

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

A resource for general practice providers and commissioners



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# Introduction

**NHS England's mandate includes:**

**A goal of improving local and national health outcomes particularly addressing poor outcomes and inequalities to be achieved by 2020 and monitored as part of the Clinical Commissioning Group's assessment framework.**

**The General Practice Forward View published on 21 April 2016 developed by NHS England, Health Education England and the Royal College of General Practice commits to strengthen general practice in the short term and support sustainable transformation of general practice in the future.**

**Strengthening and transforming general practice will play a crucial role in delivery of Sustainability and Transformation Plans (STPs).**

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.

The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. These are the "protected characteristics".

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.

“ People are experiencing poorer outcomes from poorer access to services which in turn could have an adverse impact on their life expectancy.”



**The Marmot report referenced by the National Institute for Health and Care Excellence (NICE) suggests that in England the cost of treating illness and disease arising from health inequalities, has been estimated at £5.5bn.**

# Introduction

## For providers and commissioners of general practice services



**If you are a provider or commissioner of general practice services this document is designed to support you in understanding whether any groups within your local community are experiencing barriers in accessing those services and provide resources to help you address those barriers as improvements in access to general practice services are rolled out.**

### The document will :



guide you in assessing local issues



support you to complete local equality analyses



review a journey through a patient pathway to demonstrate how barriers arise at different points



share case studies including wave one General Practice Access Fund (GPAF) to demonstrate good practice



and provide plenty of top tips and useful reference sources.

### For General Practice Providers

This resource will help general practice providers 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 your local population and help you achieve **clinical targets**, for example **Quality Outcome Framework or locally agreed outcomes**.

**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. Some areas are already delivering the requirements set out in the planning guidance which include addressing inequalities in access where they exist. This resource will help CCGs better understand how to meet the needs of local population as part delivering improved access.

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



# Understanding your local population

This section of the resource will help providers and commissioners of general practice services understand the challenges faced by your local population. It provides tips on participation and identifies useful sources of local information.

## Why patient and public involvement

Where to look for your  
local information



## What is good access?



One size doesn't fit all

## Why patient and public involvement?

The **patient pathway section** identifies individuals and groups sharing one or more protected characteristics who do not currently experience easy access to general practice services, and subsequently do not experience the same health outcomes as the rest of the population. This may include those insecurely housed, Gypsy, Traveller, and Roma groups, refugees, asylum-seekers, migrants, sex workers and faith groups. Additionally, people with mental health problems, learning disabilities, low health literacy, and drug and alcohol problems may be similarly challenged. Those not registered with practices may also be subsequently 'invisible' in the primary care system.

Commissioners of general practice services should also understand the perspectives of children and young people, carers, and patients and service users with disabilities and long-term conditions. Due to the diversity of those who may share one or more protected characteristics (for example, young asian men), it is crucial that commissioners of general practice acknowledge that 'one size doesn't fit all'.

Many CCGs have patient reference groups and support locality networks of patient participation groups (PPGs) as a way to involve local people in commissioning.

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).

From April 2017, over 97% of CCGs will have fully delegated authority and be commissioners of general practice services.



## Top Tips for Participation

## Resource

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.**

# Where to look for your local information

## Helpful guide

### Local information resources include:

- > 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. See [www.primarycare.nhs.uk](http://www.primarycare.nhs.uk) for more detail.

Results from the General Practice Patient Survey (GPPS) can be viewed and sorted into Clinical Commissioning Groups (CCGs), practices, participant groups, survey questions or by trends.

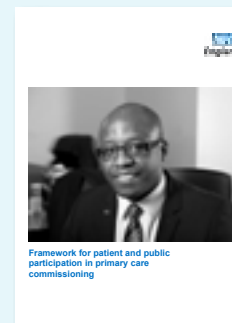
- > Note that people not registered in general practice services are not included in survey feedback
- > There are groups such as people with disabilities or those who cannot speak English for whom these feedback channels are less accessible
- > There are strong arguments in favour of going beyond existing insight sources such as holding focus groups discussions or using targeted qualitative methods (specialist surveys).

### 'Choosing and Buying Services Together'

This guide gives step by step guidance on how to involve the public in planning, designing, buying and monitoring services, and advice on how to work with Healthwatch and voluntary sector organisations (inc. faith groups). It also includes examples of engagement tools that can be easily implemented in any community.



