

Access to Primary Care Event report

Buile Hill Park Hall, Eccles Old Road, Salford, M6 8GL
13/07/2023
9:00am – 13:00pm

Introduction

As part of the work being undertaken by the Access sub-group of the Salford Provider Collaborative Board, co-chaired by Dr Vannamalar Selvaraasan and Alison Page, Salford CVS hosted an 'Access to Primary Care' World Café Conversation event on Thursday 13th July, at Buile Hill Park Hall.

This event was, in part, a recognition of the pressures on Primary Care staff and the frustrations felt by patients at the present time. This is due to a combination of factors, including the aftermath of the COVID-19 pandemic, and the cost-of-living crisis.

By working together with colleagues from across the health, statutory and the Voluntary, Community and Social Enterprise sector (VCSE), we believe we can co-produce solutions to some of the barriers for patients which are leading to declining health outcomes. The event was designed to be a collaborative, solution-focussed space in which representatives from all parties could work to identify both 'quick wins' and opportunities that can be developed in the medium to long term to relieve the strain on the current system across Salford.

Salford CVS invited leaders from statutory and VCSE partners across the City who are able to influence current or future activities and services that support access to Primary Care, specifically this included: - representatives of the 5 Primary Care Networks, NHS Greater Manchester Integrated Care (Salford), Salford City Council, as well as VCSE providers of activities and services that support the health and wellbeing of Salfordians.

Setting the scene

The event began with Dr. Vannamalar Selvaraasan and Bruce Poole (Salford CVS) presenting the local and National context of access to Primary Care.

This included the media portrayal of GPs, how we define and



visualise access, and the challenges both patients and our colleagues in primary care are facing.

The presentations highlighted research from the [King's Fund](#), and the [Health Foundation](#) within the context of the [Delivery plan for recovering access to primary care](#) and the [GM Primary Care blueprint](#).

World café conversation: Identifying issues

The event was then opened for roundtable discussions with 8 tables that included a mix of both VCSE and Public Sector representatives, allowing for diverse conversations facilitated by the Salford CVS team.

The first part of the discussions asked attendees to discuss “**What are the key enablers to ensuring appropriate and effective access to primary care?**” and identify outputs that could be a quick win (can be done within six months), a short to medium-term solution (12 to 18 months) and a medium/long term solution (up to three years).

The conversations varied across the 8 tables with the key themes including community pharmacies, the broader role of digital access vs. physical access, transportation, communication and behavioural change barriers, and universalised offers across each Primary Care Network.



A sample of the outputs from these discussions are:

Quick wins

Practices change their on-hold message - a consistent message that the patient hears which educates about services offered/practitioners/choice. Option to book digitally self-referral online.

- Co-locating primary care services in public and VCSE spaces (promoting the wider care offer) and linking people into a very local, accessible care offer
- Information campaigns to aid understanding of access points and the pressures that practices are facing

Short to medium-term

- Promoting behavioural change on what the role of the GPs are – Preventing the ‘see your GP’ messaging as it is not always the most appropriate route
- An accurate and up-to-date public directory of services with online or phone advice
- Work with transport planners to ensure that primary care destinations are directly accessible provided for on public transport

