



Care Navigation Survey Report

Healthwatch Staffordshire is the independent consumer voice for local people, championing quality health and social care and ensuring that the patient voice is heard by commissioners and providers of services across Staffordshire. We gather the views of the public and raise awareness of key concerns and issues that affect health and social care services as experienced by the patient / consumer. We focus on finding out what Staffordshire residents think is working well or not working well in health and social care and we work with other organisations to influence change. We recommend improvements and highlight examples of good practice.

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December 2019



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Introduction

Healthwatch Staffordshire were commissioned to undertake a study to find out about Patient's views of Active Signposting (also known as 'Care Navigation') on behalf of the four South and East Staffordshire Clinical Commissioning Groups.

East Staffordshire CCG
Cannock Chase CCG
Stafford and Surrounds CCG
South East Staffordshire and Seisdon Peninsular CCG

The purpose of this is to inform an evaluation of this way of working and help to improve this for patients in the future.

Active signposting (also known as 'care navigation') helps patients to see the most appropriate health professional or service first time. GP Practice Receptionists (or 'Care Navigators') ask patients/carers for a brief update on the reason(s) for requesting an appointment. This helps Receptionists let patients/carers know about the most appropriate professional or service that may be able to help them, which may not be a GP.

Methodology

This project was carried out using a survey. The survey was made available through a weblink as well as being completed face to face with patients across South, Central and East Staffordshire. Healthwatch made visits to 31 GP surgeries across the area to enable a larger number of people to take part in the survey and report their experience and views of care navigation. 1,201 surveys were completed by patients attending the surgeries we visited.

The survey consisted mainly of multiple-choice questions with some open text questions that allowed respondents to expand on their answers.

The analysis was carried out using SNAP analysis tools and the percentages shown are rounded figures meaning that they do not always add up to 100%. The open text comments were analysed using thematic analysis. Answers were coded to identify common themes within the answers. Percentages and numbers are not attached to these findings as respondents may have made more than one point in one comment and this means that attaching percentages is essentially without meaning. Some example comments have been provided within the findings of the report.