## NHS England Framework for Patient and Public Participation in Primary Care Commissioning



This **framework** is a guide for primary care commissioners - and anyone who is interested, including patients, the public, the voluntary sector, providers of health and social care services – on how to involve patients and the public in the commissioning of primary care services.

CCGs are likely to use many of the same approaches, networks and insight sources outlined in this framework. NHS England and others, such as local Healthwatch, may refer to it when working with CCGs on public involvement in primary care commissioning.

- 1 Identification of health problem
- 2 Decision to seek help
- 3 Actively seek help
- 4 Obtain appointment
- 5 Get to appointment
- 6 General Practice interaction

## Patient pathway approach

This section uses a six-stage patient pathway developed by **Ford, JA et al (2015)** to illustrate key factors influencing a patient's ability to access general practice (GP) services in England. The pathway offers a helpful framework to explore personal, community and healthcare barriers that may limit access to GP services and how patient experience may differ depending on an individual's characteristics (including protected characteristics), circumstances, and the capacity of local GP services to respond.

### WELLBEING AND EMPOWERMENT

#### Staying healthy



#### Self-care



#### Community pharmacy



#### Care & support



### TOP TIP:

The patient pathway can help you identify barriers along a patient's journey and target local action to improve patient experience

As well as the pathway to accessing general practice services there are other pathways including self care and community pharmacy.



**Glossary Protected characteristics**  
**Inclusion Health groups**

This list of factors to consider when seeking to improve access, gives direction and an overview to help you as general practice service providers and commissioners. It will help to identify and transform barriers that affect your local population's ability to easily access GP services (registered and non-registered patients). Where relevant there are illustrated examples of health inequalities.

#### How to navigate the pathway:

- > You can navigate across the six stages
- > The factors are listed on the left hand side (noting that factors may be relevant to more than one part of the pathway – links will be provided)
- > Each page will include a description of the factor, an indication of how they relate to those who share one or more protected characteristics, along with tips and resources
- > This section should be read in conjunction with 'improving access to general practice'.

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## Health literacy

Problematic  
experience causing  
health issue**TOP TIP** use the  
navigation  
above to find  
out more

# 1. Identification of health problem

**The first step on the pathway is identification of a problem.** Poor health literacy can be a barrier across the whole pathway however literacy level/education status, low social interaction and/or denial can prevent people from recognising a health problem.

Health beliefs - whether cultural, religious or other - can lead to an inability to recognise an issue for example mental ill health or people may explain the problem as a spiritual rather than a health issue.

An individual's social network – support from **friends and family**; and whether or not someone has had a problematic experience with a health issue, can play a key role.

**Case study** 

## 50 Practice Health Champions working alongside the practice team

*Patients at the practice are invited to be trained as volunteer Health Champions. These engage with other patients, understand needs and organise activities. They run 19 different groups for patients, and support service delivery within the practice.*

Practice Health Champions, Robin Lane Medical Centre,  
Leeds - Practice based navigators

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## Health literacy

Problematic experience causing health issue

**"43% of working age adults do not understand health information in the format that the NHS provides it. This rises to 61% when an element of numeracy is involved."**

## Health literacy

Health literacy is defined as "The personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health." World Health Organisation (WHO), 2015.

Health literacy defines a person's ability to identify health problems and to know where and when to seek support. They need the skills and confidence to discuss their illness and treatment with doctors or nurses, asking about options or questioning why a treatment might be right for them. Health literacy also affects how people evaluate experiences and connect with initiatives that seek to address health inequalities.



This summary aimed at commissioners and providers of health services will explain what health literacy is, how it contributes to health inequalities and provides examples of strategies to address issues.

Health literacy and adult literacy and education levels are entwined. Despite there being significant regional variation low functional health literacy is a problem for everyone; even in the least deprived areas there is still a significant proportion of the population who cannot understand health materials.



## TOP TIP

This video includes some useful tips on dealing with health literacy issues



**This NHS England Asylum Health National pilot** based in Greater Manchester supports people seeking asylum in accessing and navigating the health care system.



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## Health literacy

**Problematic  
experience causing  
health issue****Problematic experience causing health issue**

Some groups are more at risk of developing a health and wellbeing problem due to an experience such as drug and alcohol addiction, gang or serious youth violence, harmful sexual practices, domestic violence or harmful cultural / religious practices such as **female genital mutilation** and **modern day slavery**. For these groups it can be difficult to identify health issues which require intervention or to make a decision to seek help.

