you haven't a car and can't walk very far, trying to get to any hospital appointments is hard.

GP, really difficult to access, took two weeks every day phoning through to get an appointment. At one point ended up at the walk in centre, which is also not very accessible, there was only one GP on, who clearly had enough at one point and had a rant which everyone in the waiting room got to hear.

Still await some results (biopsy, blood iron levels).

Dental care

The question asked about use of NHS dentists. It is not always clear from the responses whether the dental care was NHS or private.

Only three people talked about what happened when they contacted a dentist.

No problem at all - had a tooth extracted.

Very hard to get seen.

I tried 20 odd dentists as far away as Salford. Finally, I found one in Hyde.

Mental health

There were only two comments in the responses to this question.

I have taken my wife for treatment at the Dementia Service and had an excellent service from them with no problems.

Outpatient psychiatry has been awful.

Pharmacy

Both comments about pharmacy were positive.

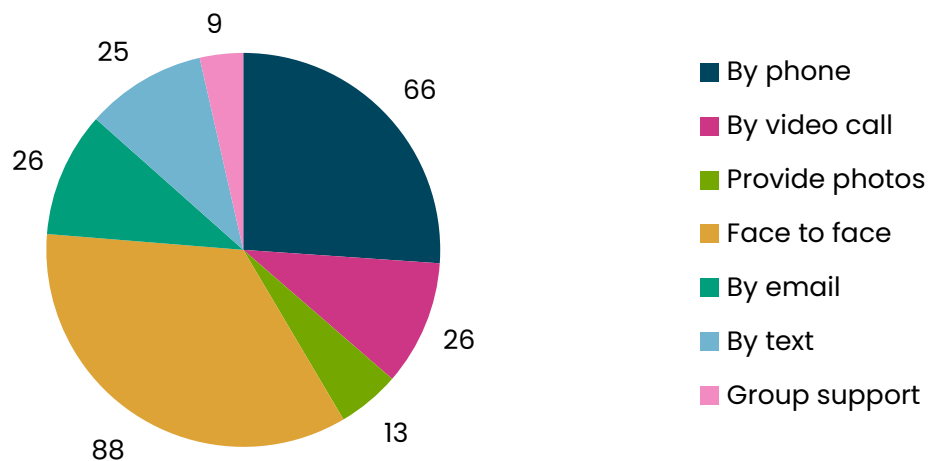
I have had a slight gastric problem - as only slight I contacted pharmacist - we agreed medicine available over the counter - this has been helpful.

Pharmacy by phone, prompt and responsive.

Question 3 - GP practices – In which of the following ways would you be happy to access GP practices in future (tick all that apply)?

97 people answered this question.

GP practices – In which of the following ways would you be happy to access GP practices in future (tick all that apply)?



Question 4 – Why did you choose these options?

Some people chose the options they had used before. Reasons they gave included being used to these methods of contact, or the methods worked for them.

Face to face appointments were the most popular appointment type. Almost half of these people said they preferred face to face appointments. Other reasons for choosing this option included:

- Are able to see the doctor's reactions
- Better for condition management
- Can be examined and doctors can see how you are
- Feel able to discuss the problem and receive full explanations
- Find it easier to ask questions
- Language difficulties – people with English as a second language, people with autism, difficulty understanding accents
- People with a hearing impairment often lipread
- Personal service and build a relationship with the same doctor

I have had several basal cell melanomas removed and I think this would be essential for me rather than wasting time with a telephone call.

I am Autistic and I can communicate and understand much better face to face.

To hold a spoken conversation I need to be able to see the other person's face clearly.

Phone appointments received the second highest number of votes, although this was not generally what people preferred. There were several people who said they were happy to have a phone consultation in the right circumstances, but they felt face to face was often better.

I have had telephone consultations with my GP over the last two years and they are all right, up to a point but I feel my doctor really needs to see me in person sometimes.

Sometimes an initial phone call can help solve a problem, or at least point you to the right service.

Other comments about phone appointments included:

- People asking for an appointment time, rather than being told you will get a call tomorrow, for example.
- There can be problems understanding what a doctor is saying over the phone.

This could be due to:

- Patient with hearing difficulties
- Doctor whose first language is not English
- Strong accents

Some people commented on the difficulties trying to gain access to their GP practice by phone to make an appointment, rather than the format of the appointment then offered.

Only on some rare occasions would I be happy with a telephone call for this type of access...and the choice should be mine, as a customer/patient.

Video call and email were selected by a number of people as a means of communication. The only comments were from people who did not choose this option, and will be included in the technology section on page 15.

Texts were considered acceptable as a method of communication in the tick-box options. The only comments were from people who do not want to use texts.

Group support was not a popular option.

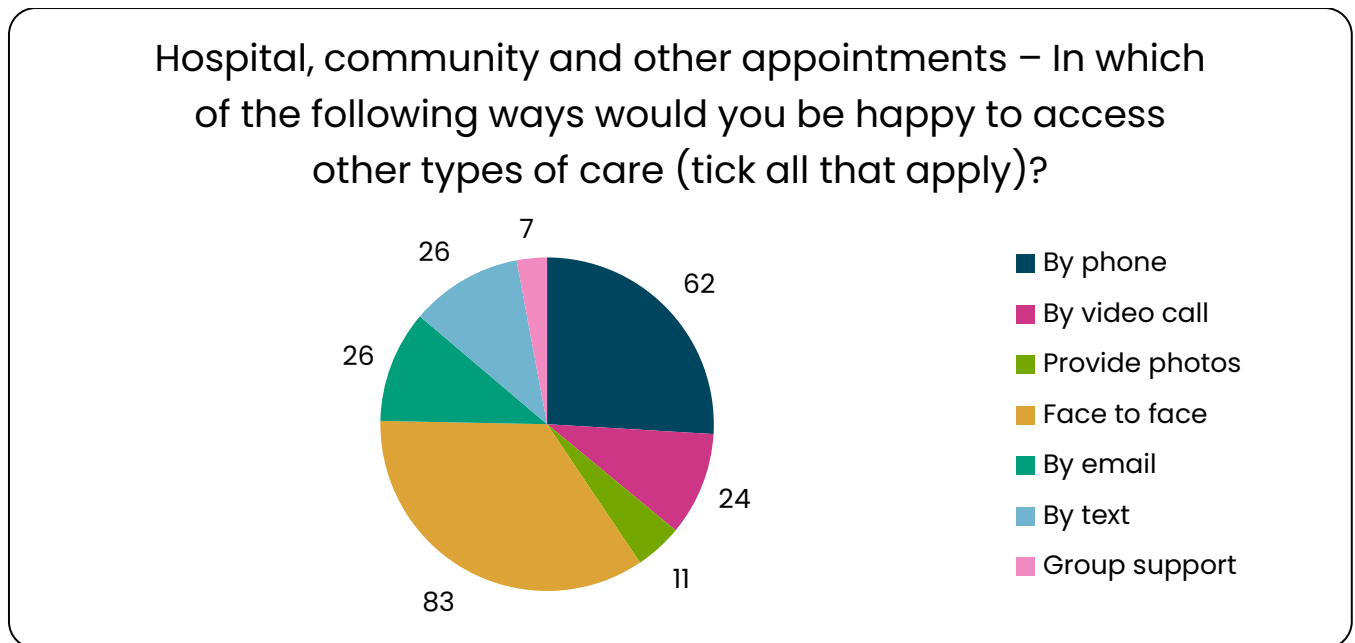
I have attended group support sessions with a previous GP and that was OK.

I would not like to talk about my healthcare in a group setting.

Technology – there was a wide range of feelings about using technology. There are other questions that also ask about using different devices, so we have combined all the comments about this topic on pages 12 to 16.