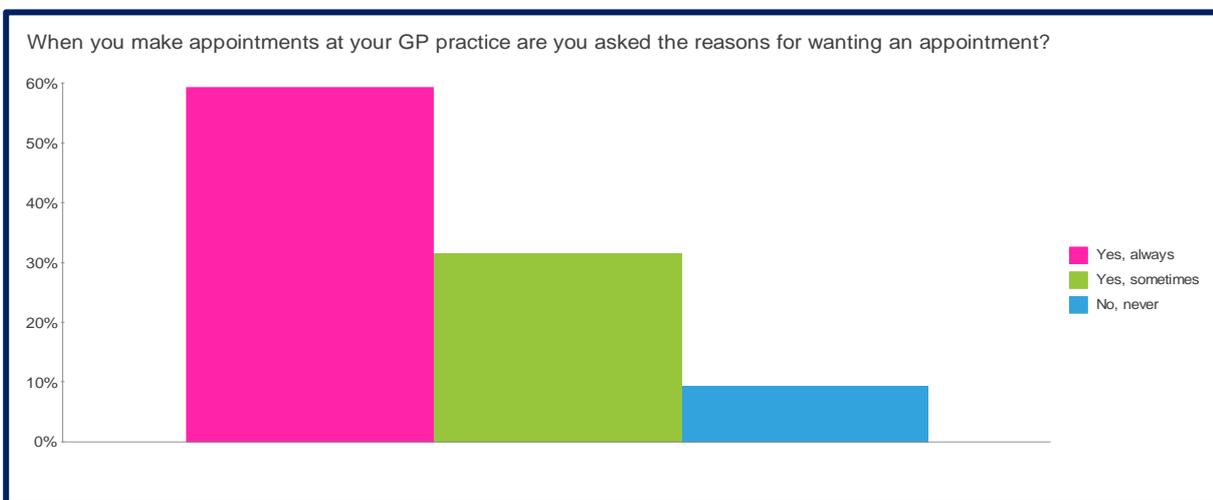


Findings

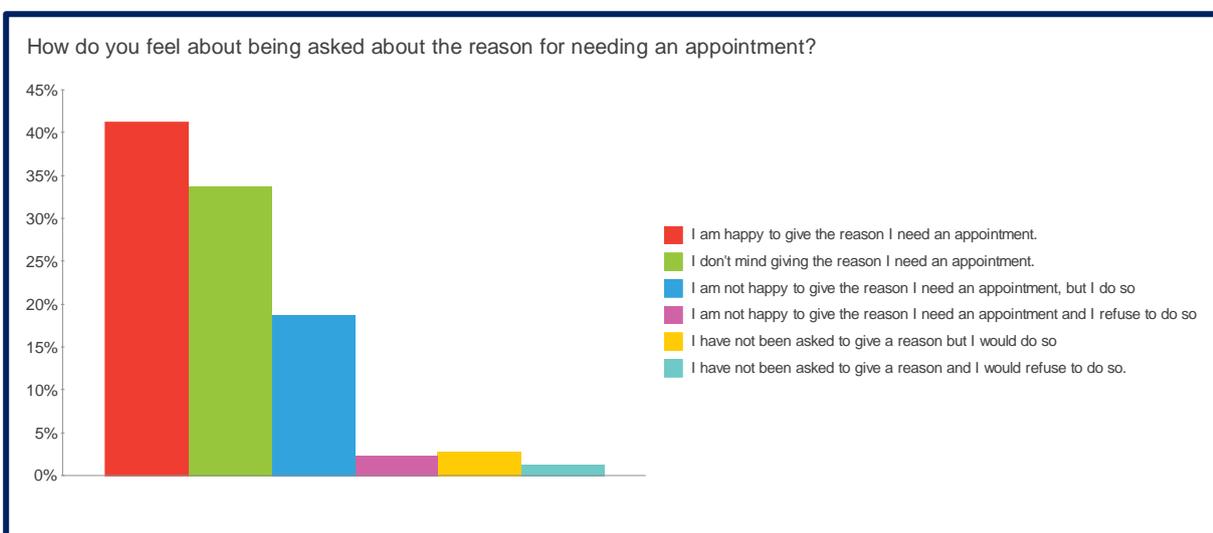
There were a total of 1404 responses to the survey. Respondents were asked what age group they were from and this was the only demographic information that was asked for. Just under 1% of the respondents were aged under 18 years and these were the smallest age group amongst the respondents. The largest group of respondents were those aged 65 years and over at 34%.

Giving the reason for an appointment

Respondents were asked if, when they made an appointment at their GP practice, they were asked the reason for wanting an appointment. 90% of respondents said that they were either always asked the reason that they needed an appointment or sometimes asked. 9% said that they were never asked.



When telling us how they feel about being asked the reason they need an appointment 75% of respondents said that they either didn't mind or were happy to give the reason for needing an appointment. A further 19% said that they were not happy about giving the reason, but they did so anyway. 2% said that they refuse to give the reason and a further 1% said that they had not been asked but they would refuse to do so anyway.





Those that said that they objected to giving the reason for needing an appointment were why they were unhappy to give the reason. The comments have been arranged into themes to look for commonalities.

A key reason raised by participants for not being happy to give a reason for the appointment related to issues of confidentiality. For example, some patients felt that sharing the reason for their appointment was sharing their medical information and this should only be between them and their doctor with one saying that *'I don't want anyone other than the Doctor knowing what the issue is'* whilst another said that *'it's personal information [that] I would only like to share with my Doctor.'* For a small number, knowing the reception staff on a personal level or being located in small village meant that they were uncomfortable sharing the reason for needing an appointment with the receptionists at their practice for example one respondent commented that *'in a village practice the majority of the reception staff are friends or acquaintances and I would rather everyone didn't know my business.'* For others, being able to be overheard telling the receptionist the reason for needing an appointment was a reason why they were unhappy to be asked. One respondent said that they *'usually make an appointment in the surgery in person (can't get through on the phone) so find it embarrassing saying in a public waiting room what my appointment is for'* whilst another said that *'it can be overheard by the waiting room and most times I just make something up rather than say it's my mental health'*.

For other respondents, the nature of the reason for the appointment was a barrier to being comfortable with giving the reason for the appointment. Respondents spoke of the reasons being *'sensitive'* or that it could be *'embarrassing.'*

A further main theme for being unhappy to be asked the reason for an appointment related to the skills and training that the reception staff have in relation to signposting. For example, one respondent said that they were *'not reassured that a receptionist has enough adequate training to determine who I need to see'* whilst another said that *'receptionists are not trained to make these decisions.'* For some respondents it was felt that reception staff were diagnosing patients phoning for appointments with one participant saying that *'receptionists are not doctors and can't diagnose people over the phone'* whilst another commented that *'these people are not trained medical practitioners who should not be making decisions about what input I need.'*