Long-term

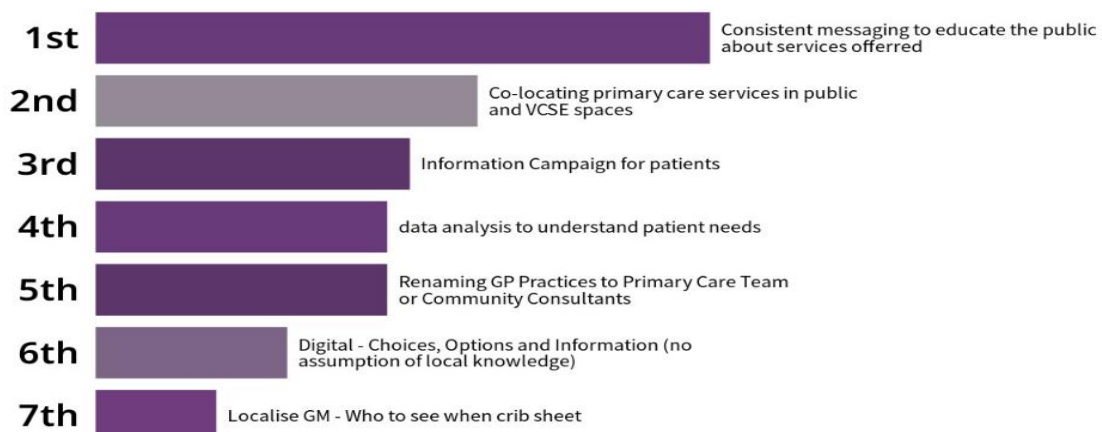
- Streamlined universal offer for all GP surgeries
- All partner collaboration in transforming service delivery to community asset-based
- Audit the patients in terms of their digital ability and accessibility in order to provide a meaningful, self and assisted access to services

Voting for identifying enablers

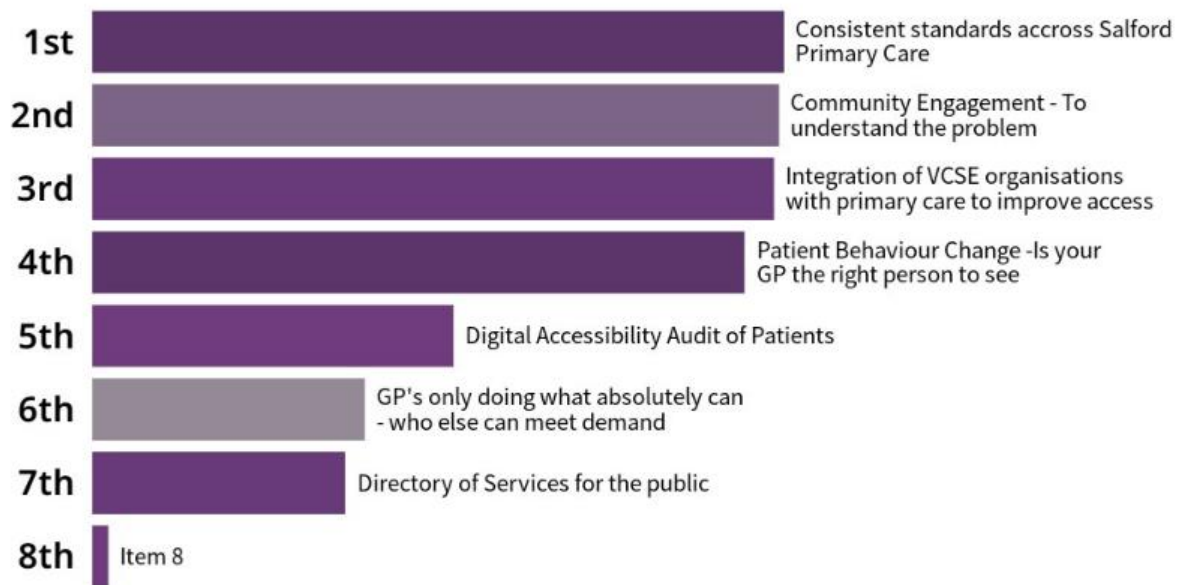
The outputs from the world café conversations were then shared with all attendees for voting on what they considered the most important to focus on finding solutions for.

The results of the voting were divided into quick wins, short to medium-term solutions and long-term solutions.