Question 5 – Hospital, community and other appointments – In which of the following ways would you be happy to access other types of care (tick all that apply)?

94 people answered this question. The graph is similar to the responses to the question about GP appointments on page 8.



Question 6 – Why did you choose these options?

The responses to this question are very similar to those about GP appointments in Question 4 on pages 9 and 10. Many people referred to their previous answer, or repeated the response, sometimes using slightly different words.

We are not repeating the information in this section. Here are a few examples of different quotations.

English is not my first language and I need to communicate face to face.

If I thought I didn't need to see a doctor face to face I would be happy with a telephone call.

I assume that if hospital treatment is required some form of visual examination is required.

Due to my disabilities, as long as the venue is accessible, I prefer face to face appointments for communicating re my health issues.

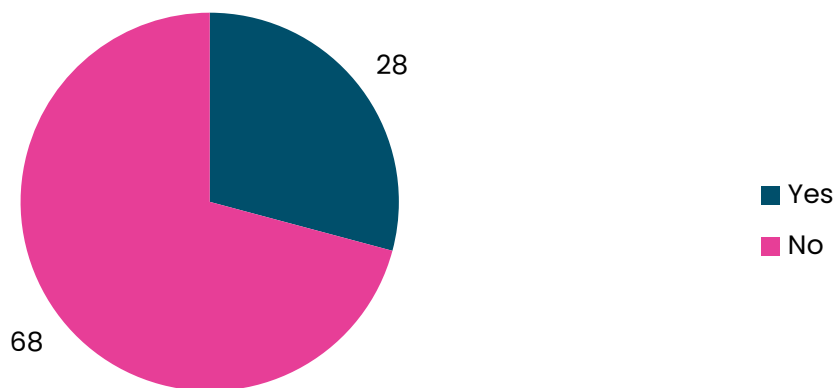
As a blind person, it's important to me to have direct contact with health professionals.

A consultant can't do an assessment over the phone.

Question 7 - Would you be happy to use a website or smartphone app to monitor and manage a diagnosed condition?

96 people answered this question.

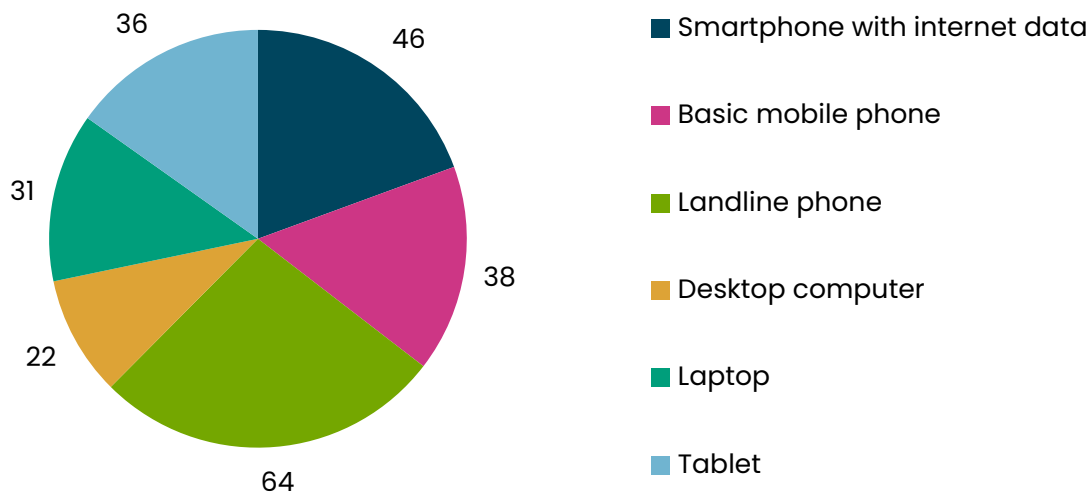
Would you be happy to use a website or smartphone app to monitor and manage a diagnosed condition?



Question 8 - What types of technology do you have access to (tick all that apply)?

95 people answered this question.

What types of technology do you have access to (tick all that apply)?



48 people have not selected a smartphone as a device they have access to. Not everyone answered the demographics questions, but from those who did, the ages of these people are:

- Aged 36 to 50 - 1 person
- Aged 51 to 64 - 10 people
- Aged 65 to 74 - 16 people
- Aged 75+ - 20 people

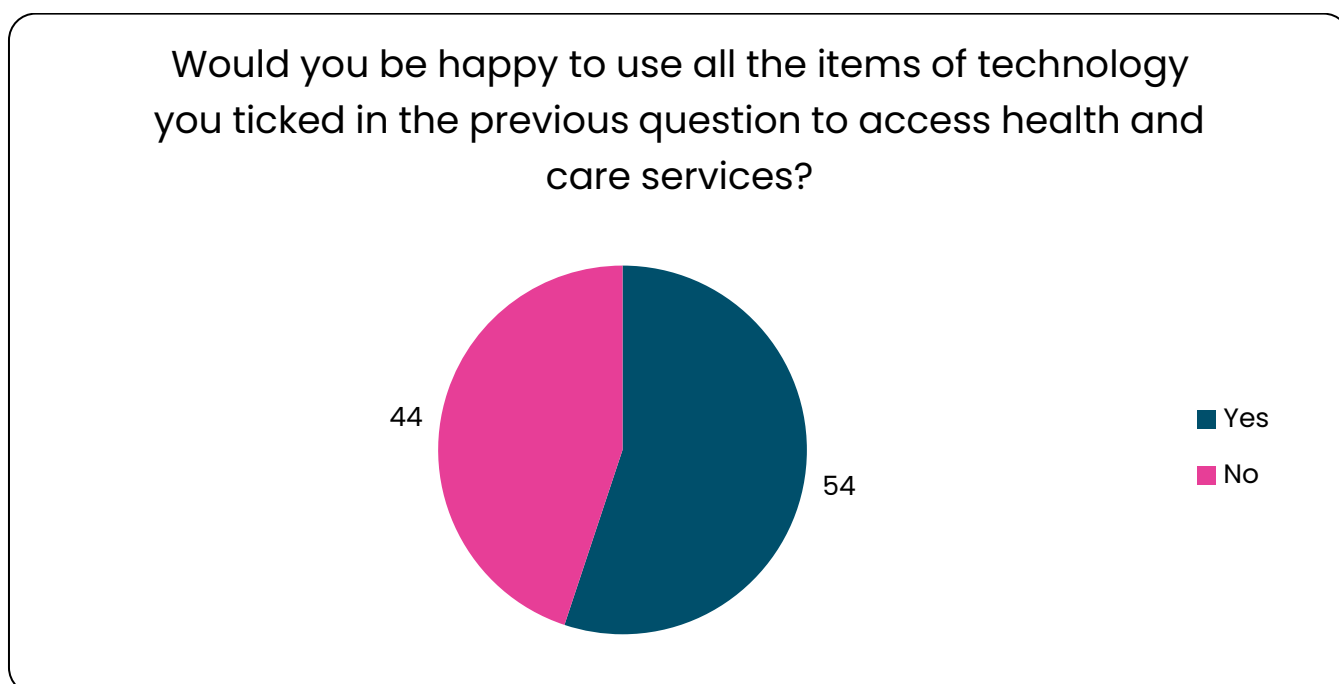
We looked at what phone devices these people said they had access to:

- Landline only - 12 people
- Basic mobile only - 12 people
- Landline and basic mobile - 24 people

19 people from this group also had a tablet and/or a laptop or desktop computer. However, 7 people said they couldn't use the equipment (reasons included in later sections about technology).

Question 9 – Would you be happy to use all the items of technology you ticked in the previous question to access health and care services?