For others the training of reception staff was not so much of an issue as the attitudes of the reception staff with one commenting that they *'always have an issue with one receptionist being quite rude'* and another saying *'the receptionists sometimes come across as rude, patronising'* and this made them reluctant to discuss why they needed an appointment. Others felt that the reception staff were gatekeeping with one respondent saying that *'they say they don't feel the reason is urgent'* and another saying that they did not like giving the reason for needing an appointment because they were *'afraid I will be refused an appointment.'*





When considering the age group of respondents just over 50% of the respondents aged 75 or over said that they were happy to give the reasons that they were asking for an appointment and 48.6% of respondents aged 65-74 years old also said that they were happy to give the reason that they needed an appointment. Just under 35% of respondents aged 45-54 years said that they were happy to give the reasons that they were asking for an appointment.

4.8% of respondents aged 18-24 years said that they were unhappy with being asked why they needed an appointment and refused to give the reason; 3.7% of those aged 65-74 years also said that they refused to give a reason.

Signposting to different services or practitioners

How people felt about being signposted to a different practitioner

Respondents were asked how they felt about being signposted to different practitioners or services. 57% of the respondents said that they were happy to see the most appropriate practitioner or service for their needs. Another 24% said that they did not mind either way.

10% of the respondents said that they were not happy with being signposted, but they went along with what was suggested. 4% said that they insisted that they saw their preferred practitioner.

There were 6% who said that they had never been signposted and of these 4% said that they would be happy to be signposted if the receptionist thought that it would be appropriate and 2% said that they would not be happy to be signposted.

When considered by age group; 59.4% of respondents aged 65-74 years said that they were happy to be signposted to the most appropriate practitioner; this was similar to other age groups expect for those aged under 18 where the percentage was 40% and 18-24 year olds where it was 47.6%. However, as the numbers of respondents in these age groups was lower than other groups the percentages for each option are more easily impacted by relatively small numbers of respondents.

Respondents who were unhappy with being signposted were asked to explain the reasons why they felt that way. In common with those who were unhappy to give a reason for needing an appointment, respondents again cited confidentiality as being a concern as well as the skills and training of receptionists to be able to signpost effectively. However, respondents also spoke about the skills and knowledge of the practitioners that they were signposted to. For example, one said that *'most other practitioners usually cannot help me and I have to go back to the GP'* whilst another respondent said that *'I have a life long medical condition that requires me to see a doctor. Being signposted to someone else is a complete waste of mine and their time as it only results in being told I need to see a doctor.'*

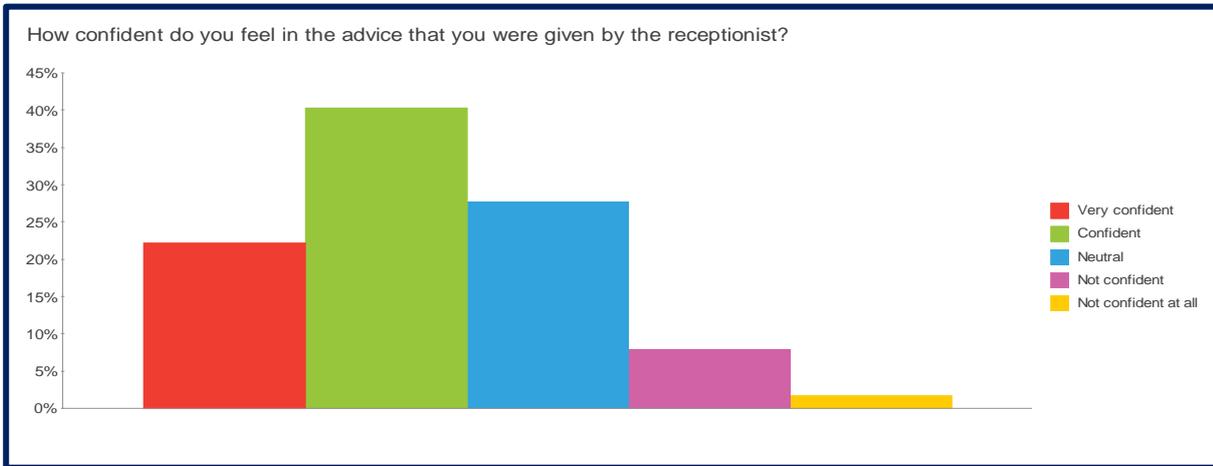
A key theme from the feedback about being unhappy to be signposted related to continuity of care and having an ongoing relationship with a particular doctor or practitioner. Respondents spoke of being *'comfortable'* with their particular doctor and that they had built up a *'rapport'* with their GP. One commented that *'you become more confident in one GP who would get to know you.'* It was felt that being signposted to a different practitioner could have a detrimental impact on the patient with one respondent commenting that, in their opinion, *'for people with multiple conditions it is positively dangerous to keep seeing different practitioners.'*





Did people feel confident in the advice given by the receptionist

When asked how confident they were in the advice that they were given by the receptionist 62% of the respondents said that they were either very confident or confident in that advice. 10% said that they were either not confident or not confident at all.