Homelessness, poverty, drug abuse and violent victimisation faced by female sex workers create needs for health and social services, but also barriers to accessing services.

**It is estimated that  
there are about  
80,000 sex workers  
in the UK (with up  
to 20,000 of them  
migrants).**

**TOP TIP**   
Here are some  
helpful guides to  
raise awareness in  
your CCG or practice

**VIDEO for all NHS staff on  
Modern day slavery****Pocket guide  
on FGM – all  
staff****London Assembly  
briefing on Serious  
Youth Violence**

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### Health beliefs

### Understanding the health system

### Support networks

## 2. Decision to seek help

When a problem has been identified a patient will decide if they should seek help. This decision can be affected by factors such as 'candidacy' which includes a patient's understanding of the local health system, the effort required to attend an appointment, what the possible consequences will be, if the service will meet their need and if they can continue to manage independently without needing to seek healthcare. Health beliefs - whether they are cultural, religious or informed by other beliefs – can also play a crucial role in deterring an individual from seeking help.

Personal factors such as literacy and educational status, expectations of aging, stoicism and self-esteem; resources available (such as finances, support from friends and family, transport) carer responsibilities; perceptions of health services (such as perceived limited resources in healthcare) and historic experience of healthcare, all play a role in supporting or hindering an individual's decision to seek help.

New migrants, refugees and asylum seekers may struggle, especially if they feel uncertain about their entitlements, perceive a lack of need for healthcare or hold any fears about an overlap between health and immigration services. See GP Registration.

**"One patient with arthritis came in to hospital unable to move due to swollen joints. It turned out that her appointment four months ago had been cancelled but she hadn't known how to get help, and so had simply lived with her deteriorating symptoms."**

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## Health beliefs

Understanding the  
health system

Support networks

## Health beliefs

Compliance with medical treatment can be affected by health beliefs of an individual or a group. In addition, the ways in which ill health is defined can negatively influence help-seeking behaviour.

Health behaviour is any activity undertaken, or not undertaken, by a person for the purposes of preventing disease or detecting it at a symptomatic stage.

All cultural groups hold concepts related to health and illness. Although people might share the same ethnicity an individual's socioeconomic, educational, geographic, religious among other factors will shape cultural beliefs.

### Health beliefs of different cultural groups to consider-

- > defining health and illness
- > disease causation
- > preventative measures and cultural treatments
- > view of health and social care practitioner.

(see stage 6 of the patient pathway approach)

A **resource** for all NHS staff working with Black, Asian and Minority Ethnic and Refugee (BAMER) communities in any health and social care setting. It includes examples of cultural profiles (based on demographics of people in London City and LB Hackney) for the following ethnic / cultural groups:

- > Bangladeshi
- > English Romany Gypsies, Irish Travellers and Roma
- > Ghanaian and Nigerian
- > Pakistani
- > Polish
- > Somali
- > Turkish speaking community
- > Vietnamese.

### TOP TIP

These are a useful starting point towards creating local cultural profiles

## 53 million

The overall population of England is 53 million. 59% identify their religion as Christian. 5% identify as Muslim. 25% have no religion. (ONS)

## 38%

Nearly four in ten Muslims report their ethnicity as Pakistani.

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## Health beliefs

Understanding the  
health system

## Support networks

**Understanding the health system**

A patients ability to navigate the health system and candidacy can affect their decision to seek help.

Candidacy can be considered as :

- > **Identification** – how people recognise they need a service
- > **Navigation** – awareness of the services on offer and how to access them (including - physical accessibility and transport – **(see stage 5 of the patient pathway approach)**)
- > **Permeability** – the ease of using the services (i.e. is it a drop in service?)
- > **Presentation** – the ability to self-present, and communicate 'need'
- > **Professional perceptions** – lack of knowledge about requirements when registering patients. For example, those who are homeless or new migrants / asylum seekers.

**TOP TIP**

Patients do not need to be resident and if they cannot produce documents they should still be registered. See **Standard Operating Principles**

**Health information in other  
languages**

Migrants (especially asylum seekers) 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 ( for example Roma) 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
- > Due to lack of knowledge of general practice services, ex-offenders on release from prison are part of the large proportion of people using the NHS's urgent healthcare services.

**TOP TIP**

NHS Choices provides health information resources in other languages

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## Health beliefs

Understanding the  
health system**Support networks****Support networks (Family, Community and Social)**

An individual's support network has a role to play in identifying a health problem and whether they actively seek healthcare support.