98 people answered this question.



Question 10 – Please explain why not

In this section we have included comments that do not relate to the use of technology in general. A later section covers all the other technology related comments.

Comments from people about why they do not want to use technology specifically for access to health and care services include:

- I lack confidence about the accuracy and responses unless I have spoken to someone or had written confirmation.
- I prefer a letter as I can use it to check in and I won't lose it.
- I use technology all the time, but I don't want it to replace the human touch.
- Liable to scams.
- Many people described preferring face to face appointments.
- Medical conditions cannot be reviewed via technology.
- They can be very wrong and lead to misdiagnosis.

Question 11 – What would make it easier for you to use technology to access health and care services, if you want to? E.g. training, equipment, internet access, time to prepare for the appointment, etc.

Here we have included comments relating specifically to accessing health and care services using technology. Other technology related comments are included in the next section.

- Better 'user-friendly' technology/apps.
- GP practice websites could be more user-friendly giving easy opportunities to seek advice by email or WhatsApp.
- It would help if you could get through to your doctor by phone but in my case it is impossible.
- Several people mentioned having time to prepare for the appointment.
- Several people mentioned not having equipment and needing training.
- Space in the house to call or discuss it privately with a health care service.
- Training on my OWN equipment. All the equipment I have used on training courses seem to work much more efficiently than my own equipment.
- Would need my son to show me how, I have the basic skills.

I am able to do it - but when you try to use it theirs does NOT work - "this service not available".

Someone to explain everything in my own language (but then would need medics to speak my language - with appointments I take someone with me).

Technology comments

This section includes comments from the answers to previous questions about use of technology in general. To summarise:

- **Broadband/internet** – not everyone has access to the internet, either via broadband or a smartphone. A few people mentioned cost as the reason.
- **Emails** – some people do not have an email address. Others choose what they use emails for, feeling they are not always useful.
- **Texts** – not many people mentioned use of text messages. Some people do not use them, or want to. Other people said they are helpful for reminders.
- **Equipment owned** – cost was mentioned again, not only for the original purchase, but also future upgrades and replacement equipment.
- **Ability to use equipment** – a few people would like to have a device, but would need training on how to use it. Others have no interest in either having a device, or learning how they work.
- **Age** – several people mentioned being too old to start learning about new ways of access. Looking at the data, younger people generally have access to more devices.
- **Familiarity** – a few people said they were happy to use their devices in ways they were used to, but would need help to use them for other purposes. Some people said they are not able to send photos or use video calls.
- **Family help** – some people had a device, but needed a family member to help them use it. Others asked the family member to use their own device.
- **Happy with technology** – Many of the people who use technology on a regular basis do not have a problem with using it to access care. Although this does not apply to everyone.

I have to choose between eating and an internet connection. I lack the resources to make phone calls.

Sadly it is presumed that everyone has a smartphone. A lot of older people tend to have a basic phone and even use their landlines.

I do not feel at ease using technology – I find it complicated and also if it is something personal, it is not suitable.

I don't think it would be helpful to me at this stage in my life.

Would need my son to show me how, I have the basic skills.

Sight/hearing impairments and use of technology

As mentioned earlier, people with sight or hearing impairments can find accessing appointments difficult (as do people where English is not their first language, or if they have other language difficulties, for example being autistic or having a learning difficulty).

The number of people completing this survey with sight or hearing impairments is:

- Sight impairment – 11 people
- Hearing impairment – 4 people

Some people have specialist equipment to help them. This can include:

- Speaking package
- Specialist software

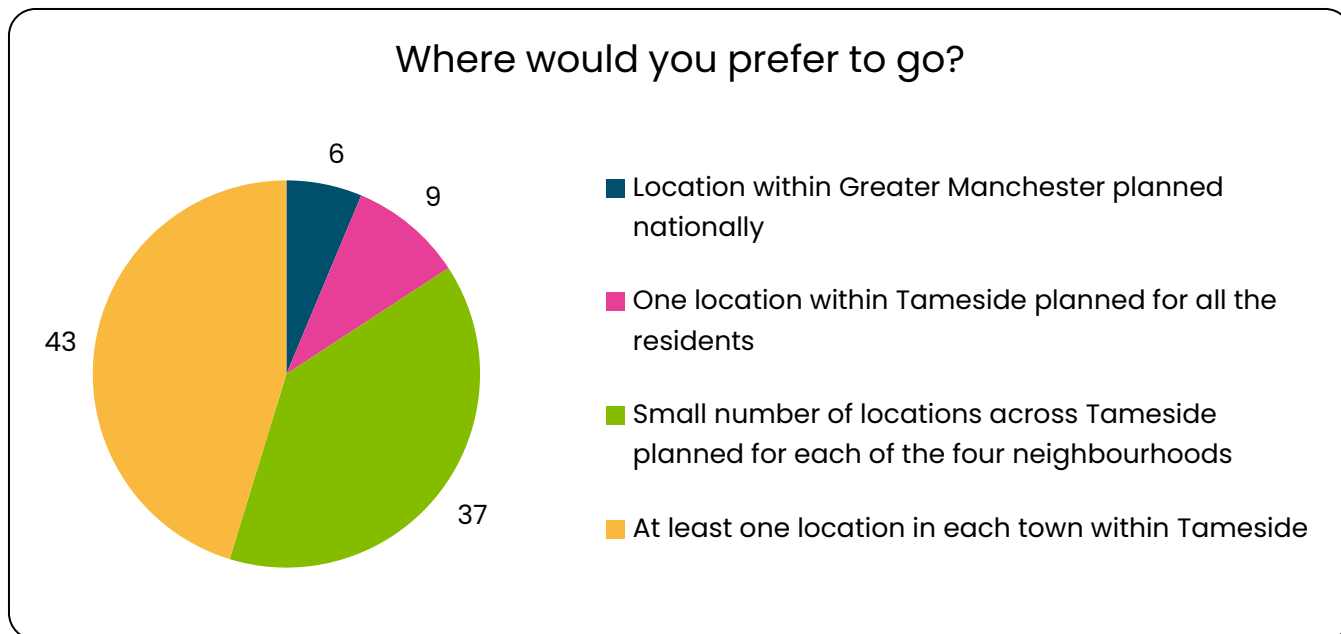
Here are some examples of issues people included in their survey responses:

- Although my computer has a voice facility, I would struggle to use it for healthcare.
- Due to poor vision, I sometimes struggle with my mobile.
- Face to face appointments much better for speaking to and understanding the staff. I need to be able to see the other person's face clearly.
- I do have an iPad but I cannot now easily see the keys.
- Lack of privacy when assistance to use technology needed from family members.
- Nerve damage to fingertips makes using mobile difficult.
- Some people with sight problems not able to see communications online.

I cannot really use my computer and my eyesight is too poor now to learn to use it.