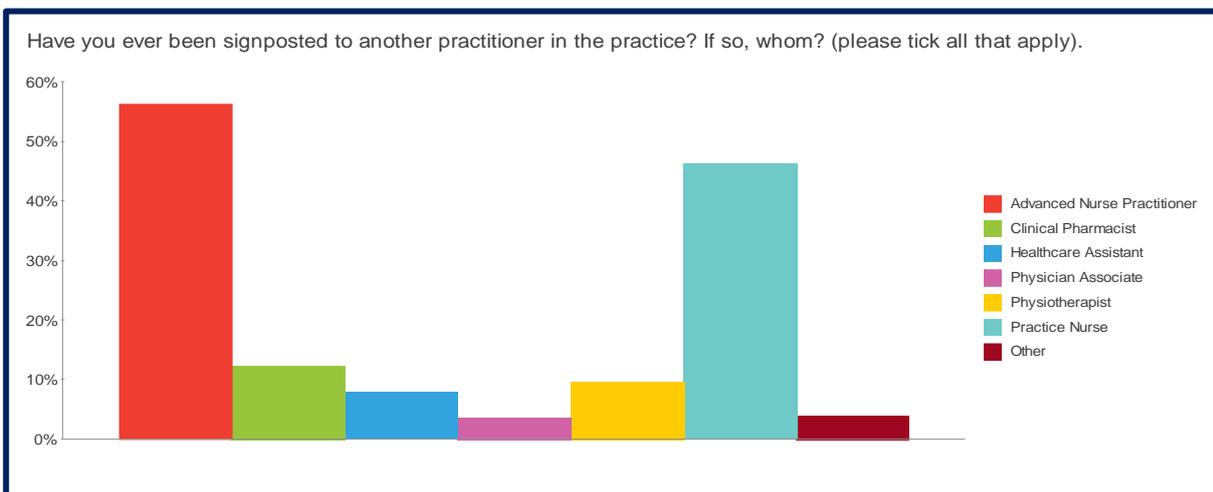
Those aged 35-44 years or 45-54 years had the lowest percentages of respondents who had confidence in the advice they were given by receptionists at 53.6% and 51.4% respectively. 61.8% of those aged 75 and over said that they had confidence in the advice they were given, and the remaining age groups were between 63% and 69%.

16.7% of respondents aged 45-54 years said that they were not confident or not at all confident in the advice they were given by the receptionist. 14.5% of those aged 35-44 years said the same.

Have people been signposted to another practitioner within their practice

Respondents were asked if they had ever been signposted to another practitioner within their practice and if so where they had been signposted to. They were asked to indicate all of the other practitioners that they had been signposted to and therefore, the percentages indicated are higher than 100.

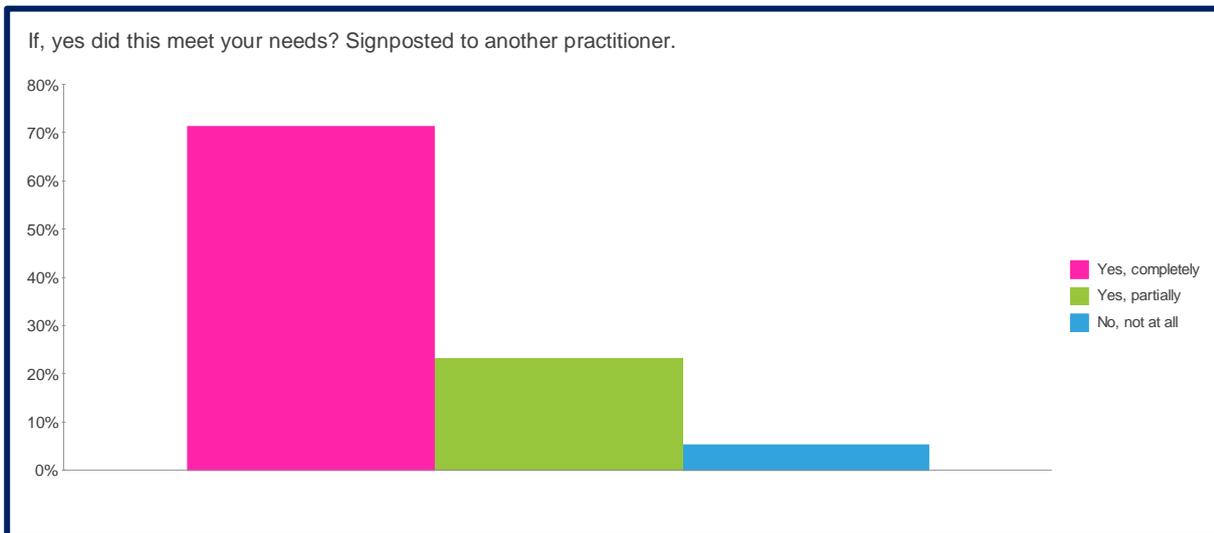
56% of the respondents said that they had been signposted to an advanced nurse practitioner and 46% said that they had been signposted to a practice nurse. 12% said that they had been referred to a clinical pharmacist; 10% were referred to a physiotherapist; and 8% to a healthcare assistant. 4% were referred to a physician associate. 4% said that they were referred to 'other' practitioners.





