

# Primary Care Services - Report 1

28 October 2021 -  
29 November 2021



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## Background

Healthwatch Stoke-on-Trent is the independent local champion for health and social care services in Stoke-on-Trent. Part of our role is to understand the experiences of people who are using the services and to give people an opportunity to speak up and have their voices heard.

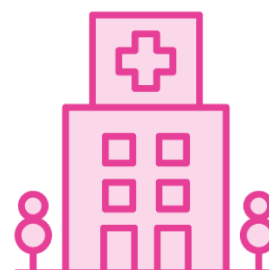
Between April 2021 and August 2021 residents of Stoke-on-Trent shared their three areas of focus; one of these areas was primary care and community services. In light of this, Healthwatch Stoke-on-Trent formed a Primary Care Project to find out if the current range of primary care and community services meet resident needs. Or what could be added to further enhance local provision. Furthermore, the future provision of primary and community care services is being considered, with the aim of offering enhanced services for residents as part of the Integrated Care System Plans. This does not mean that Healthwatch consider the current service offer is lacking in any way. However, Healthwatch does see this as an opportunity to have residents' voice heard and provide influence on the considerations being given to the range of services that could be offered in Stoke-on-Trent.

Between 28 October 2021 and 29 November 2021 Healthwatch Stoke-on-Trent formed a public survey for Stoke-on-Trent residents to have their say on existing primary care and community services. The survey was made up of 10 questions which targeted people who have, and who are, currently using primary care and community services in Stoke-on-Trent. The survey was shared widely across the city through social media, our website, eBulletins, real-time outreach events and engagement with local groups and organisations.

On close of the Primary Care Service Survey part 1, 111 residents of Stoke-on-Trent completed a survey to pinpoint significant areas of primary and community care that residents expect to remain accessible, and in contrast what services could be added to improve local primary and community care provision.

This report details a background, methodology, findings with a summary table in preparation for part 2 of the Primary Care Project.

For reader ease and understanding, the findings are sub sectioned into 5 groups to ensure this report is reflective of the wide ranging feedback; these being traditional services group 1, traditional services group 2, traditional services group 3, additional services group 4 and other needed services group 5.



# Methodology

## Participants

Data sources and inclusion criteria consisted of residents in Stoke-on-Trent who are able to use or may go on to use primary care and community services. Feedback items from residents were required to be based on publicly funded primary care or community services as opposed to exclusively private services.

## Data Collection

A qualitative research design was formed to collect all survey responses through subjective opinions or rating scales. From 28 October 2021 to 29 November 2021 real-time outreach, social media channels press releases, our website, eBulletins and virtual communication were targeted methods used to promote and share the survey to receive a comprehensive return of completed surveys.

## Data Analysis

All 111 survey responses were analysed through interpretive phenomenological analysis (IPA). This was because of the diversity within question styles and subjective output. However, the overriding tool implemented to establish the analysis was grounded through Snap Surveys.

## Survey Overview

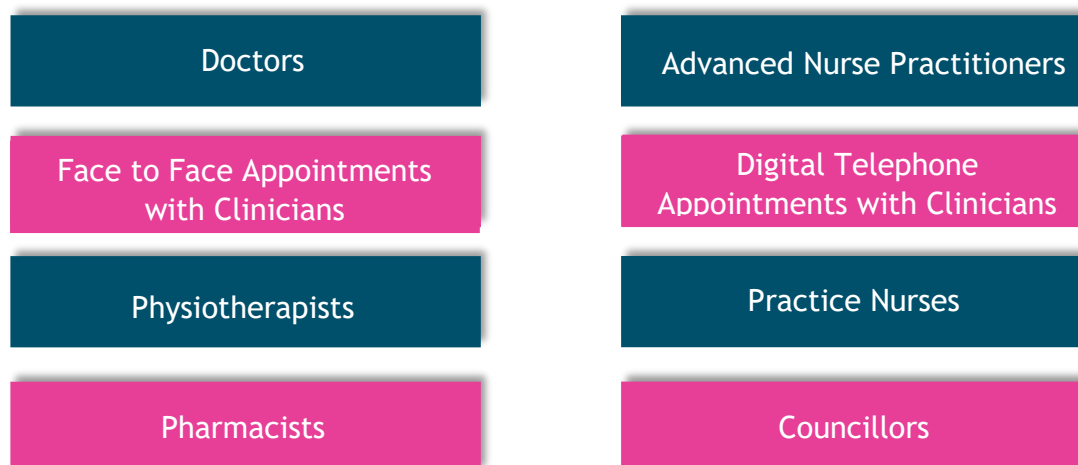
The Primary Care Survey part 1 consisted of 10 core questions. There was a mixture between multiple choice questions and open text for subjective comments and opinions. The structure of the survey is mirrored within the report discussion through a breakdown of groups that each relate to respective survey questions.