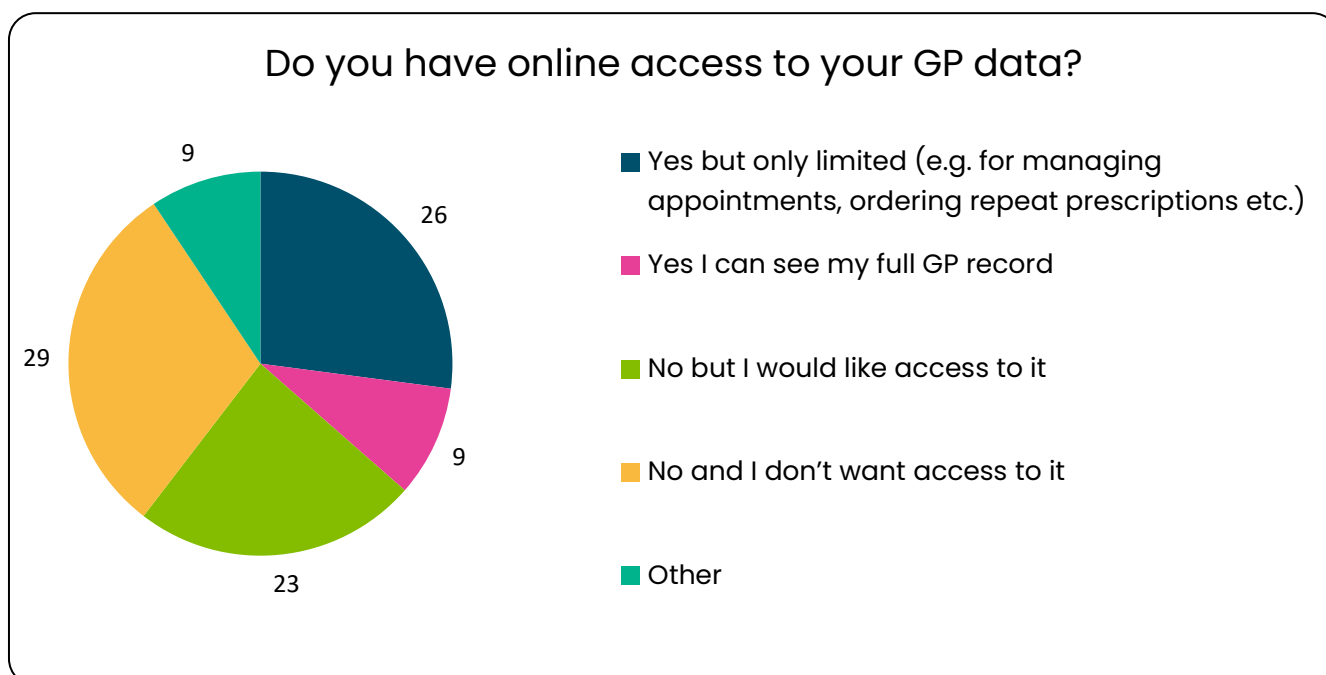
Question 12 - In Tameside & Glossop, the COVID-19 vaccination programme has been planned by the local GP practices, as well as nationally. You could go to one of the national vaccination centres (e.g. Etihad) or you could go to a local centre closer to where you live, either with an appointment or to a drop-in session. Which do you prefer if this system was applied to other services also?

95 people answered this question.



Question 13 - Do you have online access to your GP data?

96 people answered this question.



The people who answered 'Other' in the previous graph included reasons such as:

- Apart from my difficulty in seeing and reading, I would not be able to understand medical terminology and it would make me more anxious about my health.
- I don't engage with the surgery anymore so removed my access. Remain a registered patient so can access emergency care only.
- I don't have the equipment or ability to use online access.
- It would only matter if I had a problem in this area and so far, I don't, so I'm without the hassle of learning how to do it.
- Not sure how we could do it!
- Very unsatisfactory service especially as I have been waiting for replies to two emails, one of which was a repeat prescription, for several weeks. I had to call in personally on my way to see the nurse to get it filled. Terrible service!

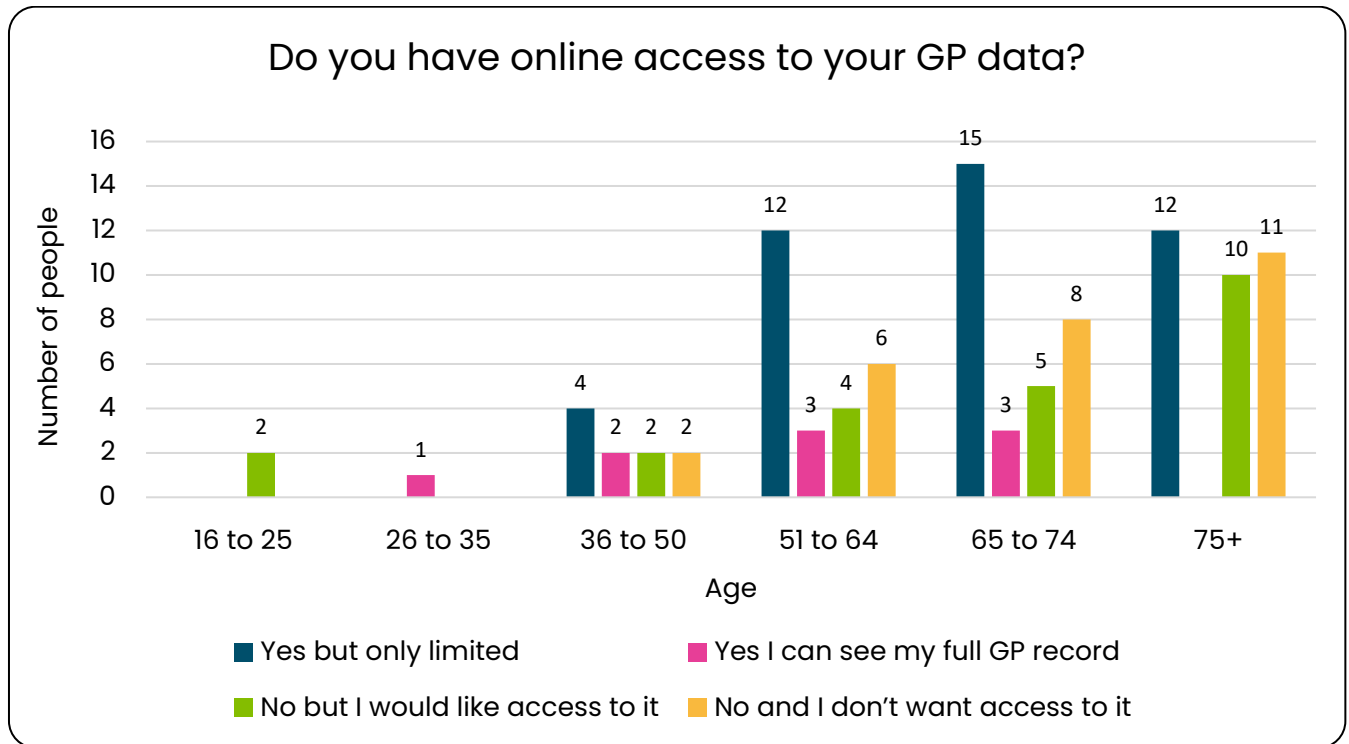
Can manage appointments and prescriptions at the minute and I am in the process of setting online access to my medical records. It has been taking a while to set this up.

Some people said they wanted access but:

- GP Surgery keeps saying not available - on phone - ridiculous. Can't be bothered with it. NHS app - all worked really well.
- I'd like access but can't access anything as I don't have the devices needed.
- If I knew how to do it. My son has to do everything like that, would like to do it myself.

I don't have any internet connection.

We looked at the demographic questions, to see whether age affected how people responded to this question. Not everyone had answered these questions, and there are few responses from younger people (approximately 15% of the people who responded are aged under 50) – see page 25. Here is the data for those who did provide responses.



Question 14 – What are your views on NHS organisations sharing your data with each other?

