

Enc C1

Item 119/17

Improving access for all: reducing inequalities in access to general practice services

Background

Primary care services are required by the whole population; not everyone is registered with a GP and the needs of under-represented and 'seldom heard' groups need particular consideration in respect of primary care.

The General Practice Patient Survey suggested that some groups of patients are experiencing barriers in accessing primary care services and the National Audit Office has proposed that new initiatives should work towards reducing these inequalities as well as improving access overall.

Under the Health and Social Care Act 2012, CCGs must, in the exercise of their functions, have regard to the need to reduce inequalities between patients with respect to their ability to access health services, and reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

For General Practice Providers

General practice providers need to identify and address barriers and allow improved access to the full range of general practice services, including reducing barriers to patients becoming registered and for those currently registered to engage with high quality general practice services providing safe effective and appropriate care provided by a wider range of health professionals.

Reaching vulnerable groups will improve outcomes for the local population and help practices achieve clinical targets.

Care Quality Commission (CQC) registration requires compliance with Regulations 9 and 10: having due regard for people with protected characteristics and person centred care.

For General Practice Commissioners

In line with the NHS Operational Planning and Contracting Guidance 2017-19, CCGs are setting out plans for delivering full extended access by March 2019. Bexley CCG are already delivering extended access requirements set out in the planning guidance, but still to work at addressing inequalities in access where they exist.

There are currently significant inequalities in different groups' experience of access. Whilst making changes designed to improve access, CCGs will need to ensure that new initiatives work to reduce inequalities as well as improve access for all.

Understanding your local population

Patient and public participation is an essential component of commissioning, and should be considered at all stages of the commissioning cycle (planning, buying and monitoring health and care services).

NHS England has supported The National Association for Patient Participation (N.A.P.P.) to produce '[Building better participation](#)' a resource to support PPGs –whether long-standing or recently formed, large or very small, a single practice or as part of a federation of practices –to reflect on what they do.

This is a useful tool for GP practices and CCGs seeking to support effective PPGs.

Local Information is also of value in understanding your population, such as the sources below:

- Right Care Commissioning for Value packs
- NHS Choices website,
- Healthwatch, local authorities,
- Care Quality Commission (CQC)
- Feedback websites such as Patient Opinion. inspection reports, charities
- Complaints
- NHS Friends and Family Test,
- CCG Improvement assessment framework
- Social media
- Local patient feedback via your Patient Participation Group (PPG)
- Joint Strategic Needs Assessments (JSNAs)
- Patient Lists
- NHS England website (Commissioning Primary Care).

General Practice Outcomes Standards and General Practice High Level Indicators are available through the [Primary Care web tool](#). Practices can monitor the demographics of their patient lists to inform service provision.

Patient Pathway

A patient's ability to navigate the health system can affect their decision to seek help.

It's important to consider:

- how people recognise they need a service
- awareness of the services on offer and how to access them (including - physical accessibility and transport)
- the ease of using the services (i.e. is it a drop in service?)
- the ability to self-present, and communicate 'need'
- Patients may find it difficult to understand that general practice refers into other services and ensures patients receive the right care at the right time.

- Some patients may have a limited understanding of which services are available and referrals to specialist services
- People who do not have English as a first language and may require information in appropriate formats

Digital inclusion

People with a disability are three times more likely to have never used the internet. In 2014, four million people with a disability had never been online.

Trust and safety concerns

NHS Choices has been consistently referred to as a trustworthy source of information because of the NHS 'brand', but most people treat other online health tools with caution because they are unsure of the source.

Information overload

There is a lot of useful information on the NHS Choices website and it works well for alleviating short-term stress about some symptoms. However, it can be difficult for people to understand the terminology and acronyms used. This can lead to confusion and, in some cases, counteracts the positive effect of digital health resources on relieving the burden on health services as learners seek clarification in person or over the telephone.

The value of personal testimony

People are receptive to and trusting of information provided by others with shared experiences, for example through online forums for people with a particular condition. These forums can provide support in addition to that provided by health professionals and friends/family.

Basic digital skills and wider wellbeing

The right equipment, internet access and basic digital skills training allows people to access condition specific health resources online. It also enables them to engage with services more effectively.

CHANGE, an Innovation Pathfinder in the Widening Digital Participation programme, works to empower people with learning disabilities. As part of their programme of activities, they evaluated the NHS Choices and Learn My Way platforms for accessibility, and conducted focus group discussions and surveys. A number of other funded UK online centres also provided feedback.

Text on the Learn My Way and NHS Choices websites was found to be inaccessible. Certain health and course-related words were not understood, such as modules, reload, highlight, condition and treatment.

Health information online does not reflect the issues affecting people with learning disabilities and is not presented in a way which is accessible. Playing games and interacting with people were highlighted as important things from an accessibility point of view. Many do not use online resources purely to access information.

Home access to computers, laptops and the internet is not common amongst people with learning disabilities and this results in low levels of confidence, awareness and engagement in relation to using online health resources.