## What we found

### Group 1: Traditional Services offered by Primary Care Services

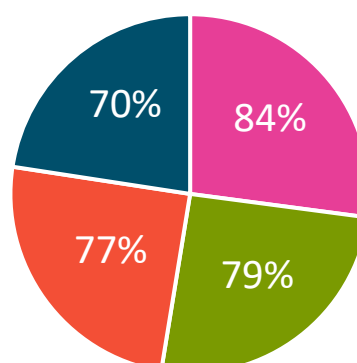
Members of the public were asked to rate how essential the following services are:



Doctors, Pharmacists, Practice Nurses and Face to Face Appointments with Clinicians were the **top 4 themes** of significant importance out of the 8 listed provisions. In interest to assortment of essential grades, Doctors achieved 84%, Pharmacists achieved 79%, Face to Face Appointments with Clinicians achieved 77% and Practice Nurses achieved 70%. Consequently, it is clear that responders mutually agreed that the respective four provisions are essential and should remain accessible, whereas only 2% of responders suggested that these four provisions were not important.

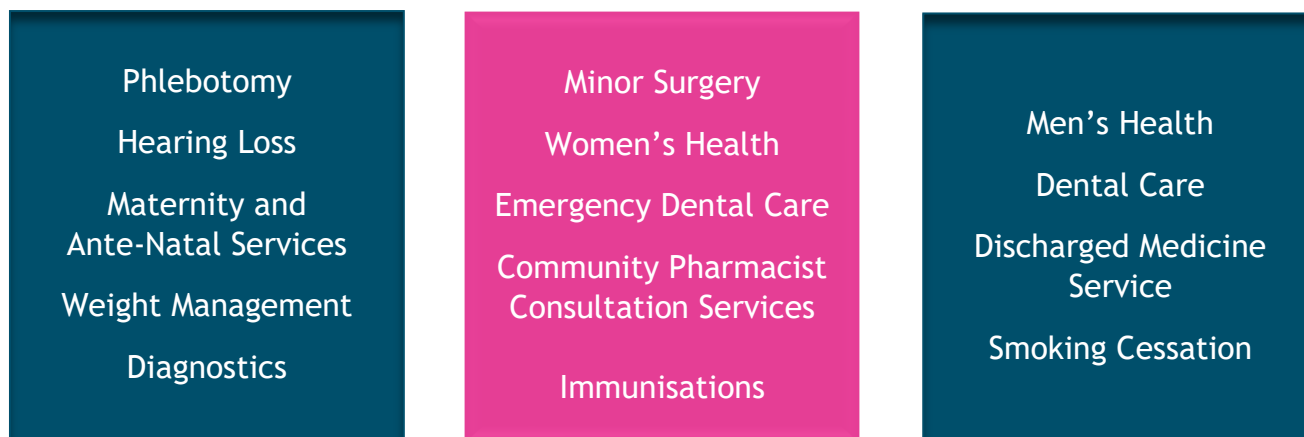
### Essential Primary Care Selections - Group 1

- Doctors
- Pharmacists
- Face to Face Appointments with Clinicians
- Practice Nurses