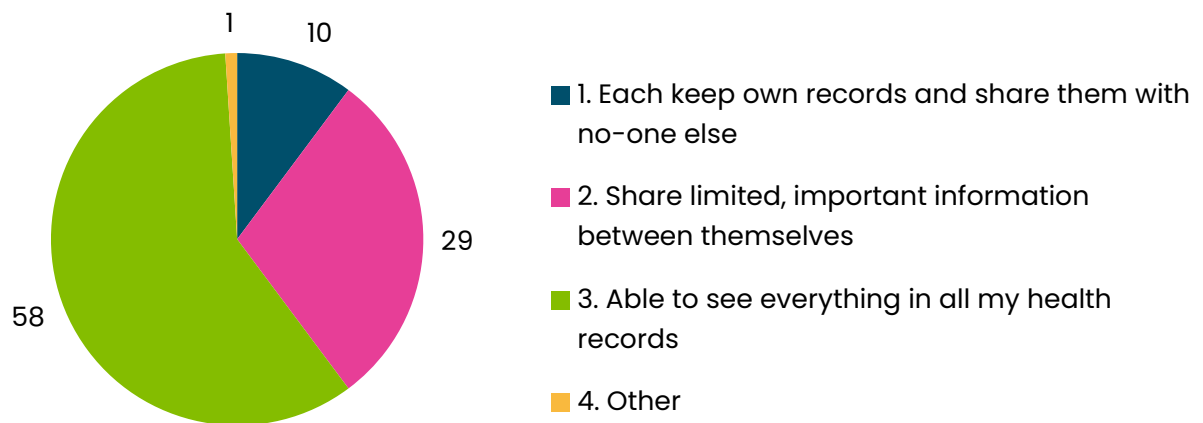
98 people answered this question.

The four option responses in full are:

1. I think each NHS organisation should keep their own records and share them with no-one else – for example, hospital and GP records being totally separate
2. I think NHS organisations should share limited, important information between themselves – for example, so a hospital can see information about allergies and medication from my GP record
3. I think NHS organisations who are treating me should be able to see everything in all my health records
4. Other

The graph is on the next page.

What are your views on NHS organisations sharing your data with each other?



Within 'other' in this question, many people manually selected an option (s), and provided reasons for their choice. These responses have been added to the relevant option in the above graph. Where people wrote two options on their paper survey, we have used the most wide-ranging option. For example, if both option 1 and 2 were selected, we have included option 2 in the graph.

This leaves one response to 'other' where a choice was not made.

Reasons why people chose option 1 included:

- Data could be lost/sent to wrong people.
- Don't trust them.
- One person is very upset as inappropriate personal details had been shared with other services.

Whilst many people were happy to share some, or all, of their data with other NHS organisations, some people did add a proviso to this. The suggestions included:

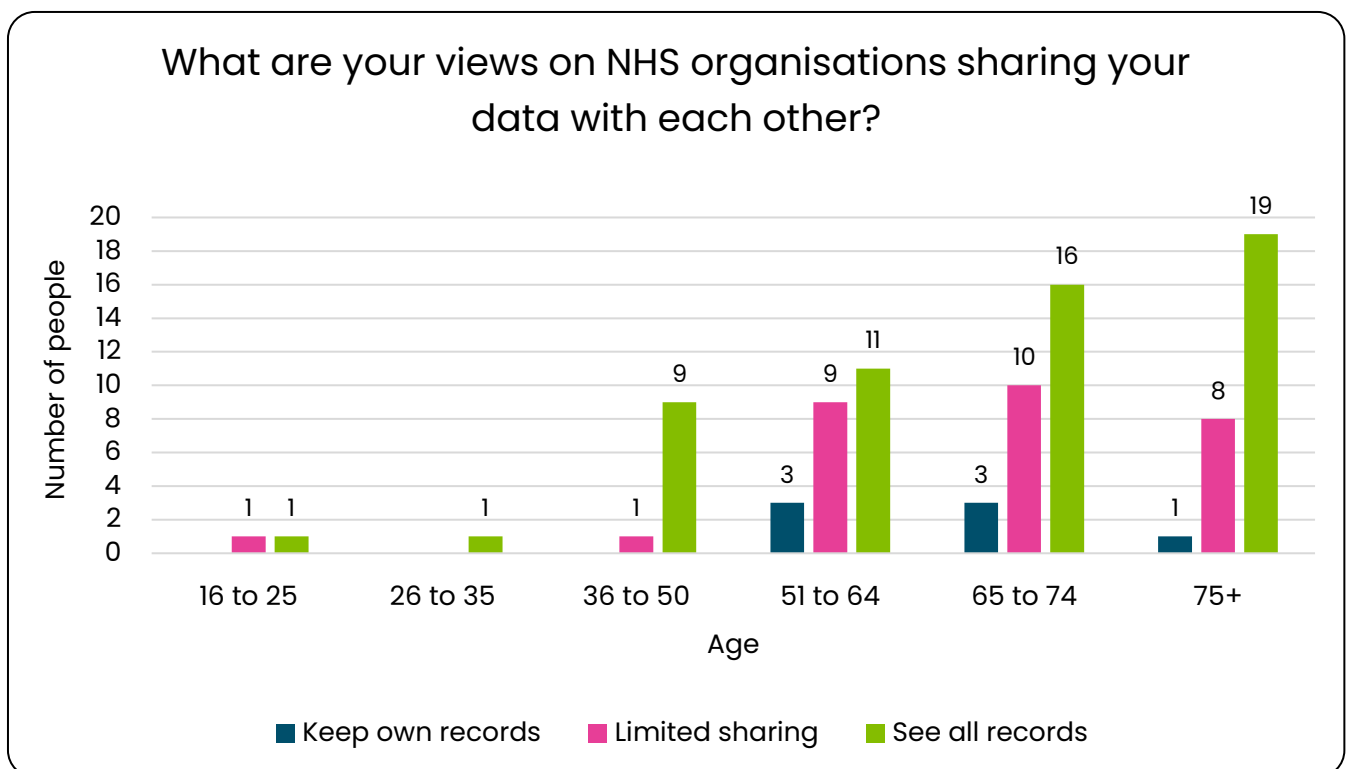
- All NHS organisations should be able to see my health records, but only on a case-by-case basis upon obtaining my consent or in the event of life or death need.
- I have no problem with sharing my information so long as accessors have signed non-disclosures - akin to signing the Official Secrets Act.
- In the normal course of events, think NHS should see allergies, medication and test results only following "blanket" permission granted by patient. Remainder of records to be shared only after request-by-request permission granted.

Other comments included:

- Concern by a former staff member that all staff could openly look at systems, and all information contained. They have worries in relation to GDPR (General Data Protection Regulation) and hope this open access is no longer the case.
- If all NHS organisations were connected correctly, it would stop me (as a patient) having to describe all pertinent facts, then if you see a different person you have to repeat everything again and again. With the best will in the world, keep having to repeat the same things leads to bits being recalled or not depending on how ill you feel at that time.
- Some of my allergies do not even appear on my records (at the hospital) although I've expressed that I want this information to be shared.