Social media is an effective channel for communicating and engaging with people with learning disabilities, particularly if this included content around how to access and use health resources.

Access to general practice

GP Registration

The NHS England Patient Registration Standard Operating Principles for Primary Medical Care (General Practice) states that a lack of identification documents should not be a barrier. However vulnerable migrants and those who are homeless are occasionally still being refused registration in general practice.

Access to Interpreters

Not being able to match a patient's first or preferred language can impact on patient experience and health outcomes, the frequency of missed appointments and the effectiveness of consultations.

There is currently widespread variation in the quality of interpretation services and how patients can book an interpreter. The use of an inadequately trained (or no) interpreter poses risks for both the patient and healthcare provider.

Waiting room experience

The waiting room environment itself is important to ensure a patient feels comfortable and at ease. Having a range of posters which reflect the diversity of your local population, show a clear non-discrimination policy that includes sexual orientation, along with any policies about confidentiality can also assist.

Premises, transport and patient information

There are a range of physical barriers to access such as unsuitable signage, to information about and timing of appointments and knowledge of treatment choices. People with learning disabilities may need careful preparation for appointments and need to be familiar with places and procedures.

General practice interaction and experience

The quality of the general practice interaction depends a range of factors which include empathy, capacity and quality of communication within the practice. Some patients need longer appointments such as those with learning disabilities, or those who need communication support/interpreter access. Most important is the ability of all general practice staff to recognise and respond to diversity and promote equality.

Equality Impact Assessment

**Equality Impact Assessment – Improving access for all: reducing inequalities
in access to general practice services**

Does the scheme affect one of the following groups more or less favourably than another?	If yes, explain impact and any valid legal and/or justifiable exception
Age Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.	Yes, the programme of work will look to reduce inequalities of access for targeted patient groups, this may highlight young or elderly patients who may require additional support to access and understand Primary Care services available to them.
Disability Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.	Yes, the programme of work will look to reduce inequalities of access for targeted patient groups, this may include patients with disabilities who may require additional support to access and understand Primary Care services available to them.
Sex Consider and detail (including the source of any evidence) on men and women (potential to link to carers below)	Yes, the programme of work will look to reduce inequalities of access for targeted patient groups, this may include patients of a particular gender who may require additional support to access and understand Primary Care services available to them.
Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.	Yes, the programme of work will look to reduce inequalities of access for targeted patient groups, this may include patients who have undergone gender reassignment (including transgender) who may require additional support to access and understand Primary Care services available to them.
Marriage and civil partnership Consider and detail (including the source of any evidence) on people with different partnerships.	No
Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.	Yes, the programme of work will look to reduce inequalities of access for targeted patient groups, this may include patients who are pregnant or have children who may require additional support to access and understand Primary Care services available to them.
Race Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.	Yes, the programme of work will look to reduce inequalities of access for targeted patient groups, this may include patients from particular ethnic groups or backgrounds who may require additional support to access and understand Primary Care services available to

	them.
Religion or belief <i>Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</i>	Yes, the programme of work will look to reduce inequalities of access for targeted patient groups, this may include patients from particular religions or beliefs who may require additional support to access and understand Primary Care services available to them.
Sexual orientation <i>Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</i>	Yes, the programme of work will look to reduce inequalities of access for targeted patient groups, this may include patients with specific sexual orientation who may require additional support to access and understand Primary Care services available to them.
Carers <i>Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.</i>	Yes, the programme of work will look to reduce inequalities of access for targeted patient groups, this may include patient's carers who may require additional support to access and understand Primary Care services available to them.
Other identified groups <i>Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.</i>	Yes, the programme of work will look to reduce inequalities of access for targeted patient groups, this may include patients from particular groups who may require additional support to access and understand Primary Care services available to them.
Is the impact of the scheme likely to be negative? If so, can this be avoided? Can we reduce the impact by taking different action?	No, the programme of work will look to reduce inequalities of access patients who may require additional support to access and understand Primary Care services available to them.

High Level Plan

Tasks	Start	End
Improving access for all: reducing inequalities in access to general practice services		
Complete an Equality Impact Assessment	Nov-17	Dec-17
Develop a guide for practice on how to identify and address barriers and allow improved access to the full range of general practice services, including reducing barriers to patients becoming registered	Jan-17	Mar-17

Work with Communications team to ensure that we consider the needs of all patient groups in our methods of communication	Jan-17	Mar-17
Work with communications teams to review existing communications provision and identify gaps	Jan-17	Mar-17
Review and support the implementation of The National Association for Patient Participation (N.A.P.P.) to produce 'Building better participation' a resource to support PPGs	Jan-18	Dec-18
Review outlets of feedback and produce a summary report for each practice to aid further understanding of population issues	Jan-18	Dec-18
Work closely with PPG's to review their functions and support them as necessary to ensure they are effective in their role throughout 2018.	Jan-18	Dec-18