

Patient opinion in East and Central Brighton Primary Care Network



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Patient opinion in East and Central Brighton Primary Care Network - executive summary

Introduction

In collaboration with the Primary Care Network (PCN) Operations Manager - East and Central Brighton¹, Healthwatch Brighton and Hove conducted a cross-sectional survey during October and November 2021. East and Central Brighton PCN is an NHS Collaboration between eight GP Practices in the city. At the time of the survey, there were nine practices, two which have merged since.

Although East and Central PCN 1 and 2 merged in 2021, both areas have similar distributions in terms of: between 7% and 10% with a disability affecting their day-to-day living either 'a little' or 'a lot' and between 50% and 58% have a long-standing health condition (aged 16+).

The survey examined the following five areas:

- Use and awareness of screening and other special services.
- Opinion of community-based services.
- Use and opinion of mental health services.
- Use and opinion of the GP online booking system.
- Perceived ability in using digital technology.

The survey was designed in Smart Survey and sent as a link via text message to approximately 30,000 people registered at the nine GP surgeries in the PCN. A total of 1845 people responded providing a response rate of 6.2%.

Sample profile

People ranged in age from 17 to 87 years, with an average age of 42. The majority (57%) were women.

Although most identified themselves as White-English/Welsh/Scottish/Northern Irish/British (76%), there were a range of ethnic minorities contributing to the responses including 10% who were of 'any other White background'.

41% described themselves as having a disability, with 23% describing this as affecting their day-to-day activities 'a lot', and 19% 'a little'.

Of the nine different surgeries within the PCN, the majority were from Pavilion (30%) followed by St Peter's Medical Centre (21%) and Park Crescent (21%).

Findings

The majority of the total sample (men and women of different ages) were largely unaware of services apart from bowel cancer screening, cervical cancer screening, breast cancer screening and quit smoking services. People were largely unaware of

¹ East and Central PCN 1 and 2 merged in April 2021.

abdominal aortic aneurysm screening (85% were unaware), sickle cell and thalassaemia screening (85%), diabetic eye screening (71%), annual health checks for long-term conditions (56%) and health checks for people aged 40-74 (52%).

In terms of service awareness *and use*, highest proportions were for cervical cancer screening (39%), breast cancer screening (32%), bowel cancer screening (28%) and health checks for people aged 40-74 (28%).

The above questions include screening that was only applicable to people of a certain gender or age so may be skewed, for example, by men not being screened for cervical cancer. To accurately analyse breast cancer screening and cervical cancer screening, women and those of the recommended age for screening were included. Only around two-thirds of women were using the screening service for cervical cancer from age 25 (68%) and for breast cancer (64%) from age 40.

Although 10% of those aged 25 or over were unaware of cervical cancer screening, a further 23% were aware but had not used the service. 18% of women aged 40 and over were unaware of breast cancer screening although a further 18% were aware but had not used the service.

Among women aged 25 and over, older age groups were less likely to be aware of and use cervical cancer screening services compared to younger women. Also, among women aged 40 and over, younger age groups were less likely to be aware of and use breast cancer screening services, compared to older women.

The leading service preference within the community, reported by around three-quarters of people, was for general wellbeing checks (73%) and blood tests (72%). Over 50% of people were interested in health checks for people aged 40-74 (66%) and blood pressure checks (58%).

Preference for health checks for people aged 40-74, cervical cancer screening and breast cancer screening all exceeded the proportions who were unaware of the service. This suggests that the survey may have raised awareness of screening services that could be provided in the community and ultimately lead to increased uptake.

Overall, women were noticeably more in favour of these community-based services compared to men, supporting the notion that women may be more proactive in seeking health support.

People's preferred location to receive the community services was in a community hall or centre (78%), followed by a home visit (35%) and at a school (32%).

Just under one-half of the sample (46%) had received support for an emotional or mental health condition (including from friends or family members). Younger people and a greater proportion of women (52%) had received support compared to 39% of men.

Most people (56%) had not used an online booking form to make an appointment with their GP.

Of those that had used the online booking service, one-half did this for the first time since the Covid-19 pandemic (31% during the first year of the pandemic and a further 19% since March 2021). This shows how the predominance of online booking during the Covid-19 pandemic may have prompted some people to use this for the first time.

The main reason for not using the online booking system was being unaware that such a service was available (33%). The other common reasons were wanting to phone the surgery. In more detail, a preference to speak to someone rather than going online (28%), a preference to phone the surgery even if they had the technology to do so (27%), and the ability to share their preferences (e.g. to see their regular GP) by speaking to a 'real person' rather than going online.

This opposition to online booking appears to be an issue of personal preference rather than people lacking the technology and skills. Only 8% rated their ability to use online technology as 'poor' or 'very poor' - meaning a lack of skills and technology is not the main reason for this opposition from this sample.

Using the following questions as proxy measures of digital exclusion, the group most digitally excluded are older people, relative to younger people. This is based on the following responses from a greater proportion of older people:

- A preference to not use the GP online booking system.
- A preference to speak to someone than go online to book appointments.
- A preference to phone rather than use the online booking system even though they have the technology.
- Less likely to have the necessary technology to use the online booking system.
- More likely to rate themselves as having 'poor' or 'very poor' internet skills.

From the open ended comments, some people shared the frustrating time taken to reach the surgery by phone and the preference to see a GP face to face. By contrast, others were extremely complimentary about their surgery and the care they were receiving.

There were mixed views about online booking. Some saw this as more convenient, and others were opposed, either through preferring a face to face dialogue or lacking the ability to go online.

Even if everyone was capable of using online booking systems, the eConsult or equivalent system was found by several to be complex, clunky and took too long to complete.

Recommendations

1. Raise the proportion of women having breast cancer screening and cervical cancer screening.

2. Address awareness and service availability to increase breast cancer screening and cervical cancer screening. Significant proportions of women of eligible age were unaware of the screening as well as those who were aware but had not used the service.
3. Among women aged 25 and over, increase awareness and use of cervical cancer screening among older age groups. Older age groups are less likely to be aware of and use cervical cancer screening services compared to younger women.
4. Among women aged 40 and over, increase awareness and use of breast cancer screening among younger age groups. Younger age groups are less likely to be aware of and use breast cancer screening services, compared to older women.
5. Respond to people's service preferences within the community, including general wellbeing checks, blood tests, health checks for people aged 40-74 and blood pressure checks.
6. Encourage more men to be aware of and use community-based screening services.
7. Re-instate online booking systems (where not available) to provide this option for those digitally capable.
8. Make the online booking system easier to use, with a less complex registration process and a shorter form requesting less repetitive information.
9. To increase accessibility of online booking, make it more suitable for a smartphone.
10. To save time waiting on the phone to book an appointment, consider a call-back system.

Patient opinion in East and Central Brighton Primary Care Network - main report

Introduction

In collaboration with the Primary Care Network (PCN) Operations Manager - East and Central Brighton², Healthwatch Brighton and Hove conducted a cross-sectional survey during October and November 2021. East and Central Brighton PCN is an NHS Collaboration between eight GP Practices as shown below:



East and Central PCN is one of seven PCN's across Brighton and Hove and was established following the publication of the NHS Long Term Plan (2019)³. The PCN brings GP practices together with other local services such as community, mental health, social care and the voluntary sector. In more detail a PCN seeks to⁴:

- Bring practices together to deliver the collective Directed Enhanced Service (DES) and form the foundation for practices to come together with other providers to develop and deliver integrated services.
- Provide the building block for developing services with partners more widely than GP practices e.g., pharmacy, opticians, dentistry, community and voluntary care.
- Put in place seamless care across primary care and community services for physical and mental health and remove the historic separation of these parts of the NHS.
- Focus on the local population and address the inequalities at a local level.

² East and Central PCN 1 and 2 merged in April 2021.

³ <https://www.longtermplan.nhs.uk/>

⁴ <https://www.brightonandhoveccg.nhs.uk/wp-content/uploads/sites/5/2021/01/03.1-b-PCN-update-Nov-19.pdf>

- Deliver care as close to home as possible in neighbourhoods rather than around organisational boundaries.
- Integrate primary, community and acute care in PCN neighbourhoods with more clinically appropriate secondary care in primary care settings.
- Assess population health - focusing on prevention and anticipatory health - and maximise the difference we can make operating in partnership with other agencies.
- Promote and support people to care for themselves wherever possible.
- Build from what people know about their patients and population.
- Make a tangible difference for patients and staff - Improve outcomes for patients and provide an integrated care experience; and development of sustainable and satisfying roles for staff and multi-professional teams.

Although East and Central PCN 1 and 2 merged in 2021, there are separate datasets for each⁵. They both show relative similar distributions in terms of:

- Around two-thirds being in paid work or full-time education (16+)
- Between 7% and 10% with a disability affecting their day-to-day living either ‘a little’ or ‘a lot’.
- Between 50% and 58% with a long-standing health condition (16+).
- Between 76% and 85% having a positive experience of their GP practice.

Methodology

Within the context of the population within East and Central PCN, the survey intended to examine the following five areas:

- Use and awareness of screening and other special services.
- Opinion of community-based services.
- Use and opinion of mental health services.
- Use and opinion of the GP online booking system.
- Perceived ability in using digital technology.

Equalities data were added in terms of age, sex, whether people identify as the sex they were assigned at birth, ethnicity, religion, disability, and disability-type. People were also asked whether they would be interested in a further phone conversation about their responses.

The survey consisted of 22 questions and comprised multiple choice, tick all that apply, and scale questions.

The survey was designed in Smart Survey and sent as a link via text message to approximately 30,000 people registered at the eight GP surgeries in the PCN. A total of 1845 people responded providing a response rate of 6.2%.