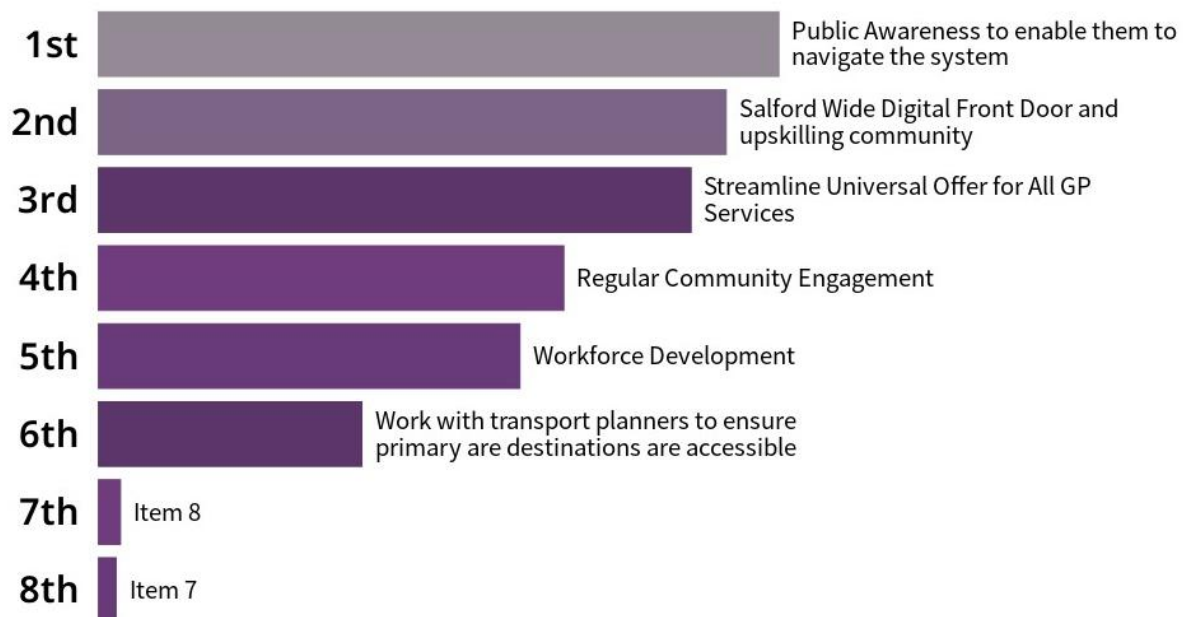
Quick Wins – Please Select Two



Short to Medium Term – Please select Two



Medium to Longer Term – Please select Two



Deep dive solutions

The tables were then tasked to take an in-depth look into the identified enablers.

Each table was given its own enabler and respective timescale and asked how we can work together to improve access to primary care, discussing resolutions through a solution-orientated roadmap.



A commonality across the groups was that any solution to improve access to primary care must be designed *for everyone*.

The group outputs in terms of the variation in unmet need was a stark reminder that primary care is currently not meeting the demands of the population or supporting its staff to deliver care.

Further to this, there was a broad agreement across the groups that communities lack an understanding of the service offer

that is available within our primary care. This is, in turn, exacerbating health inequalities and causing GP time to be spent inappropriately.

However, it was also reported back that our communities can feel like they are being denied the opportunity to see their GP when they believe they *do* need to see one. This is something that will require a substantial amount of work, as to enable patients to see alternative care as more appropriate than a GP, is counter to long-standing messaging regarding primary care.

1. *Quick Wins*

Consistent messaging about services offered

Co-locating primary care services in public and VCSE spaces

How:

- Building relationships between VCSE, Primary Care and local infrastructure organisations through inviting partners to be involved in co-designing services and in partnership meetings
- Mapping and targeting viable locations within the community via a piece of work and approach to engagement
- Understanding the financial viability of co-locating services within community locations insofar as cost-save for the NHS and allocation to VCSE with consideration of social value
- Understanding the depth of need within communities, the Primary Care system, Family Hubs and local authority services

What's involved:

- Public/population health management support in building an evidential case for co-location of services in neighbourhoods
- Ensuring venues are appropriate with CQC development and do not exacerbate health inequalities

- Develop senior champions within PCNs who understand the local infrastructure and community need
- Standardised policy across Primary Care for relocating services within pre-approved locations