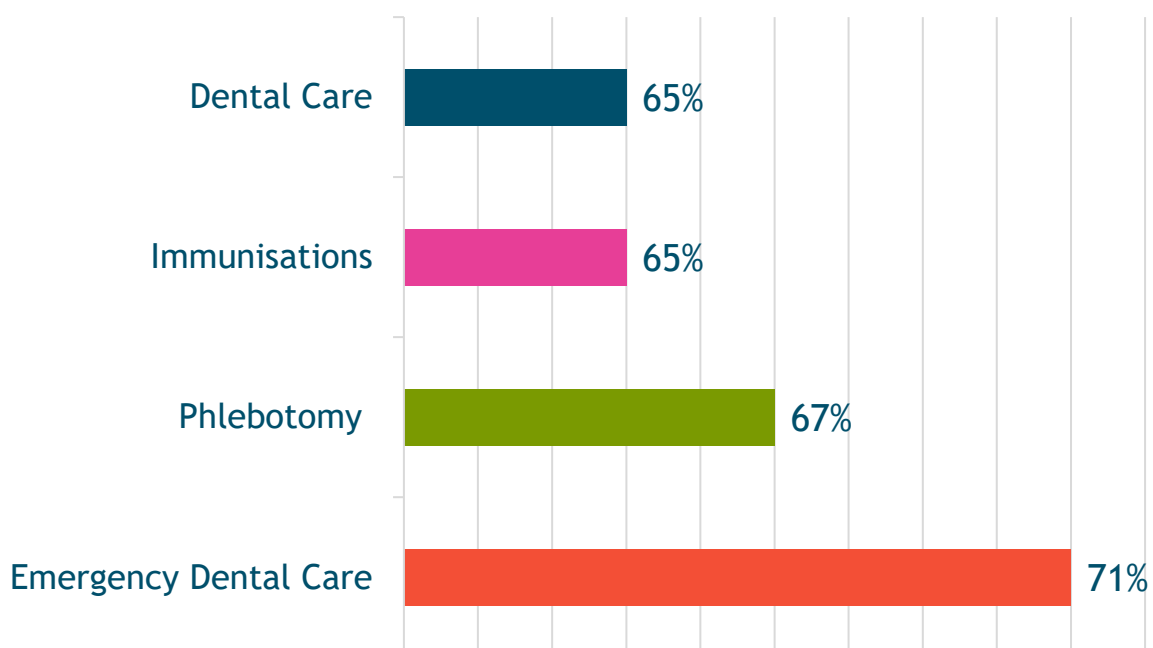
## Group 2: Traditional Services offered by Primary Care Services

Members of the public were asked to rate how essential the following services are:



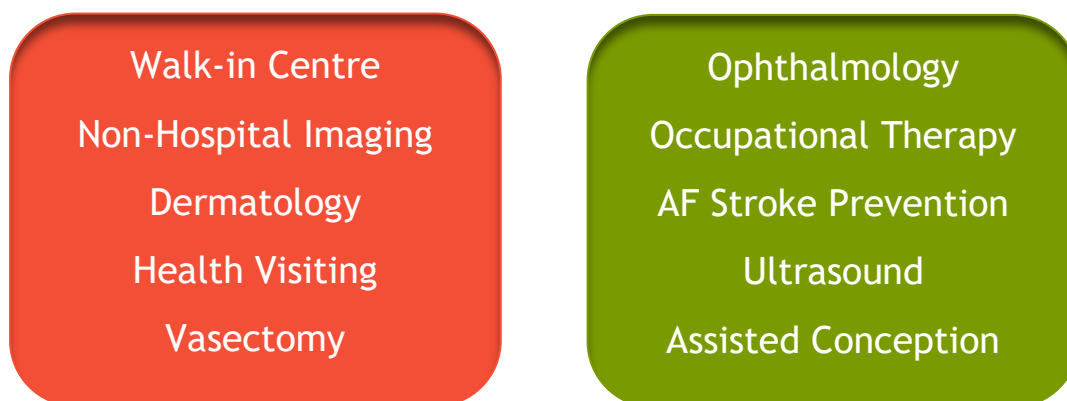
On reflection of the 14 provisions in Group 2, Phlebotomy, Immunisations, Dental Care and Emergency Dental Care **were the four leading themes** of importance to responders. Assortment grades reflected Emergency Dental Care secured 71%. Phlebotomy secured 67%, Immunisations secured 65% and Dental Care secured 65%. In contrast to Group 1, the 14 provisions in Group 2 were split more evenly, nonetheless there was a clear dividing pattern to indicate mutual agreement of the noted 4 themes. Notably, only 1% of responders specified that the 4 themes were not important to their own circumstances.