⁵ <https://public.tableau.com/app/profile/brightonhovepublichealthintelligence#!/>

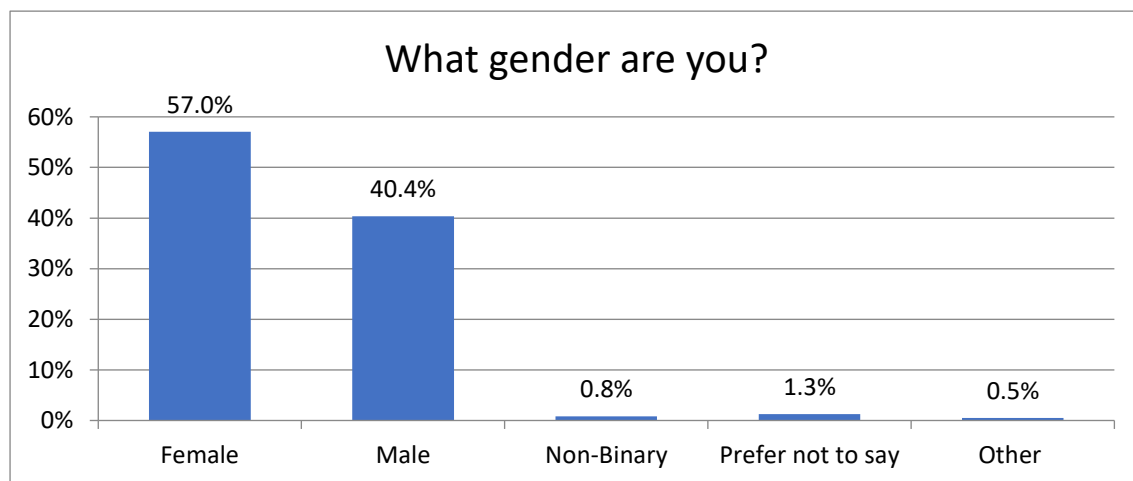
Findings

The finding consist of six sections as follows:

- Sample profile.
- Services used, aware but not used, and unawareness.
- Preference for community-based services.
- Mental health support.
- Online booking and use of technology.
- Further comments.

1. Sample profile

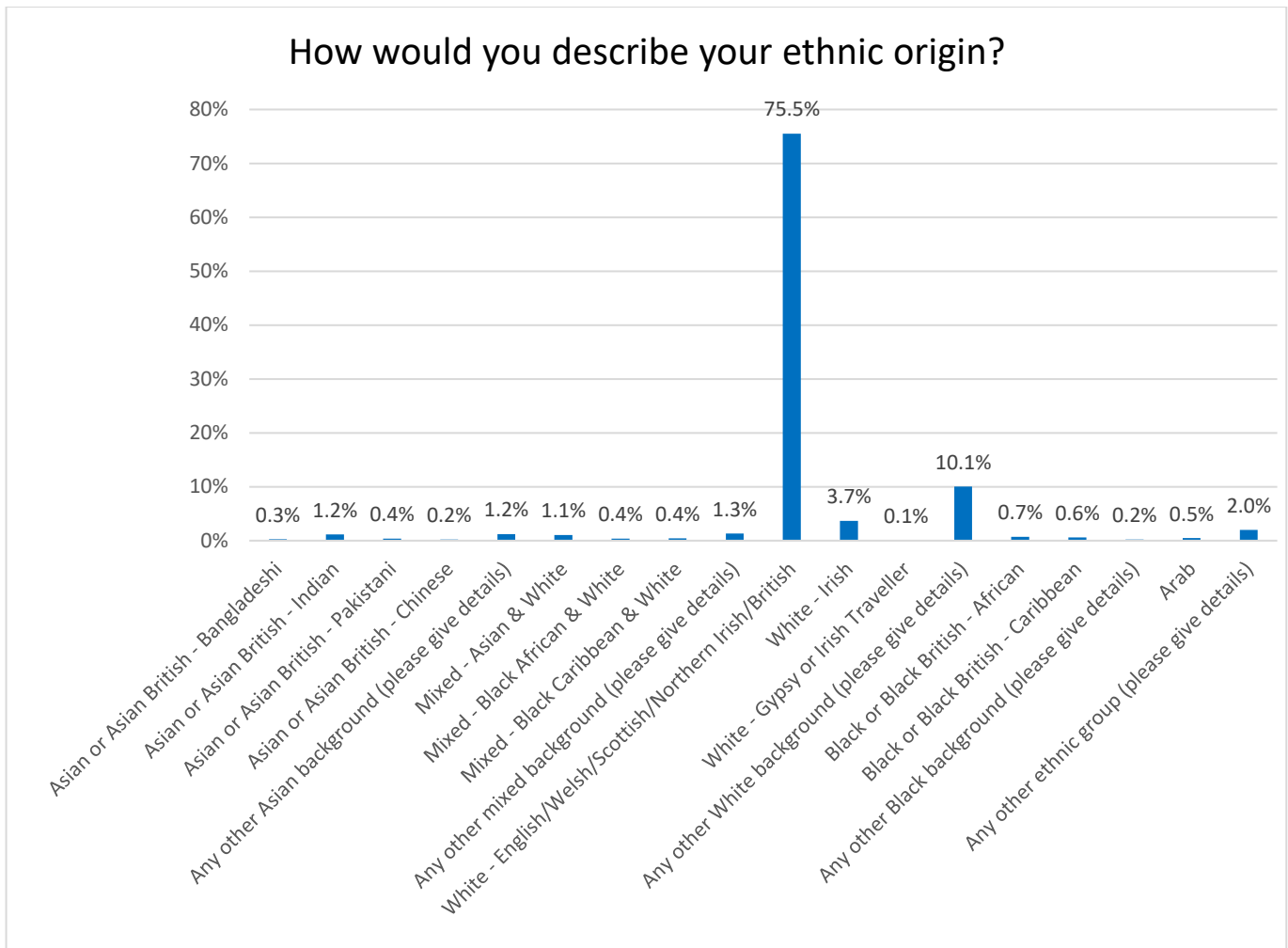
People ranged in age from 17 to 87 years, with an average age of 42. The majority (57%) were women as shown below:



The majority (96%) identify as the sex they were assigned at birth. 2% did not identify with the sex they were assigned at birth and 3% preferred not to say. As throughout this report, the percentages may not total 100% due to rounding up or down of decimal points.

Although the majority identified themselves as White - English/Welsh/Scottish/Northern Irish/British (76%), there were a range of ethnic minorities contributing to the responses as follows. The second largest group was 'any other White background' (10%):

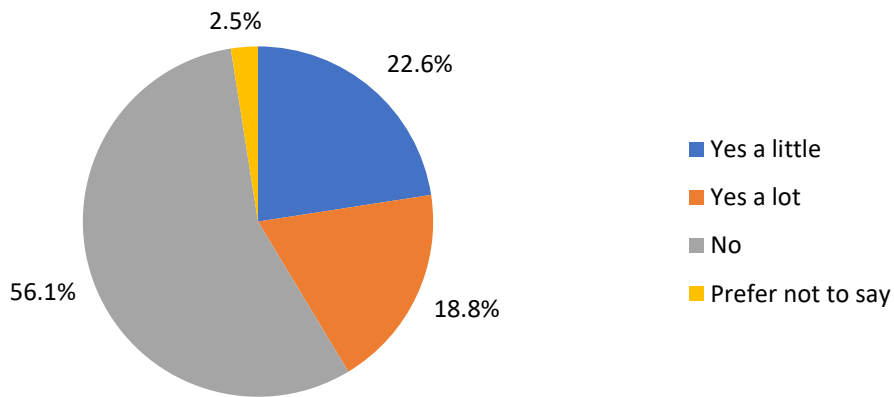
How would you describe your ethnic origin?



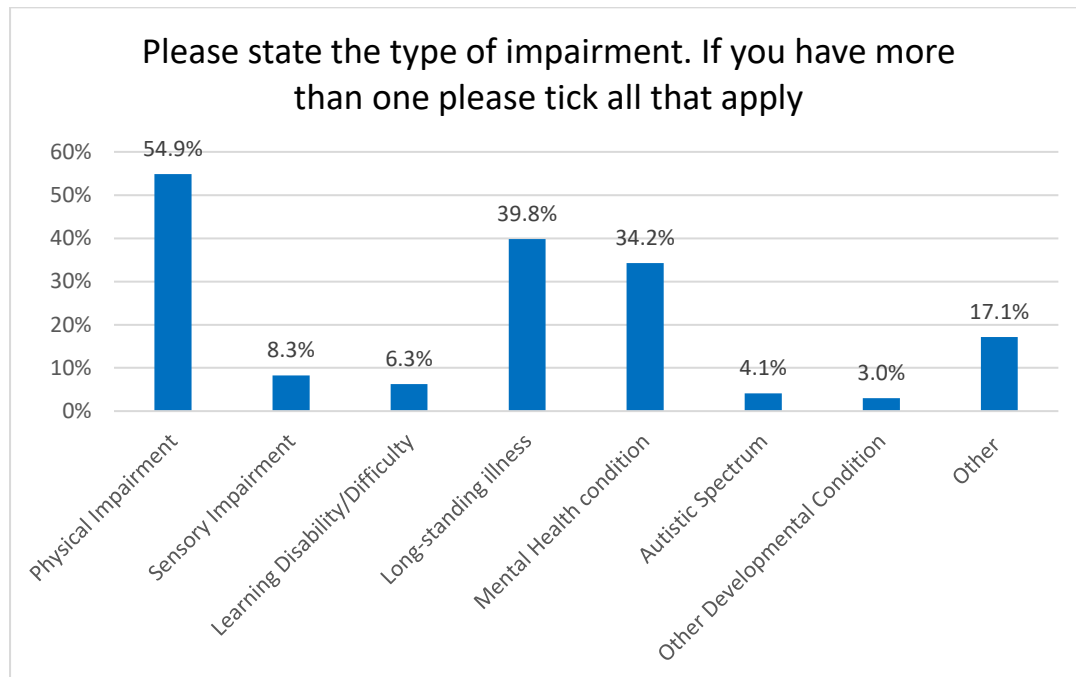
A total of 44% had no particular religion and 29% were Christian. A further 11.3% described themselves as Atheist.