Next Steps:

- Find out who needs to be involved
- Mapping services (what is appropriate and can be used)
- Review current spaces within GP practices and within the community
- Review services (what can be done where)
- Mapping community needs and accessibility challenges

2. Short to Medium Term

Community engagement to understand the problem Consistent standards across Salford Primary Care

How:

- Public awareness to enable individuals and communities to navigate the system, empowering them to make decisions as an individual regarding their health and wellbeing
- GM Wide Campaign both within the NHS and for communities to advertise the breadth of service offers
- Target high-frequency users and DNAs to understand barriers to access that could be alleviated through an integrated neighbourhood approach

What's involved:

- A range of engagement activities, aided by Healthwatch in understanding community knowledge of service offers
- A review of the pre-existing self-care material to see if it is accessible, relevant and useful for patients
- Assessing the impact of community services to build an evidence base for further rollout in conjunction with neighbourhood teams
- Exploring creative ideas for advertising these services within the community, with in-built impact assessment

Next Steps:

- Mapping of current offer i.e., what is here already or coming soon
- Identify how to make it accessible - what are preferred methods of communication to our communities and how would they like services to be designed?
- Identify success and impact measures
- Task-and-finish group for mapping and understanding local offer and need

3. *Medium to Long Term*

Salford-Wide Digital Front-Door & Upskilling the Community Public Awareness to enable them to navigate the system

How:

- One standardised system which is simple to use and has a wide breadth of services for patients
- Focus groups, community centres, supermarkets, pharmacists
- Going out into communities and speaking to people about what would suit them
- Healthwatch, charities, health fairs, schools, social services

What's Involved:

- Community collaborative education (1:1 teaching etc)
- Different sector contributions
- VCSE, Education Board, School Nurses, Pharmacies, Day Centres, Councils
- Support from Community Group leaders in making language accessible
- Resource time to be allocated (content development)
- Consultation / co-production and testing with communities
- Public awareness raising
- Identification of who is digitally excluded (solution upskilling, access to kit/connections)
- Advertising non-digital option

Next Steps:

- Mapping pre-existing offer in conjunction with colleagues from health and social care, and understand what the current planning development is
- Engagement with our communities to feed into consultations regarding digital inclusivity and development
- Include suggestions within task-and-finish group recommendations to GM Primary Care

Pledges and Next Steps

The attendees were asked to make pledges in support of improving access to primary care, e.g., through developing partnership working and relationships between organisations so we can work more effectively.

Name:

Organisation:

Email Address:

I pledge to... 

.....

.....

.....

.....

With who? 

By (date)... 

Follow-up communication and support to mobilise these pledges will be done by Salford CVS, with progress monitored 6 months post-event.

Pledges will also help us understand the broader health network, insofar as how we can support and enable the VCSE to alleviate pressure and improve access to Primary Care.

A sample of the pledges:

Organisation	Pledge	With Whom
Salford Age UK	Raise awareness and spread knowledge on what "primary care" is with our clients. Work with all our teams to empower them to give the correct signposting and advice	Primary Care Leads in Salford
Empower You	Support the development of the primary care access standards. Start the conversation as part of new co-production group at Salford Adult services	Salford Adult Services
Six Degrees	Increase face to face offer of Six Degrees and roll out self-referral mechanism. Link with community leaders' development programme	Jordan Moore
Lower Broughton Healthcare/The Energise	Discuss content of today's event with all the practice team. Dedicate a practice meeting to looking at practice improvements around access	Internal practice team

Please see attached spreadsheet for all pledges made.



Access to Primary
Care Pledges .xlsx

In addition to pledges, attendees were encouraged to participate in a sub-group to develop the solutions discussed during the deep dive.

The purpose and direction of this sub-group will be discussed and developed at the upcoming VOCAL Wellbeing, Health and Social Care forum.

The forum will focus on the outputs of this event, and how the sector can contribute and support improving access to primary care.