### Essential Primary Care Selections - Group 2



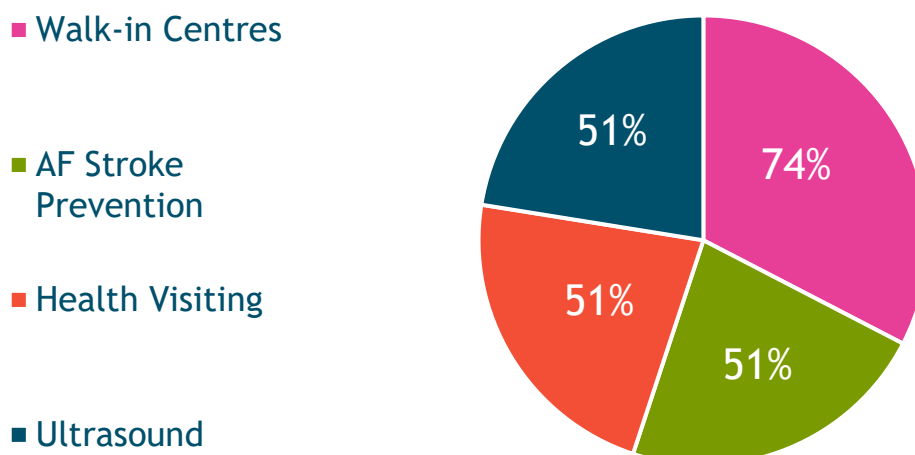
## Group 3: Traditional Services offered by Primary Care Services

Members of the public were asked to rate how essential the following services are:



Insight into the 10 selective primary care provisions in Group 3 emphasised that Walk In Centres, AF Stroke Prevention, Health Visiting and Ultrasounds were **the 4 highest outcomes** and considered to be essential by responders. Walk-in Centres received 74%, AF Stroke Prevention received 51%, Health Visiting 51% and Ultrasound 51%. Furthermore, to highlight variation between essential and less necessary, just 7% of responders deemed these 4 provisions to be non-essential.

### Essential Primary Care Selections - Group 3



## Group 4: Additional Services offered by Primary Care Services

Members of the public were asked to rate how essential the following services are:

Community Psychiatric  
Team

Children and Young  
People Mental Health

Psychiatric Outreach

Talking Therapies

Dementia

Memory Clinic

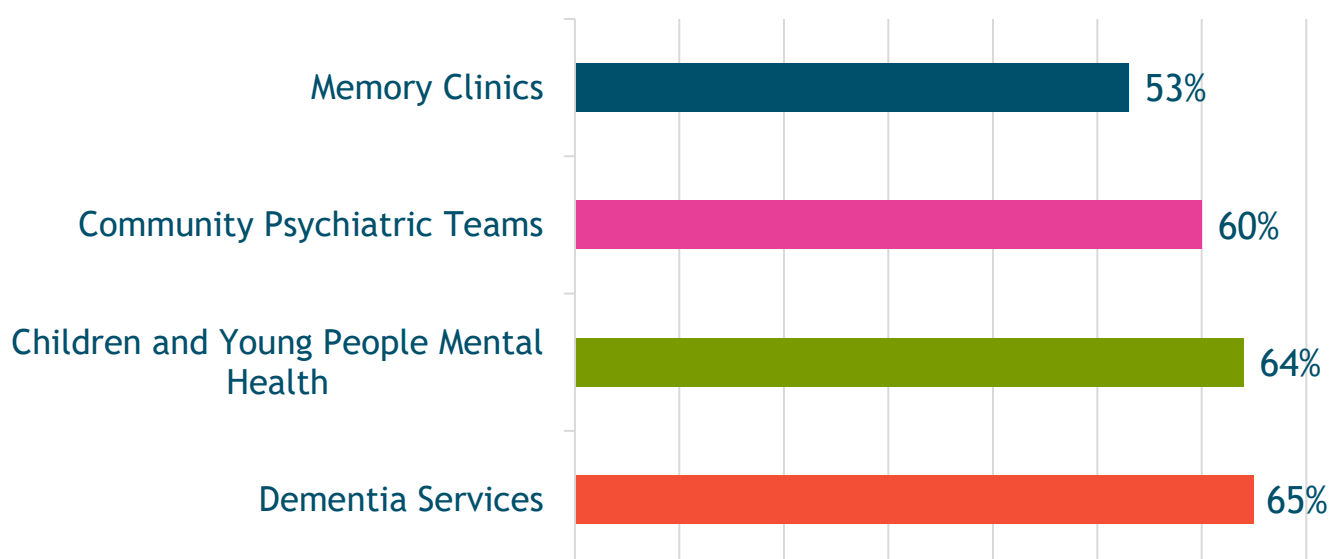
Perinatal Mental health

Autism / Learning  
Difficulties

Homeless Health Service

After a review of the listed additional services offered by Primary Care Services within Group 4, Community Psychiatric Teams, Children and Young People Mental Health, Dementia Services and Memory Clinics were considered the **4 most essential services**. Dementia Services collected 65%, Children and Young People Mental Health collected 64%, Community Psychiatric Teams collected 60% and Memory Clinics collected 53%. Additionally, only 2% of responders disagreed and suggested that these services were not essential.

### Additional Primary Care Selections - Group 4





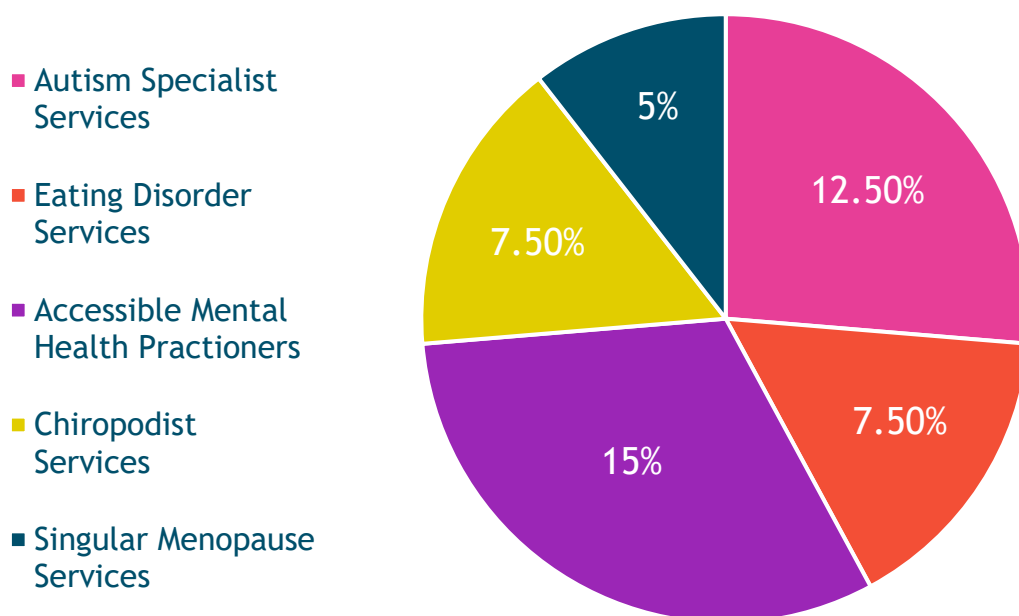
## Group 5: Other Desirable Services offered by Primary Care Services