41% described themselves as having a disability, with 23% describing this as affecting their day-to-day activities ‘a lot’, and 19% ‘a little’. This is shown below:

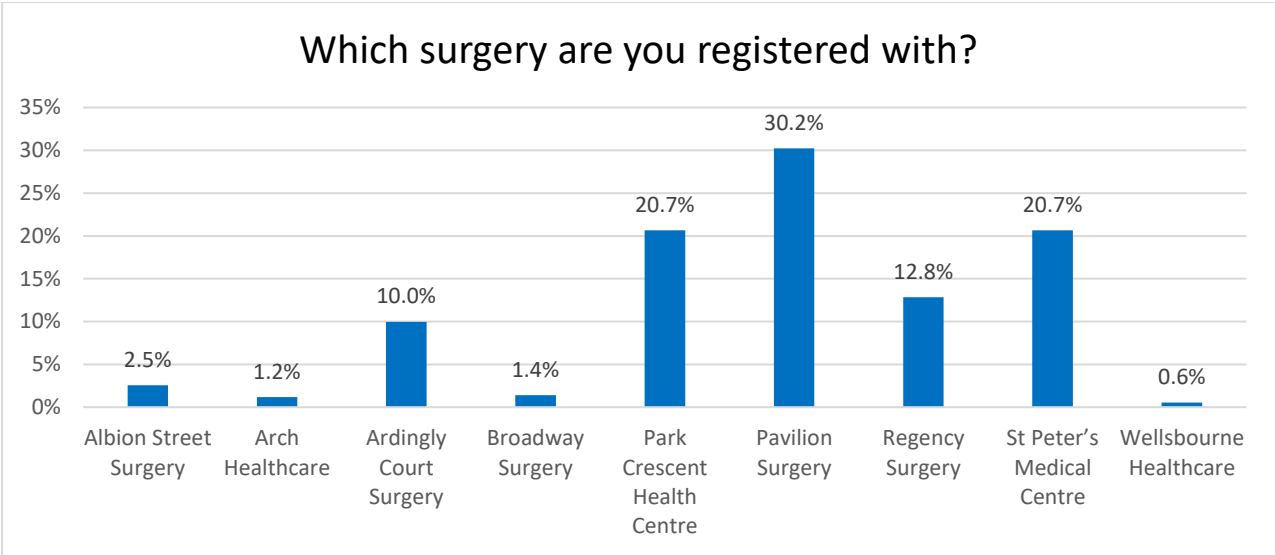
Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?



Of those with a disability, the types of impairment are shown below (it was possible to select more than one type of impairment). The most common was a physical impairment (55%) followed by a long-standing illness (40%) and mental health condition (34%):



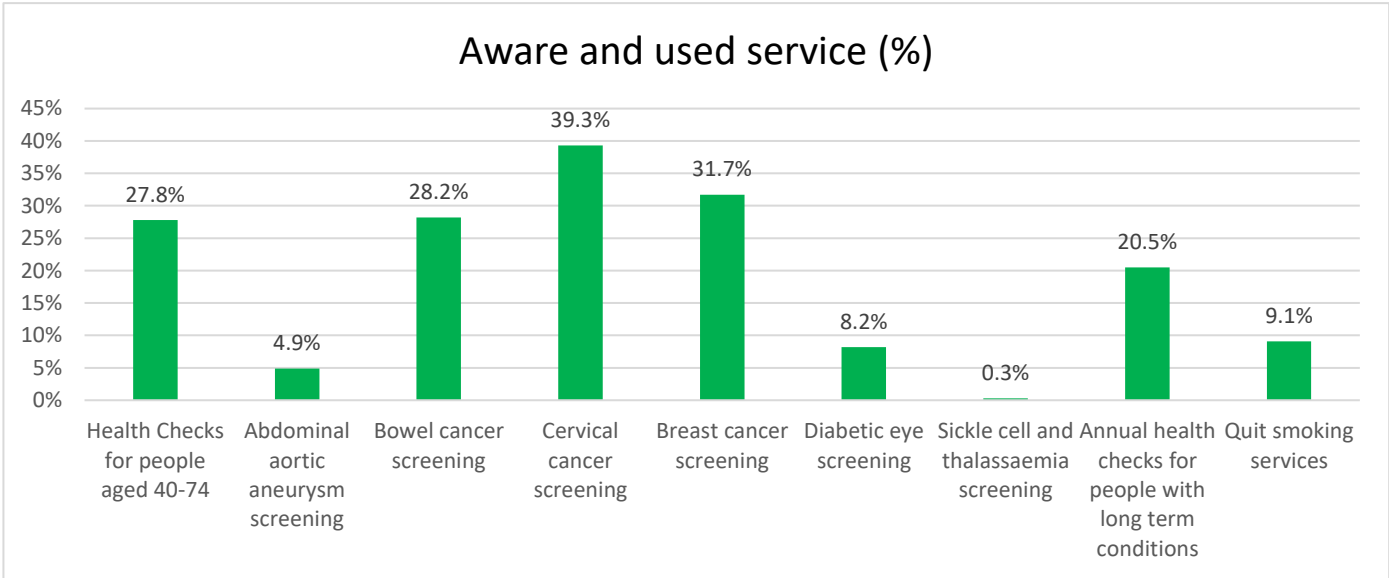
Of the different surgeries within the PCN, the majority were from Pavilion (30%) followed by St Peter’s Medical Centre (21%) and Park Crescent (21%). At the time of the survey, there were nine practices, two which have merged since (Albion Street and St Peter’s Medical Centre).



2. Screening services aware and used, aware but not used, and unawareness

The questionnaire asked people about nine different screening services and whether they were ‘aware and have used the service’, ‘aware but not used the service’ or ‘unaware of the service’. These are shown below⁶:

Aware and used screening services:



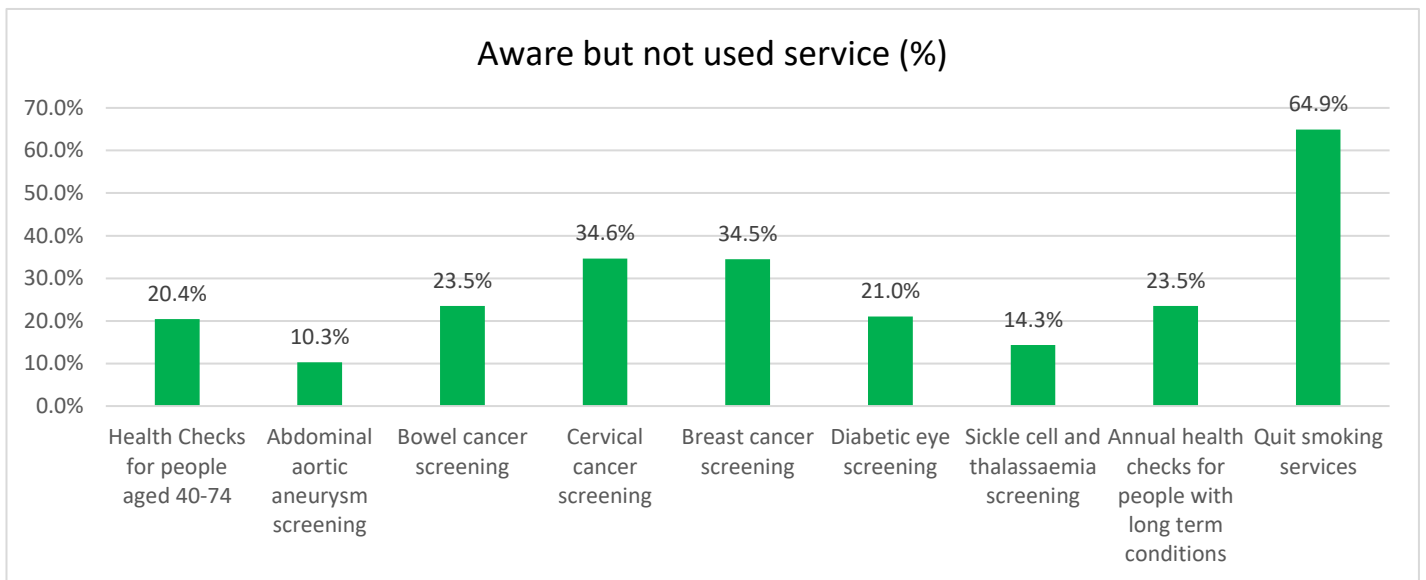
In terms of awareness and use, highest proportions were for cervical cancer screening (39%), breast cancer screening (32%), bowel cancer screening (28%) and health checks for people aged 40-74 (28%).

More accurate figures for cervical cancer screening and breast cancer screening will follow by including women only and those of appropriate age for screening.

⁶ The precise question was asked as ‘Please indicate your use and awareness of the following screening and other special services’. It is unknown whether people interpret use as ‘ever used’ or ‘regularly used’.

Aware but not used screening services:

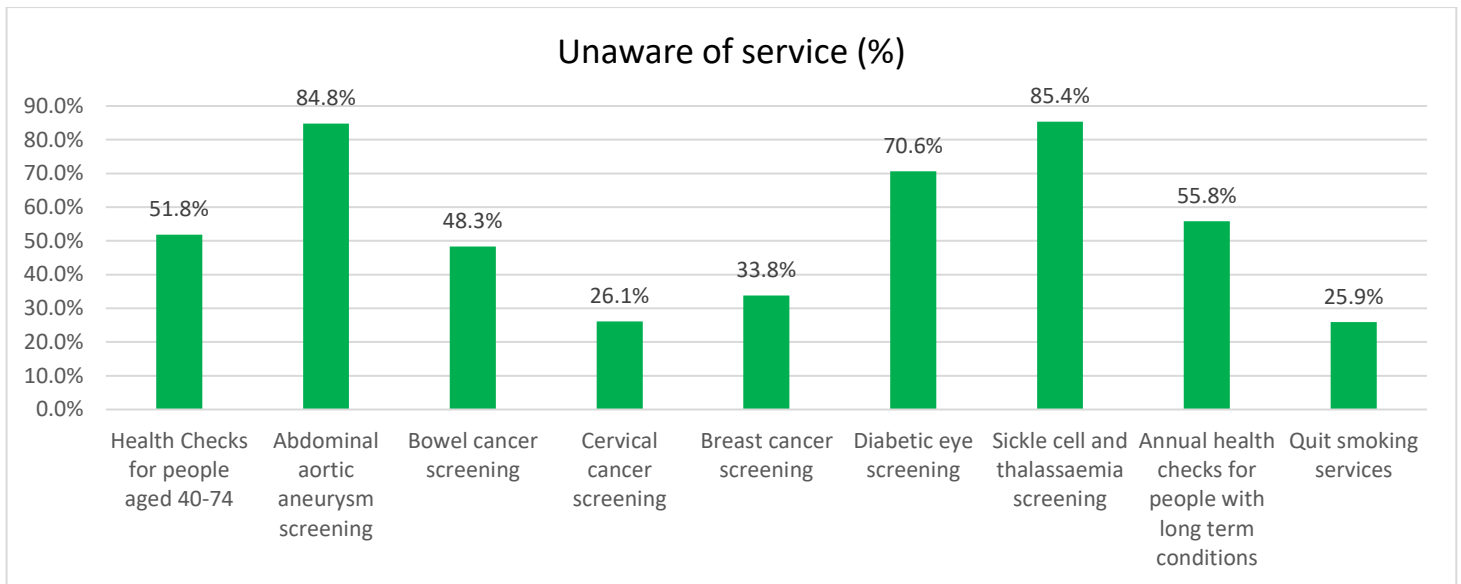
For those who were aware, but had *not* used the service, highest proportions were for quit smoking services (65% - most likely because not everyone smoked) cervical cancer screening (35% - affected by including men in this response), breast cancer screening (again, a female only service), bowel cancer screening (24%) and annual health checks for long-term conditions (24%). These differences may also be explained by age, with younger people not eligible or recommended for health checks for 40-74-year-olds, bowel cancer screening, etc.



