

# Patient opinion in East and Central Brighton Primary Care Network - Executive Summary



Contact - Dr Lester Coleman

[Lester@healthwatchbrightonandhove.co.uk](mailto:Lester@healthwatchbrightonandhove.co.uk)

March 2022

## 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 Brighton<sup>1</sup>, 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,

---

<sup>1</sup> East and Central PCN 1 and 2 merged in April 2021.

breast cancer screening and quit smoking services. People were largely unaware of 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.