The Primary Care Survey 1 further asked if there any other services that should be offered as part of an Enhanced Primary care and Community Health Care Service, 40 individual alternative provisions were shared. Whilst responders shared a varied list of desired services, reoccurring themes were as follows:

Autism Services  
 Eating Disorders  
 Mental Health Practitioners  
 Chiropody  
 Menopause clinics  
 Carer Support

Additional Mental Health Practitioners were deemed most needed (15%), closely followed by Autism Specialist Services (12.5%), Chiropodist Services and Eating Disorder Services shared mutual need (7.5%) and Singular Menopause Services were also considered necessary (5%). It should be noted that whilst most of these services can be accessed on the NHS, responders stated these services are often limited and hard to reach without lengthy waiting lists.

### Reoccurring Desirable Services



# Summary of findings: discussion

## GP Surgeries and Pathways for Associated Services

On balance and on reflection of the divided 5 groups, responders shared a range of information on services that are currently essential, and what is desired to enhance the current set of primary care provisions available across Stoke-on-Trent. It is clear that GP surgeries and walk-in centres to engage with doctors are unavoidable areas of demand which ties into many of the responders' needs. As such coinciding connective services that align with GP surgeries and responder area for suggestions to improve the current primary care and community care services are, access to GP appointments on demand and face to face appointments with clinicians or an option to continue telephone consultations, additional weekend services, a reduction of travel. Where doctors may not be available, responders deemed access to general practice nurses as important and should be closely aligned within GP surgeries.

## Development of Additional Primary Care Services

Remaining Primary Care Services that were highly regarded by responders were pharmacists, phlebotomy Centres, Dental Care and Emergency Dental Care. A common theme that tied into each of these provisions was accessibility. Responders urged that being able to access such services are essential and requires further attention to develop further in order to meet appointment demands in a timely fashion. Moreover, a secondary area for development that relates to these services was better communication to reduce unfamiliarity of service changes or accessibility updates for patient appointments or enrolment.

## Growth in Community Care Services

A number of responders indicated that Chiropodist Services should be a service that is publicly available rather than privatisation. Considering this, responders felt that Chiropodist Services can quickly become unaffordable and detrimental to health downfalls. In contrast, while other services such as, immunisations, community psychiatric teams, health visitors, children and young people mental health and general community mental health practioners are publicly available, responders suggested that these services are overworked and do not have meaningful staffing capacity for consistent appointment sustainability, and inevitably results in lengthy waiting lists and knock on effects of the initial condition requiring medical treatment or support.