Unaware of screening services:

Lack of awareness (a prerequisite for use) was highest for abdominal aortic aneurysm screening (85%), sickle cell and thalassaemia screening (85%), diabetic eye screening (71%), annual health checks for long-term conditions (56%) and health checks for people aged 40-74 (52%).

Again, the forthcoming statistics by age and gender will portray a more accurate picture of these data by selecting the eligible groups.



The majority of *total sample* (men and women of different ages) were unaware of services apart from bowel cancer screening, cervical cancer screening, breast cancer screening and quit smoking services.

Gender differences for awareness and use of screening services:

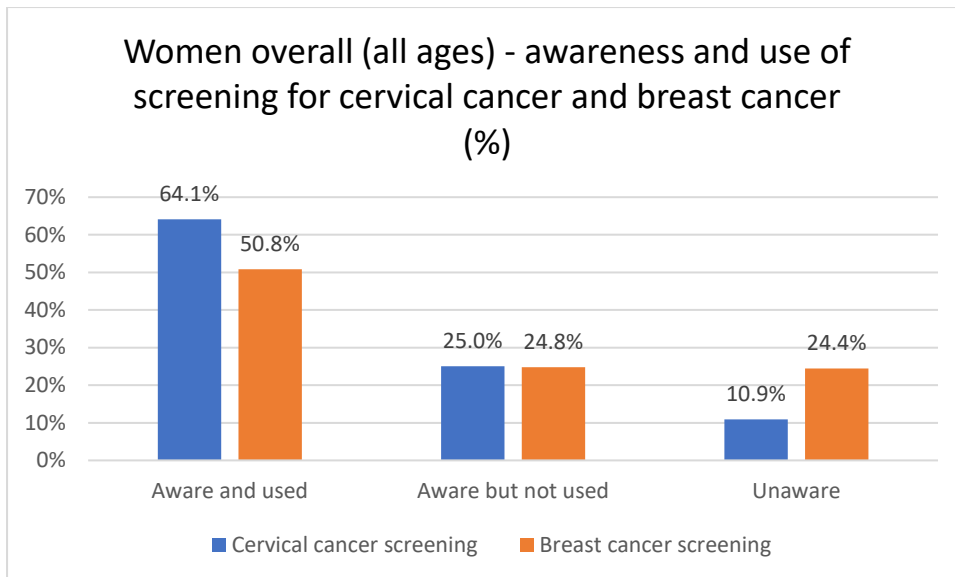
For all of the services provided, we compared age and gender differences to see whether awareness and use varied (at the level of significant difference). This provides a more detailed interpretation of the data.

The statistically significant differences by gender were as follows:

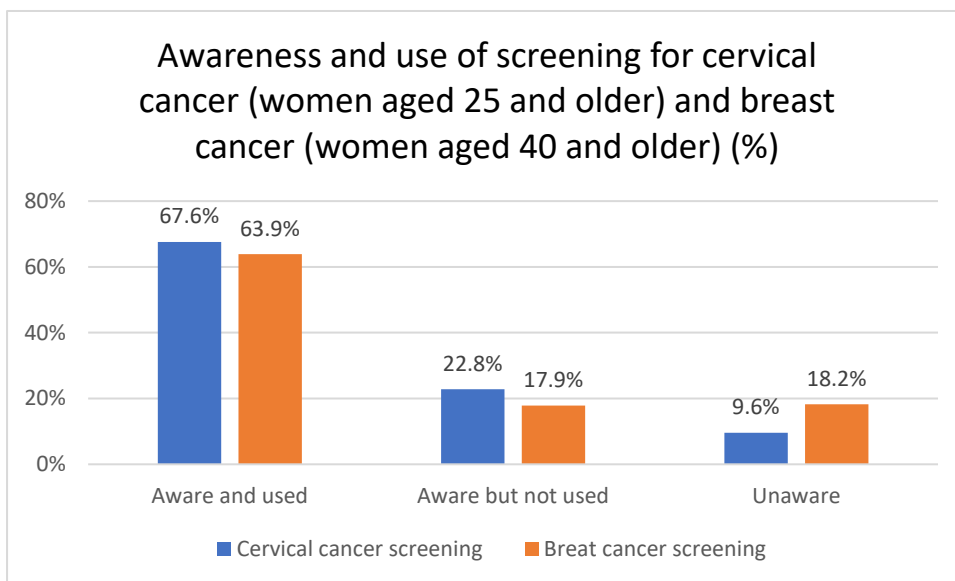
- Health checks for people aged 40-74 ($p < 0.05$) - women were *more unaware* of this service compared to men (53.8% of women were unaware compared to 48.9% of men).
- Abdominal aortic aneurysm screening ($p < .001$) - men were more likely than women to be *aware of and having used* this screening (10.9% of men compared to 10.3% of women). A more substantial difference is shown whereby 88.7% of women were *unaware* compared to 78.7% of men.
- Quit smoking services ($p < 0.05$) - Men were slightly more *aware of and having used* this service (11.4% of men and 7.9% of women).

Cervical and breast screening for women only of eligible age:

Cervical cancer and breast cancer screening are not reported above given that women were understandably more likely to have used the service compared to men. For interest, as the above charts were for women and men, the precise percentages among women only are as follows:



Presenting this data according to the recommended ages for screening are shown below and give a more accurate indication of people potentially at risk:



This chart above, including those of eligible age, shows that only around two-thirds are being screened for cervical cancer from age 25 (68%) and for breast cancer (64%) from age 40 (recommended ages for screening).

For cervical cancer this is not fully explained by lack of awareness (although 10% of those aged 25 or over were unaware, a further 23% were aware but had not used the service). 18% of women aged 40 and over were not aware of breast cancer screening although a further 18% were aware but had not used the service.

These findings show worrying levels of awareness as well as accessing services despite being aware. This suggests community-based services need to improve awareness as well as encourage those who are aware, to take up the offer of screening.

Age differences for awareness and use of screening services:

For age, the following statistically significant differences⁷ for use and awareness were as follows. It is somewhat expected that older people are more likely to be aware and used these services compared to younger people and may partly explain the levels outlined earlier regardless of age - for example the 84.8% of those unaware of abdominal aortic screening may be explained by the significant number of younger people for who this screening does not apply.

Older people were more aware of and had used:

- Health checks for people aged 40-74 compared to younger people ($p < 0.001$).
- Abdominal aortic screening compared to younger people ($p < 0.001$).
- Bowel cancer screening compared to younger people ($p < 0.001$).
- Diabetic eye screening compared to younger people ($p < 0.001$).
- Annual health checks for people with long term conditions compared to younger people ($p < 0.001$).
- For those women aged 25 or over, younger people were more aware of and use the cervical cancer screening service compared to older people ($p < 0.001$). This suggests among those aged 25 or over, older women are a group that require greater awareness and use of cervical screening services.
- For those women aged 40 or over, older people were more aware of and use the breast cancer screening service compared to younger people ($p < 0.001$). This suggests among those aged 40 or over, younger women are a group that require greater awareness and use of breast cancer screening services.

3. Preference for community-based services

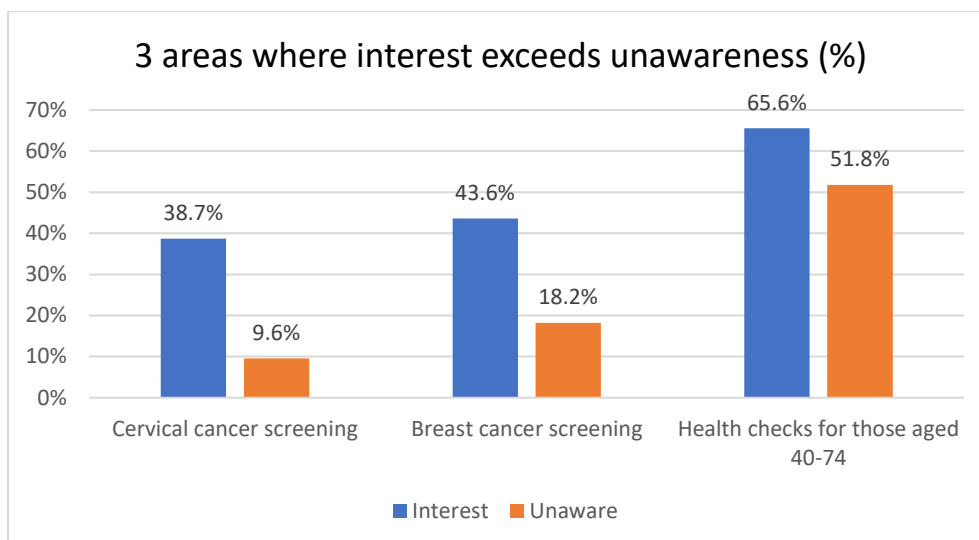
In conjunction with the awareness and use of screening services data, people were asked whether they would be interested in the following services in the community. The final column lists the levels of unawareness from the previous question (where asked):

⁷ Used non-parametric (Kruskal-Wallis H) tests as age was not normally distributed. Compared mean ages for verification.