Did people feel that signposting within the GP Practice met their needs

Those that had been signposted to another practitioner were asked if the signposting met their needs. 71% of them said that it had met their needs completely and 23% said that it partially met their needs. 5% said that the signposting had not met their needs at all.



Respondents were asked to comment further on how the signposting had or had not met their needs.

Positive comments about being signposted included being able to see someone else meaning that GP appointments were not booked up unnecessarily with one respondent commenting that it *'frees up the doctors' time to see more patients'* whilst another said that they were *'happy that GP appointments are reserved for the most urgent cases.'*

Unlike earlier comments about skills and knowledge being lacking amongst practitioners other than a GP, those who were positive about their experiences of being signposted made positive comments about the skills of those they had been seen by or were signposted to. One respondent commented that they had *'faith in the Advanced Nurse Practitioner'* and another that *'my surgery has a skilled team and it's not always the Doctor that you need to see.'*

For another respondent seeing someone other than their GP meant that they were *'able to have a longer time to explain and talk about crisis at the time.'*





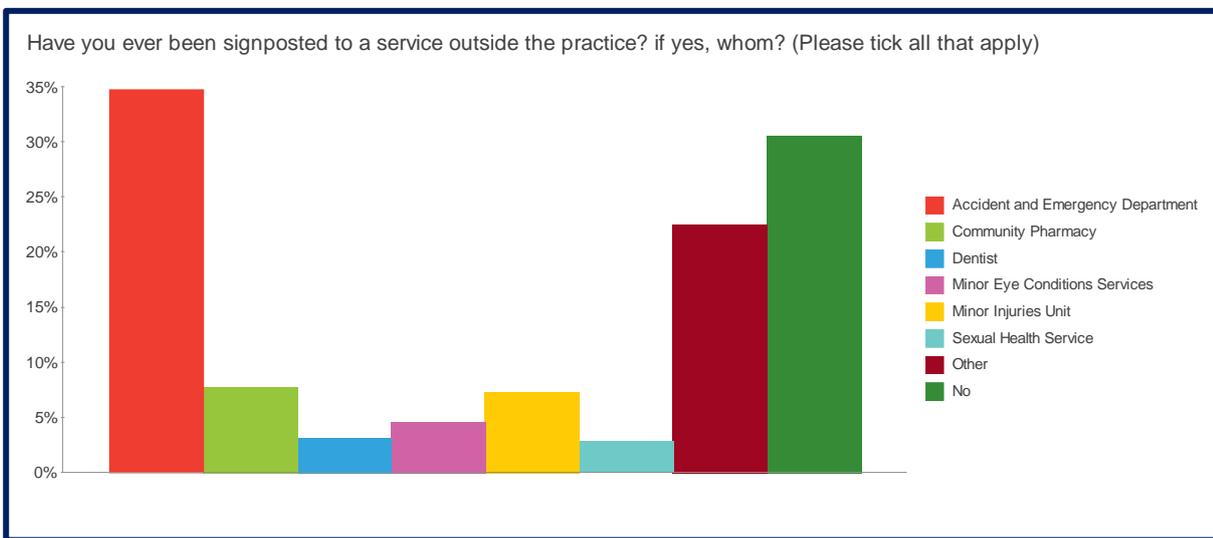
Were people signposted to a service outside their GP practice

Respondents were also asked if they had been signposted to a service outside their GP practice and if so where they were signposted to. Respondents were again asked to indicate all of the services that they had been signposted to and therefore, the percentages add up to more than 100.