People draw upon what is termed a 'lay referral' system which includes family, friends and the local community.

- > Going outside of the family unit for health support is a relatively new thing for many communities including Gypsy, Traveller, and Roma
- > Many older people require help from another person to access services
- > Homeless people, and carers from refugee or new migrant communities are likely to have difficulty understanding health and social care systems and also may lack social networks.

**Healthcare and people who are homeless:  
Commissioning Guidance for London**

Nationally, commissioners may wish to use these commitments as guiding principles in their work to improve services.

This **guidance** outlines 10 commitments for improving health outcomes for homeless people in London, including ensuring services offer extra support to assist people experiencing homelessness to navigate the healthcare system e.g. registering with a GP, hospital attendance, community follow-up and completing courses of treatment.

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community  
empowerment

Digital inclusion

Experience of  
discrimination and  
social exclusion

## 3. Actively seek help

If a problem requires healthcare, the next step is to actively seek help.

People are more likely to seek help from general practice services if they feel a sense of belonging to the practice with which they are registered, believe it will be of some help and are empowered to seek it out. Health literacy, previous experiences with healthcare, personal resources such as confidence and access to adequate transport can influence an individual's decision to seek help.

Some groups like recently arrived migrants will be encountering general practice services for the first time and do not have an established community base to support them. Their experiences and expectations of healthcare are likely to differ from established ethnic minority patients who are familiar with general practice services and more likely to be confident in speaking English. Established migrants may have access to a practice where their first language is spoken or where they can consult with a doctor from a similar ethnic background.

### TOP TIP

Practices can register patients who live outside their practice boundary area. **Click here** for more information



## “ Nearly twice as many men as women visit their GP less than once a year.”

Women are much more likely to use health services routinely. Consequently, when they are ill, they are more likely to know how to access services and feel more comfortable with a healthcare professional.

Studies have also shown that common barriers to health care are exacerbated for many disabled people, not just in relation to their impairment or long-term health condition, but because of reduced access to services and generally higher levels of social deprivation. This is particularly the case for those with visual, hearing and mobility impairments.

**NHS England Accessible  
information standard  
Implementation Guide**

### TOP TIP

Requirements around information for people with a disability, impairment or sensory loss



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Empowerment is about individuals gaining a sense of control over their lives and health through development of personal skills, self-confidence and coping mechanisms.

Community empowerment is about people working collectively to shape the decisions that influence their lives and health.

This project ' **Working with communities – empowerment, evidence and learning** ' completed in 2014 sets out a framework for working with communities. It includes:

- > the rationale for working with communities
- > how community life is a major determinant of health and key concepts
- > the family of community-centred approaches
- > an overview of the evidence base, outcomes and economic issues
- > conclusions and implications for local leaders and commissioners.

**TOP TIP** 

Public Health England Framework can help you tailor your improved access initiatives to your local population

**Realising the Value Programme** aims to enable people to take an active role in their own health and care to develop a new relationship with people and communities.



**“Empowered patients aren’t a nice thing to have, they’re fundamental to the survival of the NHS”**

Healthwatch England found that many young adults conveyed a lack of confidence about accessing services, feeling that GPs did not listen fully or always believe what they had to say.

**Case study** ➤

GPs in Slough have been offering 8am to 8pm extended hours on weekdays since July 2014 and on weekends since August 2014 (9am-5pm Saturday and Sunday) for over 148,000 patients. To date patients have expressed in excess of 98% satisfaction with their experience of the new service.

Alongside extended access, patients can subscribe to receive free texts to promote wellbeing, as well as get reminders about routine health checks.

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### Digital inclusion

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## 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.
- > The homeless, offenders, Gypsy, Traveller, and Roma communities and people in some rural communities experience health inequalities. These people are at an additional disadvantage because of their potential lack of internet access or broadband.



**The Internet Access by Household and individuals bulletin 2016 states that the internet is now used daily or almost daily by 82% adults in the UK however only 53% of households of one adult aged 65+ have access.**

**Health United Birmingham**  
(Birmingham, Solihull and Black Country)

In 2014 this scheme launched an interoperable digital environment for patients and staff to support access and Long Term Conditions management.