Test	Interest	Unawareness of test
Blood tests	71.7%	Awareness/use not asked
Health checks for people aged 40-74	65.6%	51.8%
Abdominal aortic aneurysm screening	38.8%	84.8%
Bowel cancer screening	46.6%	48.3%
Cervical cancer screening - women only aged 25 or over	38.7%	9.6% - women aged 25 or over
Breast cancer screening - women only aged 40 or over	43.6%	18.2% - women aged 40 or over
Diabetic eye screening	40.0%	70.6%
Sickle cell and thalassaemia screening	23.0%	85.4%
Annual health checks for people with long term conditions	48.7%	55.8%
Quit smoking services	25.5%	25.9%
Ask your doctor Q&A session about any health matter	47.1%	Awareness/use not asked
Blood pressure checks	58.4%	Awareness/use not asked
General wellbeing checks	73.0%	Awareness/use not asked
Child health services	27.4%	Awareness/use not asked
Being helped to improve my health and wellbeing by being connected to community services (such as those run by the council or a charity).	42.0%	Awareness/use not asked

Most preference, seen by around three-quarters of people, was for general wellbeing checks (73%) and blood tests (72%).

For three highlighted areas (health checks for people aged 40-74, cervical cancer screening and breast cancer screening), the proportion showing interest exceeds those unaware. Given that awareness and use of these services was asked *before* this preferences option, this question may have prompted people to have more interest in these services:



Statistically significant differences in the interest for these community-based services by gender and age are as follows.

Gender differences in interest in community services:

For gender, women were noticeably more in favour of these community-based services compared to men⁸:

- Women aged 25 or over, as expected, were more likely than men to want cervical cancer screening in the community ($p < 0.001$).
- Women aged 40 or over, as expected, were more likely than men to want breast cancer screening in the community ($p < 0.001$).
- Women were also more likely than men to want:
 - Quit smoking services in the community ($p < 0.05$).
 - A Q&A with their GP in the community ($p < 0.005$).
 - Blood pressure screening in the community ($p < 0.05$).
 - Wellbeing checks in the community ($p < 0.05$).
 - Want child health services in the community ($p < 0.001$).
 - Want to be helped to improve their health and wellbeing by being connected to community services ($p < 0.001$).

These preferences by women support the notion that women may be more proactive in seeking health support relative to men⁹.

Age differences in interest in community services:

For age relatively older people were more likely to prefer (compared to younger people)¹⁰:

⁸ Cross-tabs with Chi Square statistic.

⁹ Wang Y, Hunt K, Nazareth I, et al. Do men consult less than women? An analysis of routinely collected UK general practice data. *BMJ Open* 2013;3:e003320. doi: 10.1136/bmjopen-2013-003320

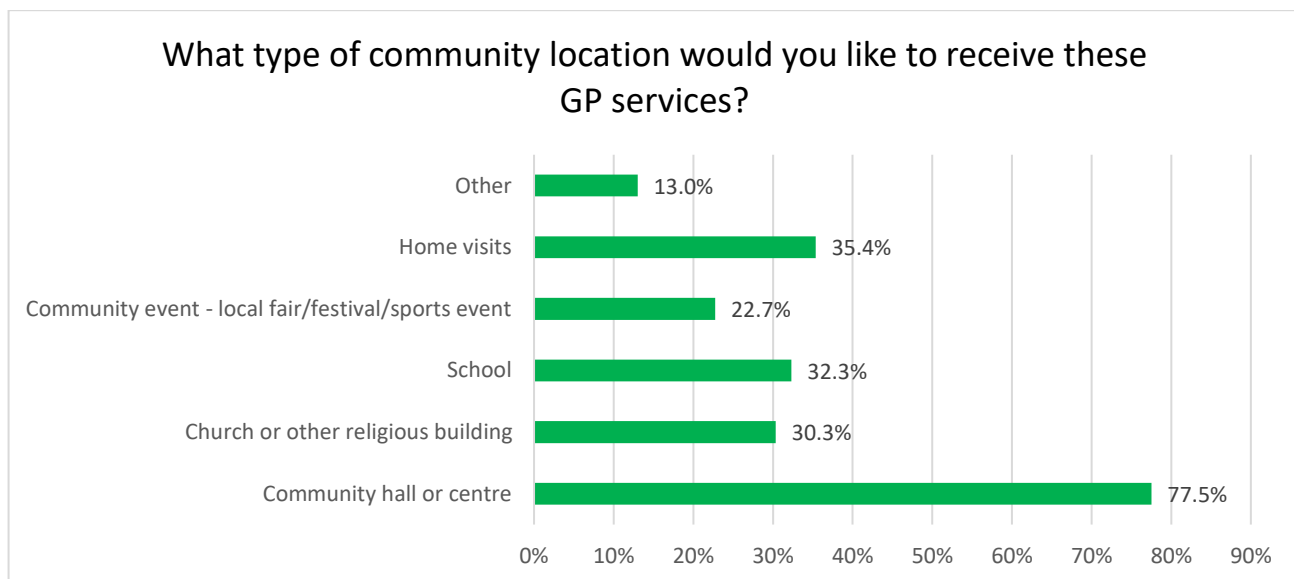
¹⁰ Used non-parametric (Kruskal-Wallis H) tests as age was not normally distributed. Compared mean ages for verification.

- Health checks for 40-74 year olds ($p < 0.001$)
- Abdominal aortic aneurysm screening ($p < 0.005$)
- Younger people, compared to those older, preferred the following:
- Blood tests ($p < 0.05$)
- Quit smoking services ($p < 0.001$)
- An 'ask your doctor Q&A session about any health matter' ($p < 0.001$)
- General wellbeing checks ($p < 0.001$)
- Child health services ($p < 0.001$)
- Help to improve health and wellbeing by being connected to community services ($p < 0.001$).

Younger women were more likely to prefer:

- (Women only aged 25 or older) Having cervical cancer screening ($p < 0.001$).
- (Women only aged 40 or older) Having breast cancer screening ($p < 0.05$).

People's preferred location to receive the community services was in a community hall or centre (78%), followed by a home visit (35%) and at a school (32%). Of the 13% who said 'other', responses were mainly around 'GP surgery', 'pharmacy' or had 'no preference':



The only difference by gender was women preferring a community hall or centre more than men (< 0.001).

In terms of age, further analysis showed younger people were generally keener to receive this support, compared to older people, in a community hall or centre ($p < 0.01$), a church ($p < 0.05$), a school ($p < 0.001$), a community event ($P < 0.001$), and preferring home visits ($p < 0.001$).¹¹

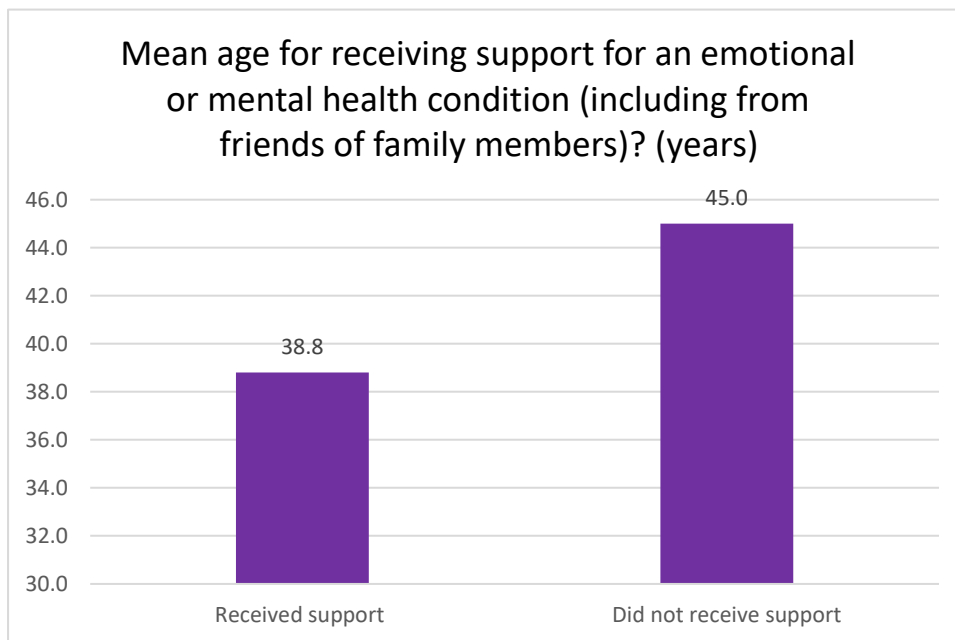
¹¹ Used non-parametric (Kruskal-Wallis H) tests as age was not normally distributed. Compared mean ages for verification.

This shows that younger people prefer community support in a wider range of locations compared to older people.

4. Mental health support

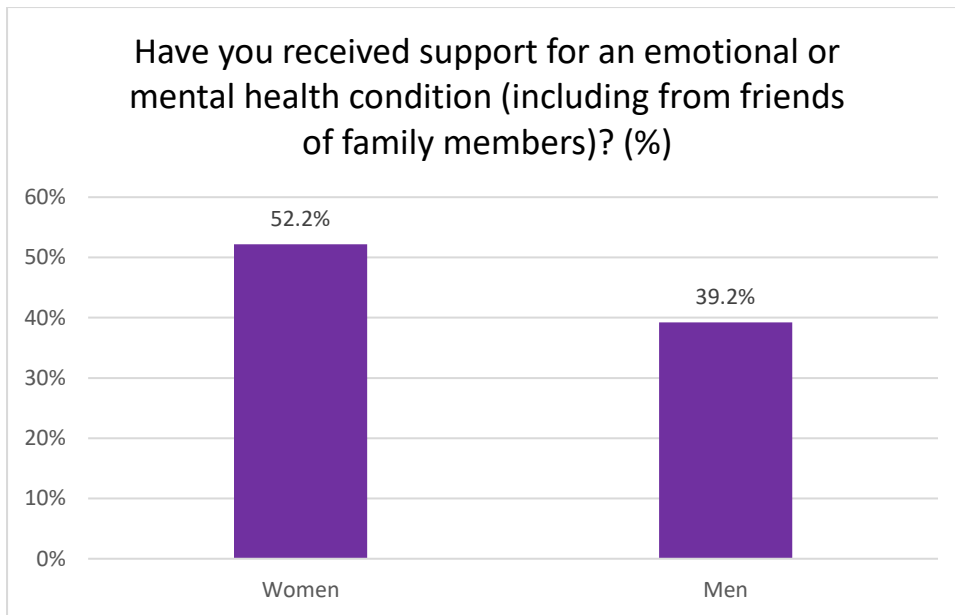
Just under one-half of the sample (46%) had received support for an emotional or mental health condition ('including from friends of family members'). 51% had not received such support and 3% did not know.