31% of the respondents to the question said that they had not been signposted to a service outside their GP practice.

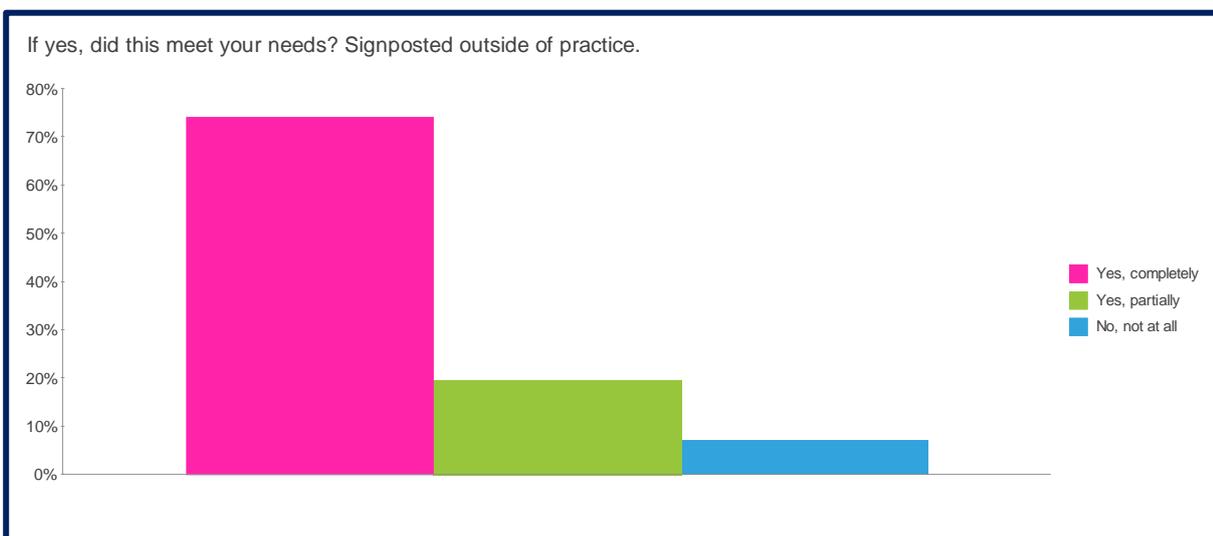
35% said that they had been signposted to the Accident and Emergency Department. 8% said that they had been signposted to a community pharmacist; whilst 7% said that they had been signposted to the minor injuries unit.

This equates to over 19 % of the total number of respondents saying that they had been directed to Accident & Emergency.



Did people feel that signposting to another service met their needs

Those that had been signposted to another service were asked if they felt that this had met their needs. 94% of the respondents said that it had met their needs either fully or partially.