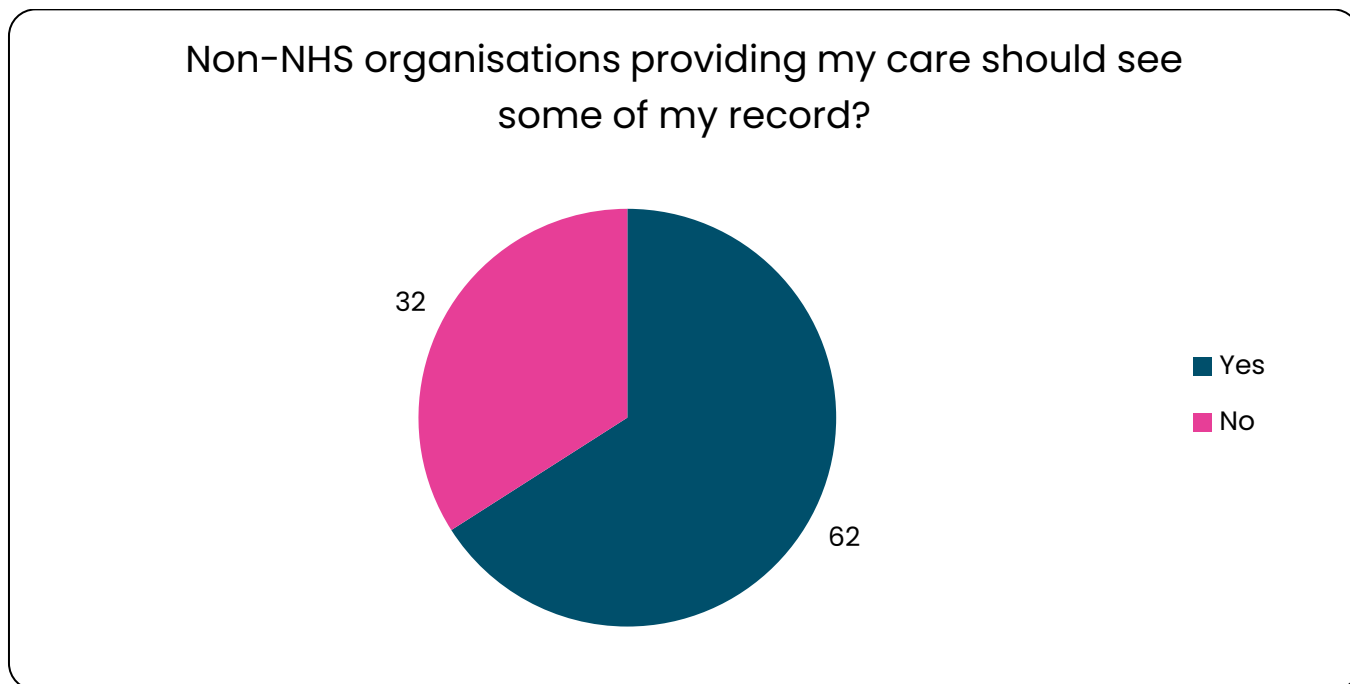
As with previous questions, we have compared the responses to this question with the ages in the demographic question.

Here are the results:

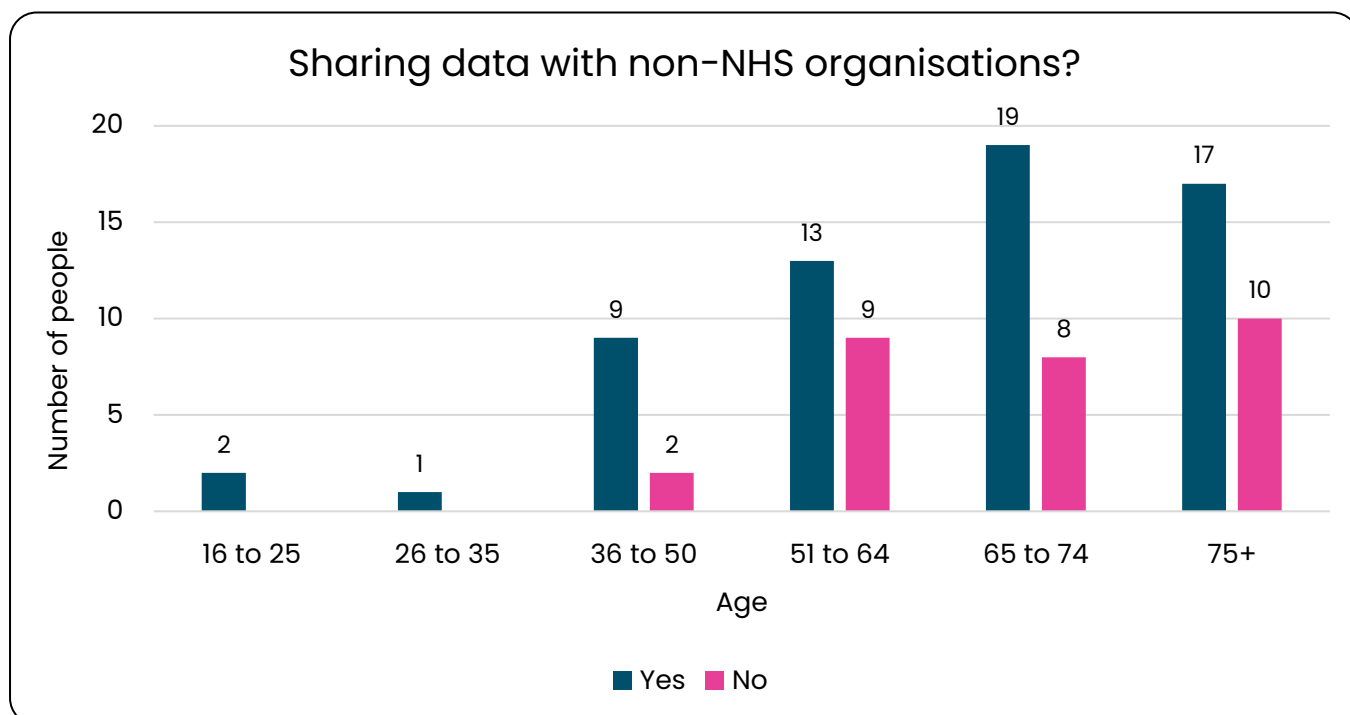


Question 15 - Do you think organisations outside the NHS should be able to see limited specific information from my NHS record, if they are involved in caring for me and it would improve my care (e.g. social care, support in the community, etc.)?

94 people answered this question.



We have looked at these responses by age of respondent:

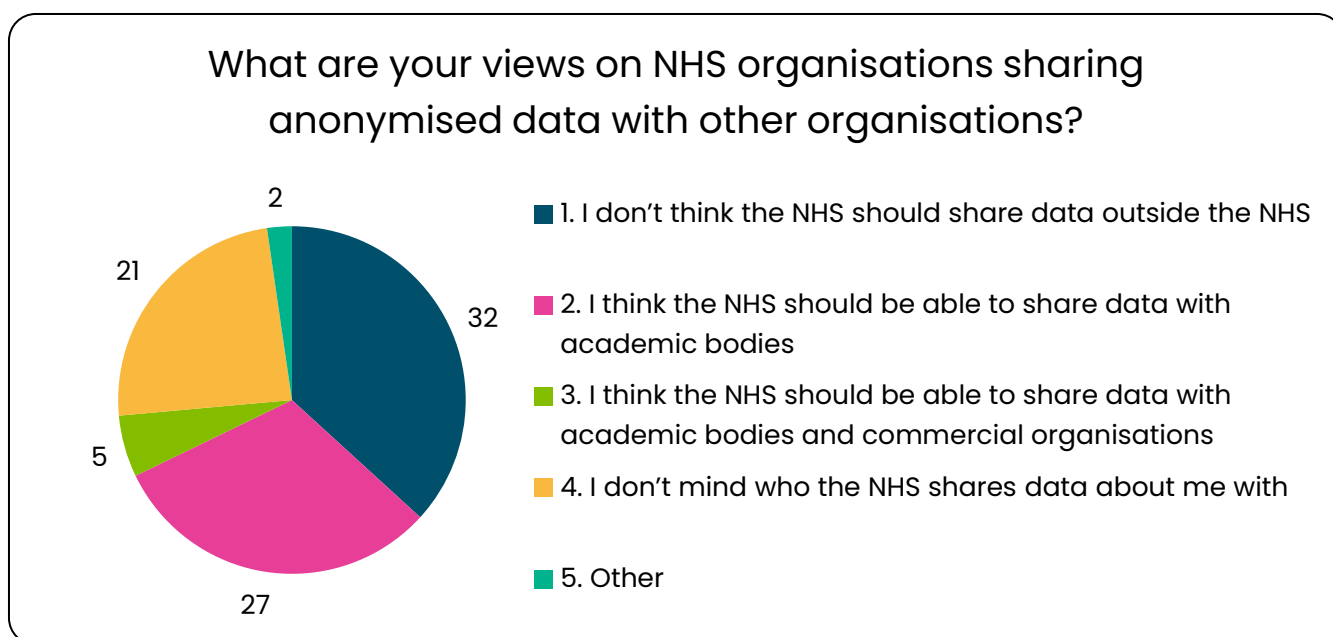


Question 16 – What are your views on NHS organisations sharing anonymised data with other organisations?