Younger people ($p < 0.001$)¹² and a greater proportion of women (52%) had received support compared to 39% of men ($P < 0.001$)¹³:

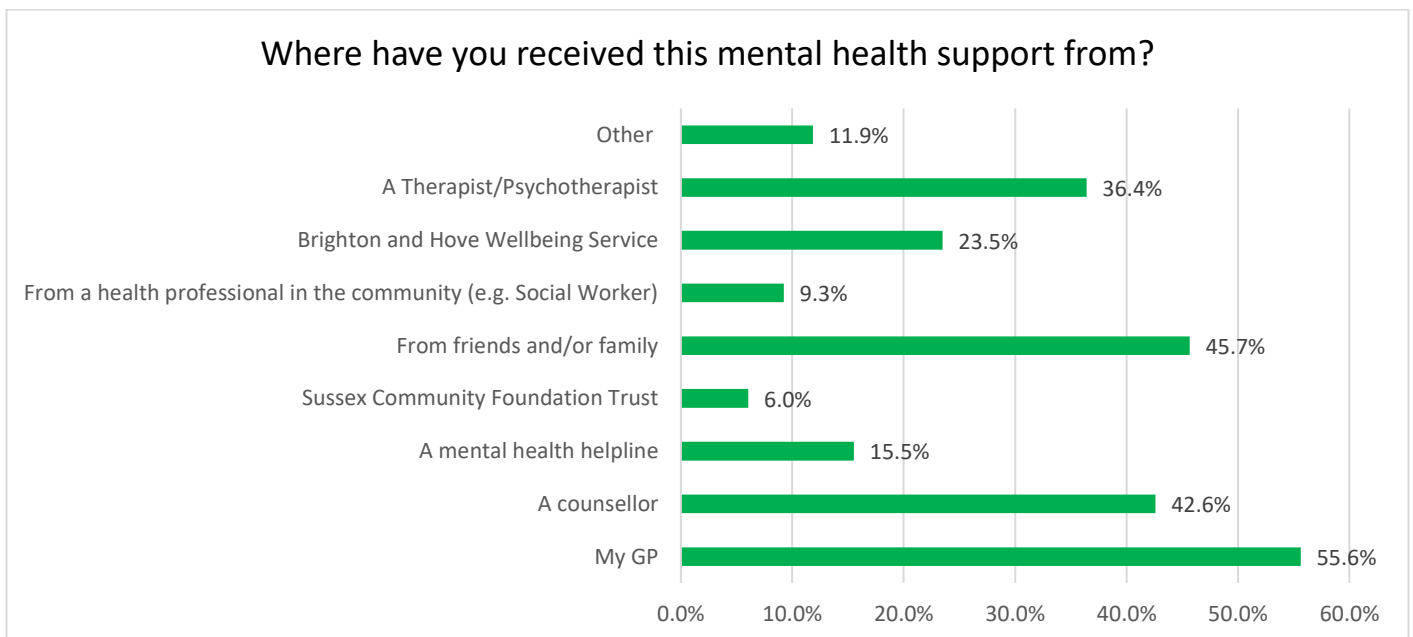


¹² Used non-parametric (Kruskal-Wallis H) tests as age was not normally distributed. Compared mean ages for verification.

¹³ Cross-tabs with Chi Square statistic.

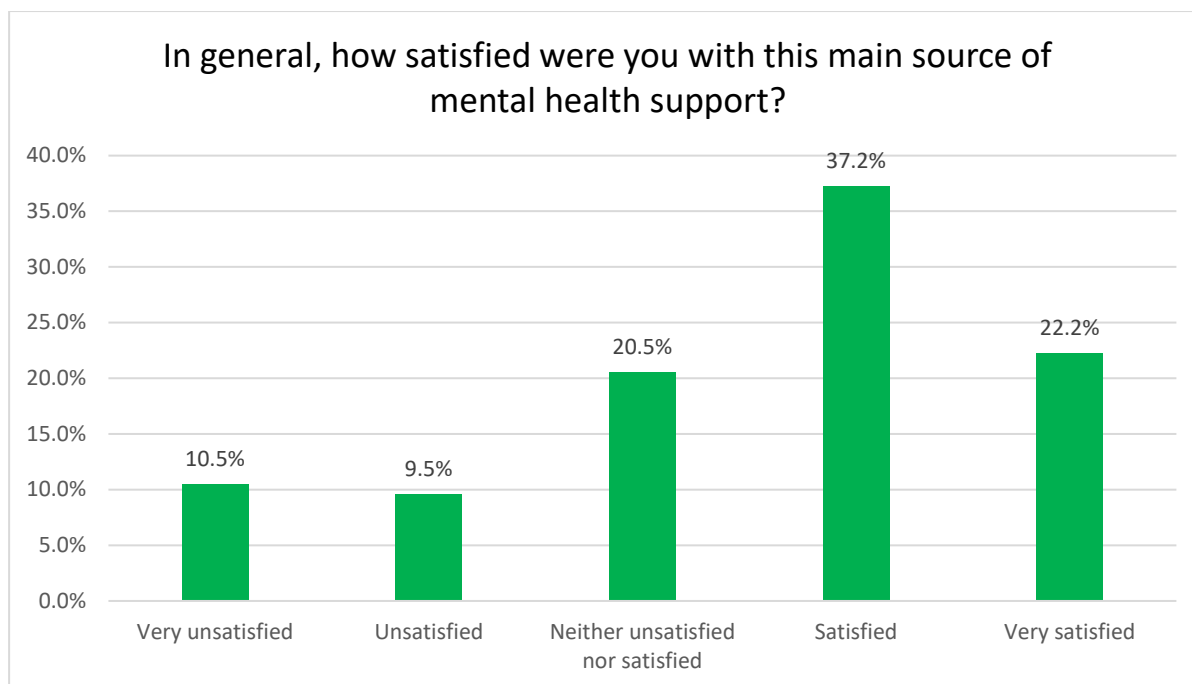


For those who had ever received support for an emotional or mental health condition, this had mainly been from their GP (56%), from friends and/or family (46%) or from a counsellor (43%). The 'Other' sources included self-help guides, Psychiatrists, and hospitals:



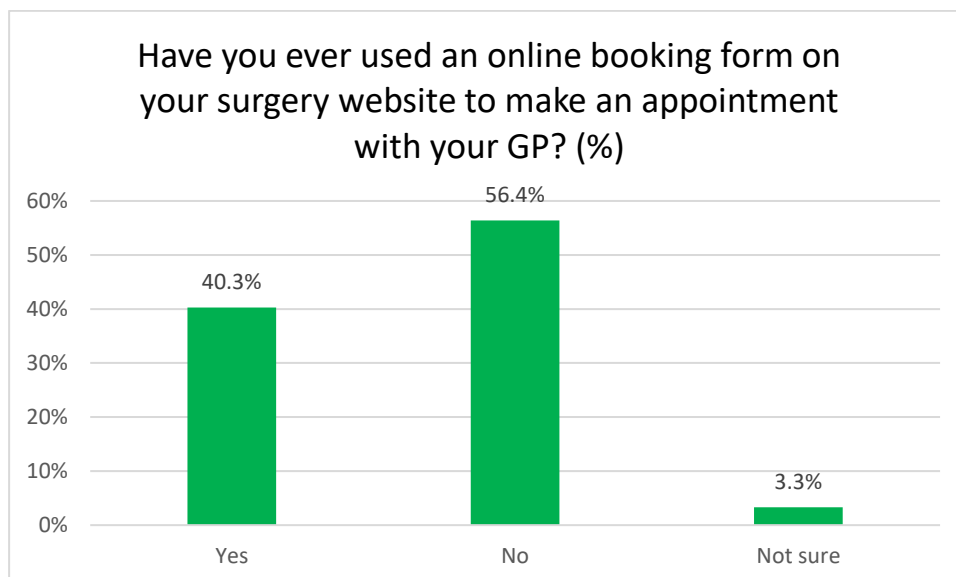
Unsurprisingly, when asked where people had received *most* of their mental health support from, the top three answers were again friends and/or family (23%), GP (19%) and a counsellor (18%).

With regards to the main source of mental health support, people's satisfaction was somewhat mixed although a skew towards more positive findings. 59% were 'satisfied' or 'very satisfied', although 21% were ambivalent, and a further 20% either 'unsatisfied' or 'very unsatisfied':



5. Online booking and use of technology

Most people (56%) had not used an online booking form to make an appointment with their GP. 40% had done so and 3% were not sure:



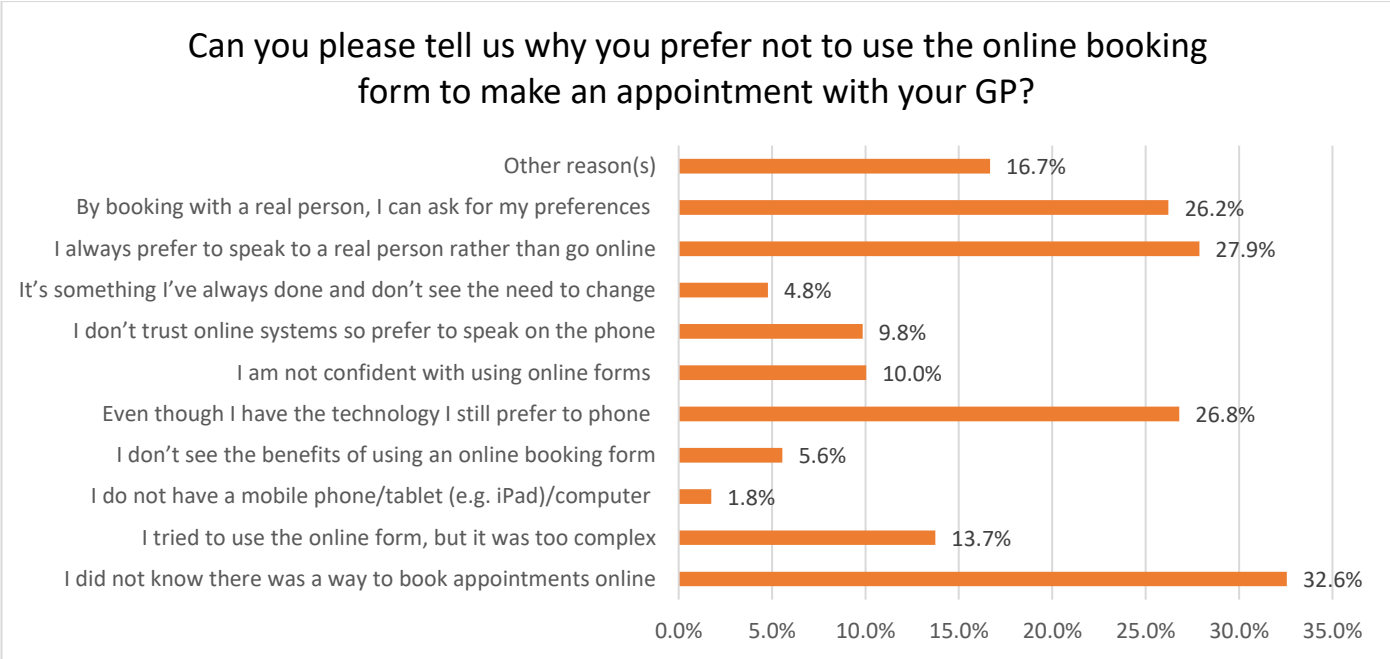
Of those that had used the online booking service, one-half did this for the first time since the Covid-pandemic (31% during the first year of the pandemic and a further 19% since March 2021). This shows how the predominance of online booking during the Covid-19 pandemic may have prompted some people to use this for the first time.