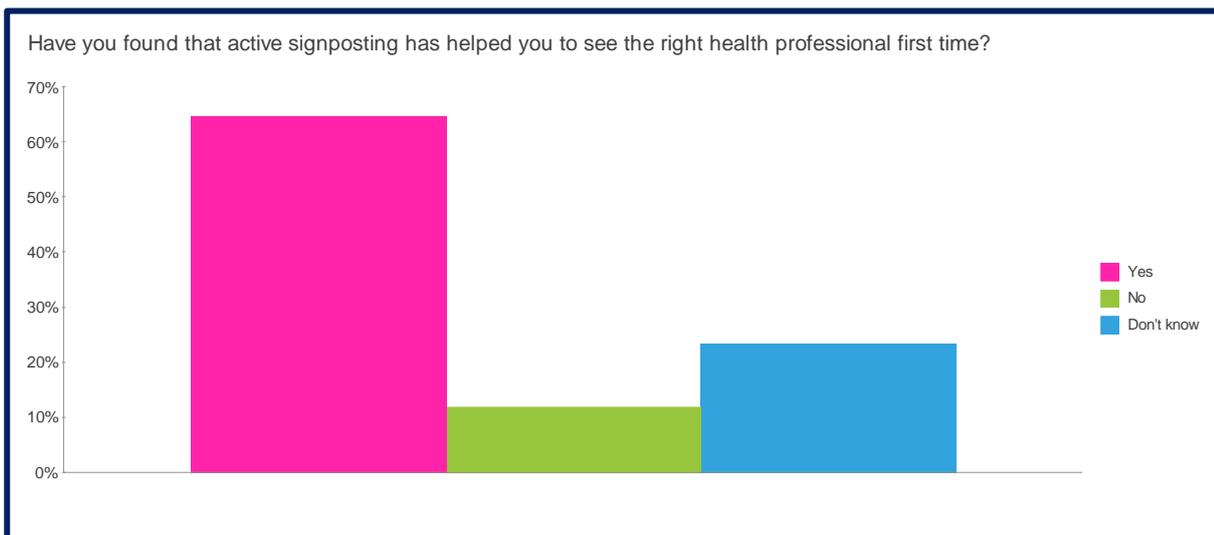


There were a limited number of respondents who commented on how the signposting had met or had not met their needs when they were signposted outside their practice. Some of the respondents spoke about referrals to secondary care being made by their GP rather than being signposted to another service which suggests that there may be a lack of understanding of what Active Signposting actually is for some patients.

There were some comments made about being unable to access an appointment at their GP practice and being *'advised to go to A&E.'* Another respondent told of how they had been signposted to an optician but *'they didn't solve the issue and eventually told me to go to A&E.'* One respondent told how they had been *'told I didn't need to see a GP and to get treated at the pharmacy but the pharmacy said they couldn't treat me.'* A respondent with mental health problems said that they were *'told I couldn't see anyone and was given a suicide helpline number. I left a message and they rang me back a week later.'*

Did people feel that they saw the right professional first time

Respondents were asked if active signposting had helped them to see the right professional first time. 65% of respondents said that they had found that active signposting had helped them to see the right professional first time. 12% said that it hadn't; and the remaining respondents said that they did not know.



When taking age group into account most age groups had a percentage of over 60% who said that it had helped them to see the right professional first time and for those aged 75 or over 72.1% said that it had helped them. However, for those aged 35-44 years old 55.6% said that it had helped them and 19% said that it had not helped them. Other age groups had percentages between 7% and 13% saying that it had not helped them.





Did people feel they were seen earlier

When asked if they felt that active signposting had enabled them to be seen earlier, 41% of the respondents said that they felt that they had been seen earlier as a result of being actively signposted when they made an appointment. 26% did not feel that they had been seen earlier and 34% said that they did not know.



There was little difference between the age groups on whether they felt that active signposting had helped them to be seen earlier. Those aged under 18 were most likely to have said that it did help them to be seen earlier at 50% of respondents of that age, however it should be remembered that there were a low number of respondents of that age which means smaller numbers have a greater impact on the overall percentages. Those aged 18-24 were most likely it had not helped them to be seen earlier with 33% saying that it had not.

Satisfaction with the way people were signposted by their GP practice

When asked how satisfied they were overall with the way that they were signposted by their GP practice 70% of the respondents said that either very satisfied or satisfied and 4% said that they were either dissatisfied or very dissatisfied. The remaining respondents gave a neutral answer.





All age groups were generally satisfied with the overall way that they were signposted but those aged 35-44 years and 45-54 years had slightly lower percentages than the other groups at 64% and 63.2% respectively. This compares to percentages of around 70% and over for the other age groups.

8.7% of those aged 35-44 years old said that they were dissatisfied or very dissatisfied overall with the way that they were signposted with 5.6% of those aged 45-54 also saying that they were dissatisfied or very dissatisfied.

Respondents were asked to comment on the reasons for why they were satisfied or not with the way that they were signposted. For those that were satisfied one of the key reasons for being positive about active signposting related to being seen sooner than might have been the case had they waited to see their doctor. One respondent commented that they were *'satisfied as it means at least I am being seen by someone and receive treatment quickly.'* Another said that they were *'very satisfied because I get to see someone quickly.'*

Some respondents felt that being signposted and seeing an alternative practitioner meant that they would be able to see a doctor more quickly if they needed one than simply waiting to see a doctor at the point of appointment. One respondent said that *'if the practice nurse feels I need to see a GP they will usually arrange for that to happen whilst I am still at the practice'* and another commented that *'I see [the] nurse practitioner because it helps me to get an appointment with the GP.'*

For those that were not satisfied there were repeats of the themes of those they were referred to not having the skills and knowledge to deal with their issues and not wanting to tell the reception staff the reason for needing an appointment.

From some of the comments that were made it was also clear that not all of the respondents understood what was meant by active signposting. There were some comments about signposting only happening *'after seeing the GP'* and one respondent saying that they felt their GP didn't *'want to refer you at times to save money.'* These comments seem to be more of a reflection on referrals being made to secondary care rather than signposting and this suggests some level of misunderstanding of care navigation and active signposting.