87 people answered this question.

The five option responses in full are:

1. I don't think the NHS should share anonymised data with anyone outside the NHS
2. I think the NHS should be able to share anonymised data with academic bodies (universities etc.) for health related research
3. I think the NHS should be able to share anonymised data with academic bodies and commercial organisations for health related research
4. I don't mind who the NHS shares data about me with, as long as I can't be identified using the data they share
5. Other (please explain)



Reasons for choosing option 1 included:

- My information is mine, let's keep it that way.
- This will cover GPs/practice staff.

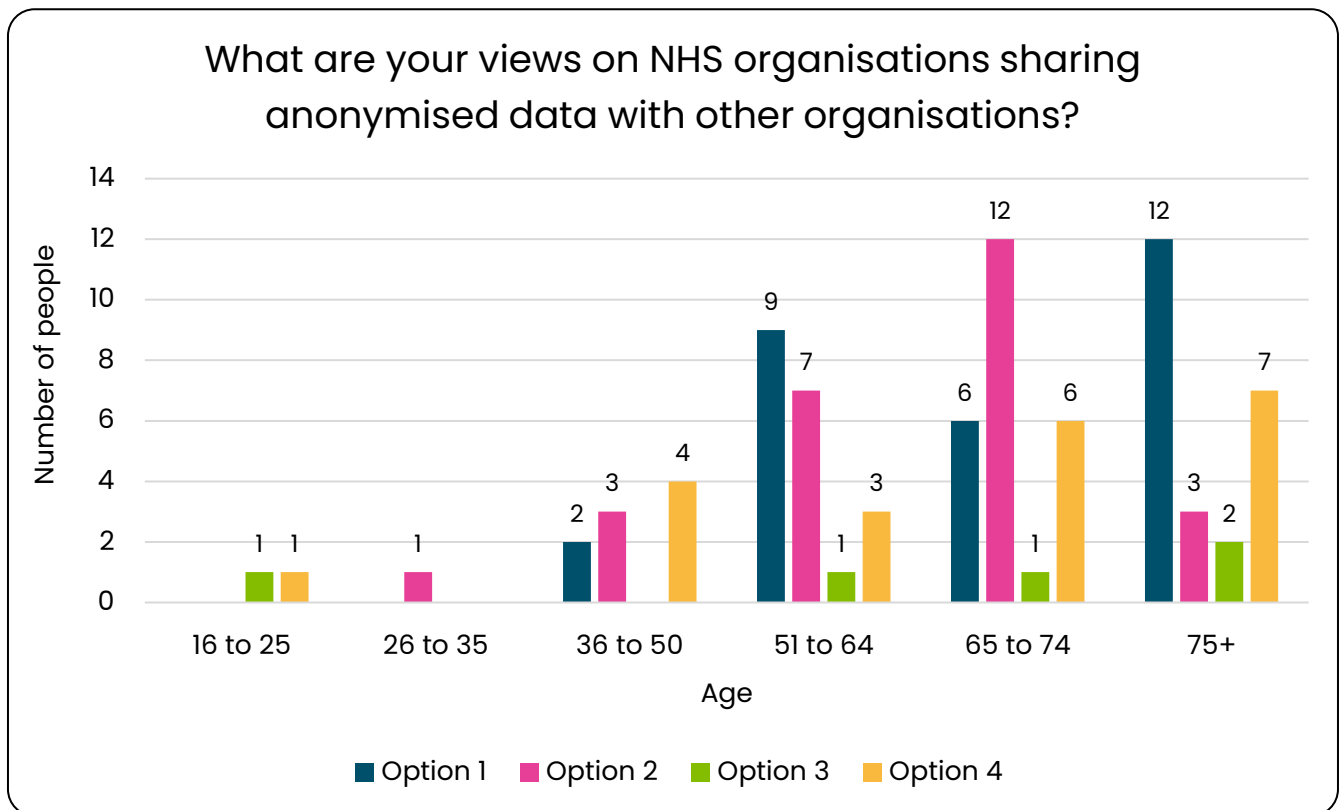
The people who selected 'Other' said:

- As long as sharing is with my permission and useful to my care.
- I would need to see the rationale for the proposed sharing and the data protections before I would consent.

Additional comments and clarifications to choices made included:

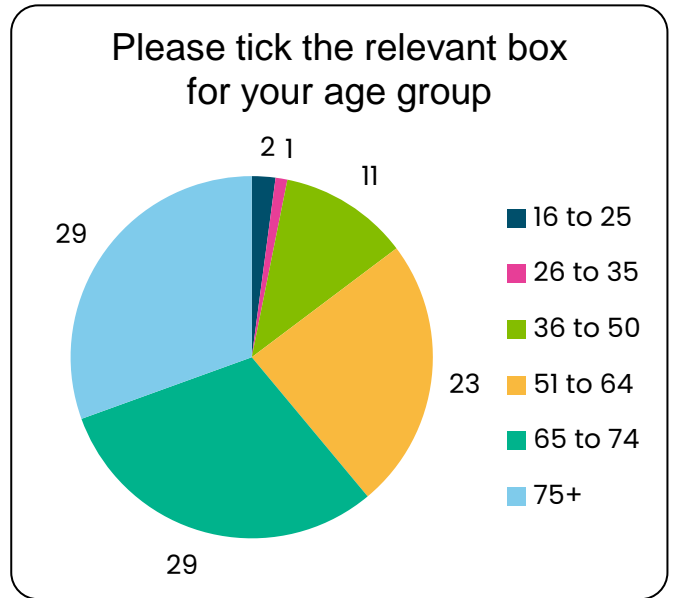
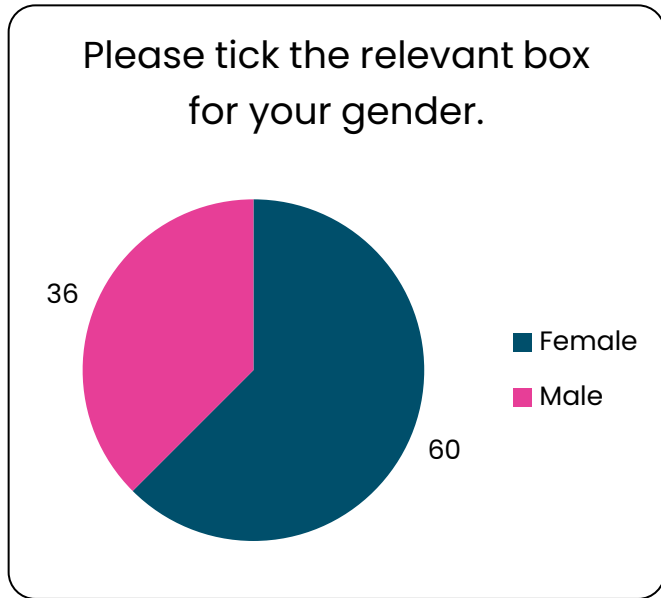
- A mix of NHS and academic bodies with a VERY LIMITED commercial access with very strong security including anonymity. Must say I distrust the current government to put sufficient anonymity protocols in place and I believe they want far too much unrestricted commercial access to be permitted.
- Option 4 selected but:
 - Depends on who they are and what for.
 - This is open to mistakes therefore I do have some concerns.