For those 56% that had not used the online booking form, the questionnaire explored reasons for this. 10 reasons were provided as well as an 'Other', which was mainly

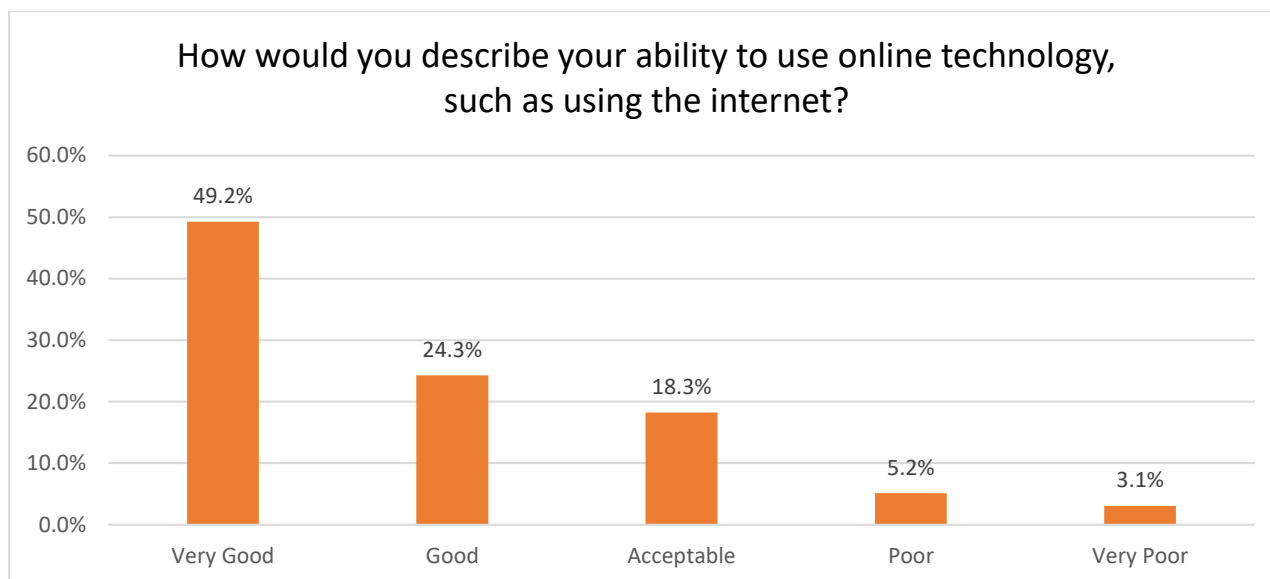
lack of availability or ‘not working’, not needing to have an appointment, and complexities of registering and logging in.

The main reason for not using the online booking system was not being aware that such a service was available (33%). At the time of writing, 7 out of the 9 surgeries were offering this facility.

The other common reasons were wanting to phone the surgery, recorded as a preference to ‘speak to a real person rather than go online’ (28%), still prefer to phone ‘even though I have the technology’ (27%), and the ability ‘ask for my preferences’ such as seeing their regular GP (26%):



This opposition to online booking appears to be an issue of personal preference to call the surgery rather than people lacking the necessary technology and skills. With 56% having not used the online booking system, only 8% rated their ability to use online technology as ‘poor’ or ‘very poor’ - meaning a lack of skills and technology is unlikely to be the main reason for this opposition:



To assess differences in digital exclusion, the following questions were analysed according to gender, age, and disability - this latter characteristic was included as previous research has shown that people with disabilities were generally the least satisfied with their remote appointments during the pandemic and were less happy to have remote consultations in the future¹⁴. The proxy measures were as follows:

1. Ever used online booking
2. Always prefer to speak to a real person than go online
3. Even though I have the technology I still prefer to phone
4. I do not have the technology (phone, tablet or computer)
5. Poor or very poor online technology/internet skills

For those that had **ever used the online booking system**, this was most likely among younger people relative to those older ($p < 0.001$)¹⁵. There was no significant difference by gender or disability.

For those **preferring to speak to someone** rather than going online to book appointments, older people were more likely to show this preference relative to younger people ($p < 0.001$). There was no significant difference by disability or gender.

For those that **have the technology but still prefer to phone** rather than use the online booking system, older people were more likely to show this preference relative to younger people ($p < 0.001$). There were no significant differences according by gender or disability.

For those **without the necessary technology** to use the online booking system, older people were more likely to show this preference relative to younger people ($p < 0.005$) there was again no significant difference by disability or gender.

¹⁴ <https://www.healthwatchbrightonandhove.co.uk/report/2021-11-18/people%E2%80%99s-views-about-remote-access-appointments-during-covid-19-pandemic-%E2%80%93>

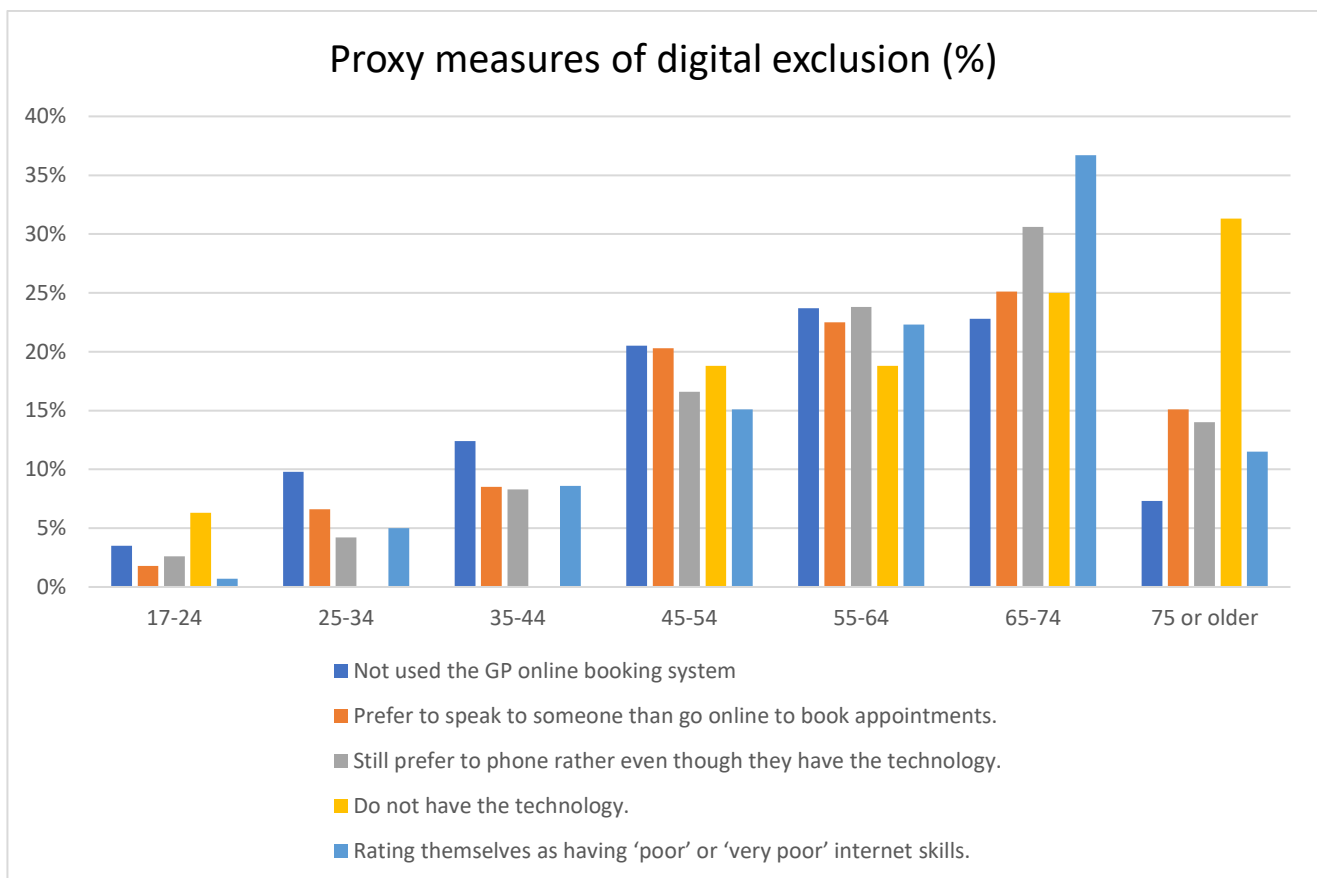
¹⁵ Used non-parametric (Kruskal-Wallis H) tests as age was not normally distributed. Compared mean ages for verification.

In terms of those having self-defined themselves as having ‘poor’ or ‘very poor’ internet skills, this was more common among men compared to women ($p < 0.05$), among people with disabilities ($p < 0.001$)¹⁶ and older people.

Using the previous questions as proxy measures of digital exclusion, the group most digitally excluded are older people, relative to younger people. This is based on the following, in that older people are more likely than younger people to:

- Prefer to not use the GP online booking system.
- Prefer to speak to someone than go online to book appointments.
- Still prefer to phone rather than use the online booking system even though they have the technology.
- Lack the necessary technology to use the online booking system.
- Rate themselves as having ‘poor’ or ‘very poor’ internet skills.