Further comments on the process of making an appointment

Finally, respondents were asked for any further comments that they had on the process of making an appointment with their GP practice. Comments were received in relation to a range of perceived issues from the respondents.

Waiting times for appointments with their GP were raised by respondents. One respondent commented that it was *'impossible to get an appointment in less than six weeks for [a] routine appointment'* whilst another commented that *'it's extremely hard to make an appointment with the right GP. I have waited three weeks for an appointment.'*

Other respondents raised issues with telephone systems used by practices with one respondent saying that it had taken *'112 attempts to get through on the phone'* and that a *'queuing system would improve this.'* Another said that *'this morning it took 48 phone calls to the receptionist. At least 10 ended whilst waiting to speak and book an appointment. Very frustrating.'*

Some respondents commented on using online booking systems. One commented that *'online appointments are never the same day and can be several days in front so encouraging you to use online doesn't work'* and another commented that *'when you try to use the online services to book a future doctor/nurse appointment there are never any available.'*

However, some of the respondents felt that there were positive aspects to using online booking with one respondent saying that *'if it's possible we use the internet booking service to ensure we get to see who we need to.'*

A further theme from the comments on making an appointment related to the different systems that are employed by practices to book an appointment. One respondent commented that *'the fact that you can only get appointments "on the day" is ridiculous. For non-urgent matters you should be able to get an appointment within a few days.'* However, another felt that their practice going to a system where they *'don't need to make appointments; just turn up and wait your turn... like the olden days'* was *'excellent.'*

Others commented that *'when you do call and get through early morning all appointments are gone within 15 minutes.'* Another commented that *'I find making an appointment very hard. It usually takes around 35 minutes after the phone lines open at 8am to get through to a receptionist to be told that all appointments are gone.'* They went on to say that the practice *'seem to change the process of making an appointment regularly and it gets frustrating when you need an appointment and they have changed it again and you then can't make an appointment.'*





Conclusions

Respondents to the survey were broadly positive about being signposted when they were requesting an appointment at their GP practice. Those that were positive about being signposted felt that it was useful in being able to be seen sooner and to free up the time of Doctors to see patients with more complex or urgent issues.

For those who were less positive about signposting there were a number of common themes as to why they did not feel it was appropriate for them. Objections to giving the reason for the appointment were linked largely to issues of confidentiality and concerns about the level of knowledge and training that reception staff have in being able to signpost appropriately. The views about reception staff appear to be a major barrier for those who object to signposted and changing perceptions about the professional standards that reception staff have to adhere to and the training that they receive would potentially help to alleviate some of the issues.

Likewise, for those that were signposted to other practitioners there were concerns raised about the skills, knowledge and training that other practitioners have in comparison to a GP. Some respondents gave examples of poor experiences or being told that they did need to see a GP after all and having to make another appointment. Respondents also spoke about continuity and the relationship that they had with their regular GP and this was one of the reasons for their reluctance to be signposted to another practitioner.

Asking respondents for comments on the process of booking a GP appointment brought forth concerns about phone systems, waiting times for appointments and the booking processes used by individual practices.

It was noted by Healthwatch staff, that in relation to people saying that they had never been asked why they needed an appointment or had never been signposted to an alternative practitioner, this was often a theme at a few of the smaller GP Practice perhaps indicating that they did not have alternative practitioners to signpost to.





The CCG would like to thank Healthwatch Staffordshire for their hard work in completing the Care Navigation survey. The CCGs aim in conducting this survey was to gather a better understanding of patients views when it comes to Care Navigation in general practice. It was important that patients felt confident in explaining to receptionist why they required an appointment and that the receptionist was understanding of their needs. We also wanted to know what understanding patients had of the wider roles within general practice such as ANPs and Clinical Pharmacists.

The results of the survey were positive and did show that the majority of patients who were asked the reason for requiring an appointment did not mind being asked, felt confident in the advice given by receptionists and felt that the healthcare professional they were signposted to met their needs.

There is a lot of learning the CCG will take away from the survey which will form part of an action plan, this action plan will help us to build onto the care navigation process. Despite the positive results in the survey the CCG recognise that there is still a lot of work that needs to take place with informing patients of care navigation and the range of health professionals that their surgery might have available appointments to. The CCG will also continue work with GP practices to build further on the implementation of care navigation.

Thank you to all of those who took part in the survey and again thank you to Healthwatch for their hard work in carrying this survey out.

Stafford and Surrounds CCG

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