Here are the responses when we look at the ages of the people completing the survey.



Demographics

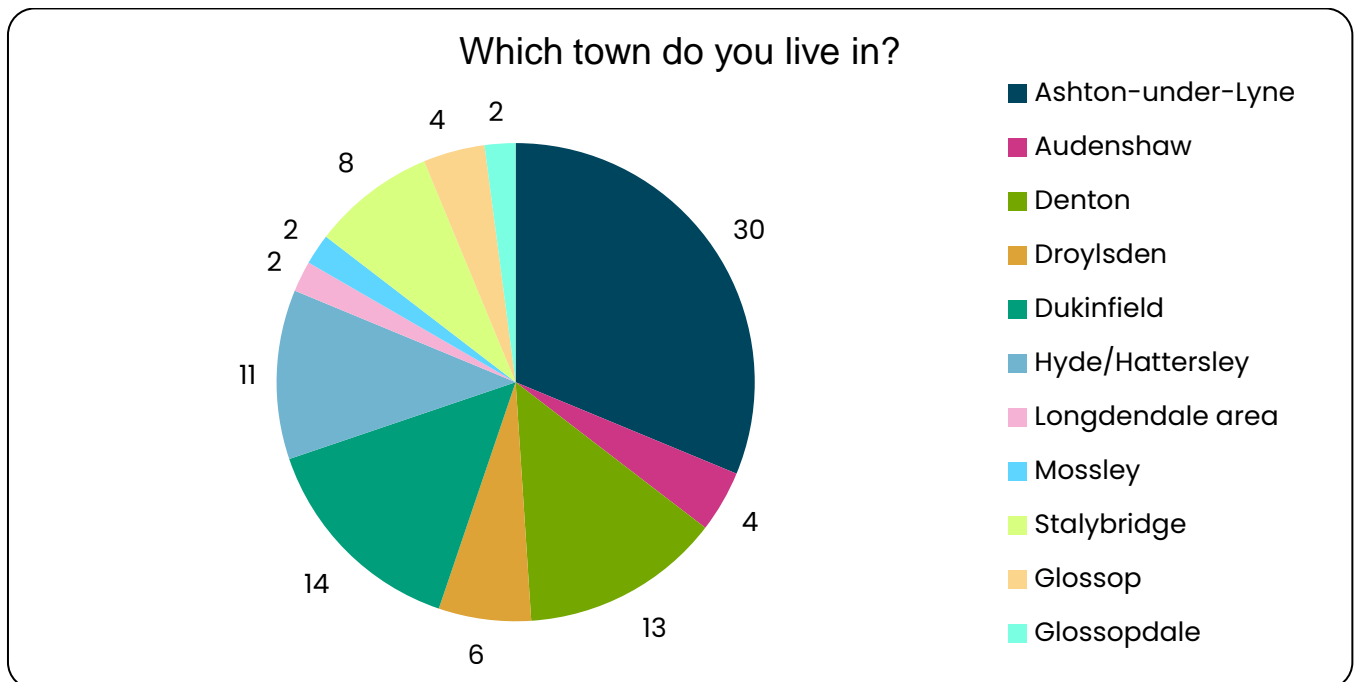
Not everyone has completed these final questions.



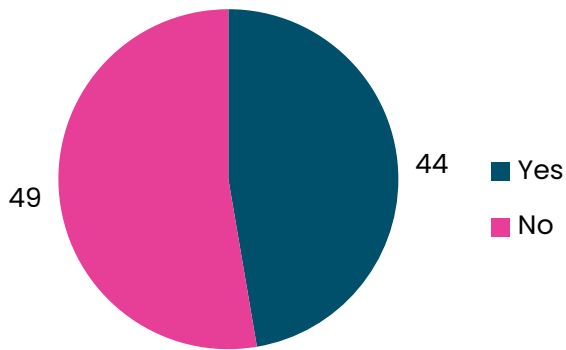
Is your gender identity the same as the sex you were assigned at birth?

92 people answered this question:

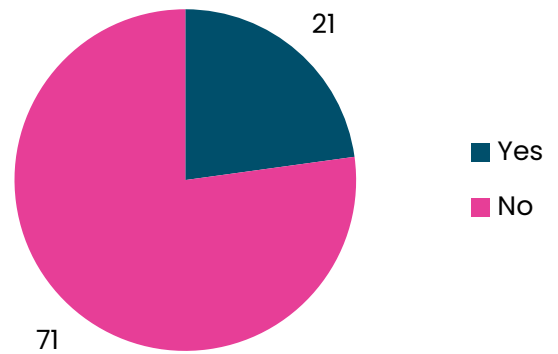
Yes - 91
 No - 1



Are you a disabled person?



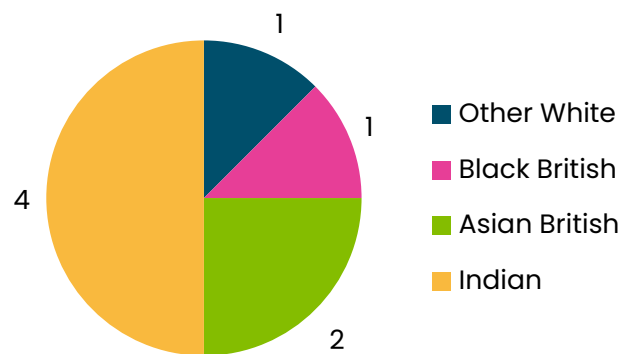
Are you a carer (unpaid family member or friend)?



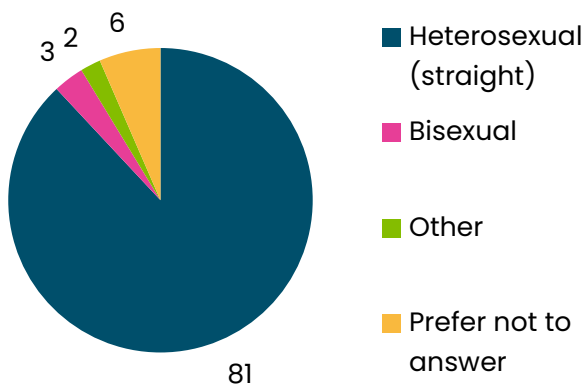
Of the 94 people who answered the question about ethnicity, **86** people selected **White British** as their response.

The remaining responses are shown in the next graph.

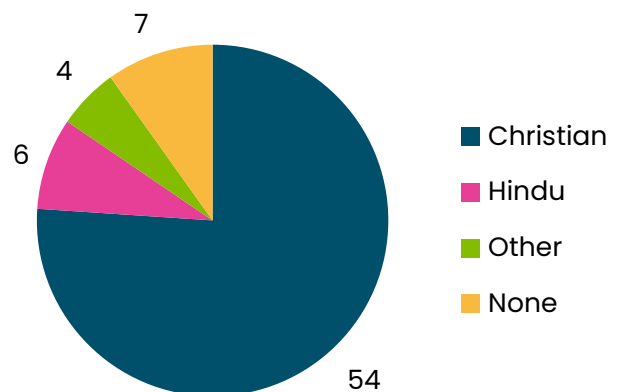
Ethnicity other than White British



How would you describe your sexual orientation?



Religion



Acknowledgements

Thank you to everyone who has supported Healthwatch Tameside in our work. This includes the people who complete our surveys, and the individuals and organisations who promote them.

We also thank our volunteers for the support they provide.