These measures have viewed age as a precise number, but to illustrate this further the trend can be viewed by age group as follows, which clearly shows a skew towards older people:



The trend is somewhat interrupted for some measures among the 75s and older which may be a product of the low numbers answering questions among this age group - around four times lower than the 45-54s which can produce a swing in percentages with a relatively few responses.

¹⁶ Cross-tabs with Chi Square statistic.

As the columns are condensed it is not clear to add data labels, hence the precise data underpinning this chart is as follows:

Proxy for digital exclusion / age group	17-24	25-34	35-44	45-54	55-64	65-74	75 or older
Not used the GP online booking system ¹⁷ .	3.5%	9.8%	12.4%	20.5%	23.7%	22.8%	7.3%
Prefer to speak to a real person than go online to book appointments.	1.8%	6.6%	8.5%	20.3%	22.5%	25.1%	15.1%
Still prefer to phone rather even though they have the technology.	2.6%	4.2%	8.3%	16.6%	23.8%	30.6%	14.0%
Do not have the technology.	6.3%	0.0%	0.0%	18.8%	18.8%	25.0%	31.3%
Rating themselves as having 'poor' or 'very poor' internet skills.	0.7%	5.0%	8.6%	15.1%	22.3%	36.7%	11.5%

6. Further comments

Over 700 people left comments which mirror many of the findings above. They were broadly split into five areas:

1. Complimenting their surgery and GP.
2. Services including screening.
3. Response time when contacting the surgery.
4. Views about face to face versus online appointments.
5. Online booking system.

Firstly, many people were **complimentary towards their surgery** and in some cases their GP. For example:

"I'm happy with GP."

"I am extremely happy with the support from my surgery, the receptionists are helpful and know me by name, the practice nurse is a delight and interested in all aspects of my life, I feel the doctors care and know me well so they can give advice which takes all the issues into consideration."

"My surgery has supported me admirably."

"Our GP surgery is fantastic. If there is something new they are usually doing it, they are very proactive."

¹⁷ For all questions, the literal translation is, for example, of those not using the online booking system x% were aged 17-24.

In view of the screening services questioned in this survey, the second theme introduces how the GP service could be improved. In this example, **screening** for breast cancer was raised. Given that 18% of women over 40 were unaware of breast cancer screening and a further 18% were aware but had not used, these comments reflect the importance of screening services:

“Breast screening at the surgery plus X Rays.”

“Can you please offer breast cancer screening at GP itself for the age group 35+.”

“Routine cancer screening.”

Additional services patients requested that were commonly mentioned were around health checks and blood tests. Note that an earlier question showed that people were interested in community-based wellbeing checks (73%) and blood tests (72%):

“Wellbeing/health checks.”

“Regular health checks for over 50s.”

“Nurse led wellbeing checks perhaps. Blood tests, blood pressure, weight.”

“Regular check-ups for diabetes, cholesterol levels. Blood pressure. Blood counts.”

“An annual blood test.”

The third area extended the comments by people’s suggestions towards how to improve the service. Some people mentioned **quicken the response time when people phone** the surgery:

“I notice that it now takes a long time for the surgery to answer the phone.”

“Someone to answer the phone, a 45 minute wait in the norm and then often the phone is just hung up.”

“Improving appointment availability and phones being answered.”

“Quicker response to answering the phone.”

“Phone service needs looking at I once spent 2 hours and 11 mins waiting for surgery to answer my call.”

“Easier to access urgent appointments. I spent almost 3 hours on hold yesterday in total, and when I finally got through, I was told to try again tomorrow.”

One person suggested a **call-back service** would reduce the waiting time:

“Call back phone service not queue system when trying to contact surgery.”

The time waiting on the phone did lead some people to **postpone appointments**:

“I had to go to A &E because surgery refused to see me. A&E told me I should have gone to GP (correct).”

“It would be nice to focus on the basics - actually being able to get an appointment with a doctor for example.”

Fourthly, although people drew frustration about getting an appointment, there were contrasting views regarding **face to face versus online appointments**:

Preference for face to face

“I would like to see my doctor face to face.”

“More face to face appointments.”

“Face to face appointments.”

“Being able to have face to face with GP when needed.”

“It’s ridiculous that you can’t see a doctor face to face. Because of this I have missed prescriptions, samples weren’t sent off by the nurse, medication was incorrectly prescribed to me...It’s honestly horrific...I have to explain my entire medical history at every telephone consultation.”

Preference for remote and online appointments

“More specific time slots for phone appointments.”

“Online appointments to see GP.”

“Online access to practice nurse for bloods, flu jabs etc.”

“Online Access to medical notes & test results.”

The fifth theme shows views towards **online booking**. Some were favourable about the online booking system, with some suggesting this should be reinstated in some cases:

“Online booking system much easier for those who are working.”

“Online booking would be great.”

“Offer online appointment booking. An online booking system would be helpful to free up the phone for more urgent calls.”

“Albion street Surgery could get back the appointment online booking system. Unfortunately this service is unavailable since first lockdown.”

“Online booking system is currently offline (the surgery does not offer it any more).”

“Reinstate online appointment booking.”

Some suggested the **online booking could be expanded** to incorporate additional services, for example:

“Book things like phlebotomy diabetes or other nurse prescriber services online.”

“Online access to practice nurse for bloods, flu jabs etc.”

The views towards online booking drew a sizeable proportion on the comments. Further comments were more critical and did **not see this as a substitute for face to face appointments**:

“I haven’t been successful in finding an appointment whenever I go online (so have just left the two reasons I would usually have gone to the doctors for) this year, so I don’t feel it’s realistic to look at offering these additional services before sorting the basics.”

“It is impossible to talk to the surgery on the phone and some people cannot access the internet the situation is so distressing when you just need to talk to somebody. I’ve spent 2 hours today in queues only for the phone to ring off when I get to number one in the queue.”

“I prefer to talk to a human being than a computer.”

“I don’t like booking online. I prefer speaking to a receptionist or nurse.”

“Less online, more face to face and telephone.”

Other comments were than **online booking systems disadvantaged** those who did not have the necessary technology or skills:

“I’m a technophobe.”

“I cannot use a computer.”

“Short information booklets for older people who may not be able to research early symptoms which may lead to dangerous consequences and who do not have the convenience of a computer.”

“This is great, but my dad is 84 and unable to access this kind of technology.”

“Concerned about older people without smart phones and computers.”

“The elderly without smartphones or internet are being EXCLUDED.”

“It needs to be more accessible to those who are not good with technology. I work in tech and have good internet connection etc. But there are huge barriers in place for others – financial, age related and many many others. Phone lines to GP surgeries are still essential and I think the trend towards online bookings is likely negatively effecting a lot of people’s experiences. People can get stuck in loops trying to get through to a real person, which is frustrating and adds yet another barrier to receiving care they may need.”

Although several spoke about older people being disadvantaged, others mentioned the difficulties among those with **disabilities**:

“I am dyslexic and find online forms quite challenging.”

“Have all services available over the phone for older adults and those with learning disabilities who cannot use technology to access eConsult as this is not compliant with disability discrimination act and an ageist approach.”

“I imagine that people who struggle to use technology, or who struggle with literacy, would find it extremely difficult to use the eConsult service or to receive any medical advice and support, particularly as the clinic does not appear to operate a telephone service.”

Even if everyone was capable of using online booking systems, the econsult or equivalent system was found to be **complex, clunky and takes too long to complete**:

“I’m fairly computer literate but the booking system could use a tutorial that goes with it I think.”

“Econsult is clunky even for an IT literate person.”

“The econsult form is extremely longwinded and frustrating to use.”

“I found the online system to book an appointment confusing, lacking in options and very frustrating. I can’t imagine how some without a computer or less able on technology would manage it.”

“The eConsult takes too long so often I will give up & I have multiple long term & congenital conditions & I really need to actually see it speak to my surgery. I will often leave things as you now have to do this form so I’m currently struggling alone with my depression & chronic insomnia.”

“The e consult form is long and unhelpful. The conditions listed are not comprehensive. You have to start from scratch every time so spend minutes filling in family history. Very cold system.”

“In response to the e-consult specifically. It’s not very user friendly and could do with actual user testing. It asks the same questions in multiple formats, which isn’t helpful, and is rather frustrating, particularly when it tells you for certain

symptoms to get urgent care, for something you know isn't urgent, and you have to start again!"

To increase accessibility, some mentioned making it more **suitable for a smartphone**:

"Some people only use their phones to use online services so filling in big eConsult forms can be a pain."

"Mobile friendly system online."

Others mentioned increasing accessibility by **removing the use of complex passwords** and registration process:

"I found the login complex with several passwords which I couldn't remember."

"I lost my password and it was too difficult to get it reset."

"Forgot password and no easy way to get new one."

The criticisms above show potential areas of improvement, some of which may be more achievable than others. Although people were critical in most cases, this was not universal:

"I really like the econsult system. So much more efficient than having to book an appt or speak to a Dr as it allows me total flexibility to supply the consult when I have time."

Recommendations

In view of the findings from 1845 people across nine¹⁸ surgeries within East and Central Brighton PCN, this report concludes by presenting the following recommendations:

1. Raise the proportion of women having breast cancer screening and cervical cancer screening.
2. Address awareness and service availability to increase breast cancer screening and cervical cancer screening. Significant proportions of women of eligible age were unaware of the screening as well as those who were aware but had not used the service.
3. Among women aged 25 and over, increase awareness and use of cervical cancer screening among older age groups. Older age groups are less likely to be aware of and use cervical cancer screening services compared to younger women.

¹⁸ Now eight surgeries since the data were collected due to a merger between Albion Street and St Peter's Medical Centre.

4. Among women aged 40 and over, increase awareness and use of breast cancer screening among younger age groups. Younger age groups are less likely to be aware of and use breast cancer screening services, compared to older women.
5. Respond to people's service preferences within the community, including general wellbeing checks, blood tests, health checks for people aged 40-74 and blood pressure checks.
6. Encourage more men to be aware of and use community-based screening services.
7. Re-instate online booking systems (where not available) to provide this option for those digitally capable.
8. Make the online booking system easier to use, with a less complex registration process and a shorter form requesting less repetitive information.
9. To increase accessibility of online booking, make it more suitable for a smartphone.
10. To save time waiting on the phone to book an appointment, consider a call-back system.