## Desired Specialist Primary Care Services

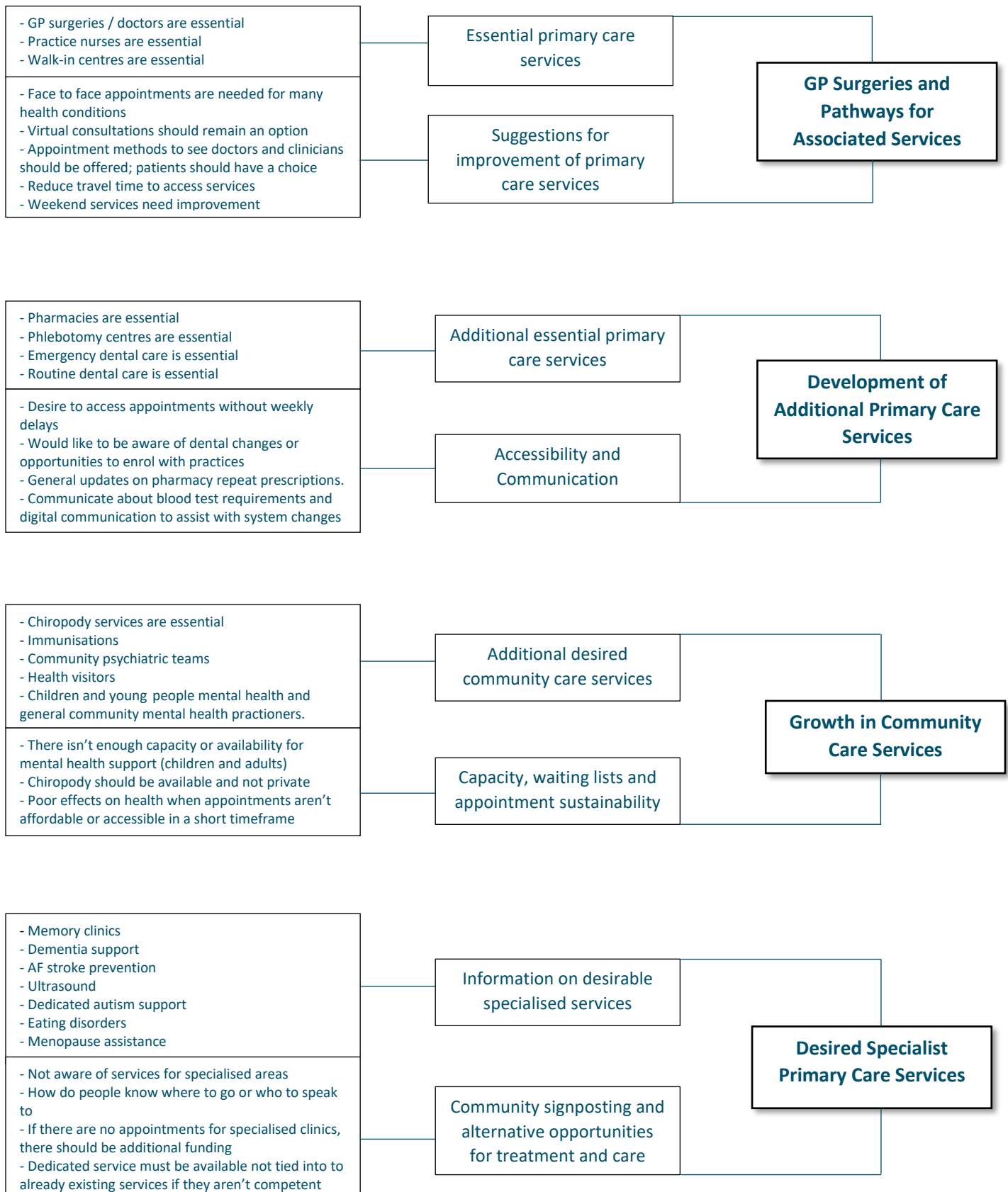
When responders had an opportunity to comment and offer subjective opinions on required services to improve Primary Care Services. There were frequent themes of common interest on a range of specialist services. These services included, memory clinics, dementia support, AF stroke prevention, ultrasound, dedicated autism support, eating disorders and menopause assistance. In relation to these services, responders shared similar concerns associated with a lack of funding, information on 'what is available locally and how to access support'. Therefore, key take away themes for these noted specialist services are to improve community signposting and awareness if and when support is available. However, if there are minimal support clinics or community groups available then responders urged funding to be reconsidered.

## Conclusion

Responders shared a range of essential and additional services that should be available to meet individual needs and conditions within Primary Care and Community Services. This report aims to conclude and spotlight reoccurring themes of interest. The findings summarise leading themes of Primary Care and Community Services from each of the 5 groups that were presented in the public survey. The concluding summary table attempts to further merge common themes from respective areas of Primary Care and Community Services to demonstrate core areas of interest and offers an opening and direction for the Primary Care Services Project 2.



# Summary of findings: table



# About us

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The contract to provide the Healthwatch Stoke-on-Trent service is held by Engaging Communities Solutions C.I.C.

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