**In 2016, of the 11% of households with no internet access, 21% relayed that this was due to lack of skills. Further barriers included high equipment and access costs (9%).**

NHS England have been working to improve digital inclusion:

**TOP TIP**  
Consider **online booking** of appointments





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Digital inclusion

**Experience of  
discrimination and  
social exclusion****3.3 million  
lesbian,  
gay and  
bisexual  
people in  
England**

## Experience of discrimination and social exclusion

Inclusion Health has been used to define a number of groups of people who are not usually well provided for by healthcare services, and have poorer health outcomes. Traditional definitions cover people who are homeless and rough sleepers, vulnerable migrants (refugees and asylum seekers), sex workers, and those from the Traveller community (including Gypsies and Roma).

NHS England's "Inclusion Health" definition also includes groups of people who are not usually well provided for by healthcare services and have poorer health outcomes.

These groups are:

- > people who are homeless and rough sleepers
- > the Traveller community (including Gypsies and Roma)
- > those undergoing or surviving Female Genital Mutilation (FGM) and Human Trafficking
- > those who define themselves as being part of the recovery movement, both through substance misuse and mental health issues
- > the trans / non-binary community.

These groups can overlap and individuals often have multiple and complex needs with a range of clinical and social challenges. The incidence of mental health problems amongst socially excluded people is very high.

Experience of discrimination from both public services and society can cause some people to avoid actively seeking help, especially if this is coupled with a lack of a personal support network. Hate crimes on the grounds of race, religion or belief, sexual orientation, disability and transgender status can seriously affect how people interact with public services. For example, feelings of discomfort and fear of being "judged" can often deter trans patients from accessing health care.



A practical **guide** for improving primary care for socially excluded people. Primarily aimed at addressing the needs of the most vulnerable people who often face discrimination and a double disadvantage of both health inequality and difficulty of access to primary care services.

**"1.7% of adults in the UK identify themselves as lesbian, gay or bisexual. 2.5% of these are in London. 3.3% of 16-24 year olds identify as gay, lesbian or bisexual"**

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## GP registration

Access to  
interpreters

## Booking process

Responding to  
diversity

## GP preference

## 4. Obtain an appointment

Key factors in obtaining an appointment include whether the patient is registered with a GP, availability of appointments, capacity within practice, availability of clear information, access to a professional interpreter and the ease of booking system. People are less likely to obtain an appointment if they do not understand the system, if appointments are not available at convenient times or if the practice is not responsive to their needs.

Other contributing factors include available personal resources (such as transport, technology, educational status and experience of healthcare).

**TOP TIP** 

Several **wave one access pilots** provided GP appointments and other health services such as **online** and telephone appointments

**“In 2011, more than **one in three** in the Bangladeshi and Pakistani groups lived in a deprived neighbourhood, which is considerably more than any other ethnic group”**

In 2015-16, 18.4% of Asian patients (excluding those who can't remember if they were able to get an appointment to see or speak to someone) reported that they were unable to obtain an appointment when they needed it. If patients cannot access a GP they are more likely to suffer poorer health outcomes, or use other more expensive NHS services like A&E departments.

**In 2015-16, 12% of patients responded to the GP patient survey said that their overall experience of making an appointment was poor.**

Note poor = very poor or fairly poor

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**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.

The biggest barrier to general practice registration is the inability to provide paperwork: 39% of registration refusals were due to lack of ID, 36% to lack of proof of address, and 13% to immigration status.

A request for proof of address presents a barrier for individuals sleeping rough or living in temporary accommodation where they are unlikely to have a utility or bank statement registered to their name. Asylum seekers and undocumented migrants are also at risk. These include children, pregnant women, victims of torture, trafficking, domestic and sexual violence.

Many Gypsies and Travellers have reported problems registering as a temporary patient with local GP surgeries.

**GP Mythbuster 29 Looking  
after Homeless Patients in  
General Practice**

**“ Homeless people are 40 times more likely to not be registered with a GP practice than other sections of the general population.”**

**“ Uptake of GP registration by recent entrants to the UK has been low; less than a third (32.5%) of new entrants to England who are eligible for tuberculosis screening at ports register with a GP”**

**TOP TIP** 

See video and 'e' learning for GP practice staff to help people who are homeless with registration and access.

**TOP TIP**

Patients do not need to be resident and if they cannot produce documents they should still be registered. See **Standard Operating Principles** 

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## GP registration

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**Access to interpreters**

Not being able to match a patient's first language can impact on patient experience and health outcomes, the frequency of missed appointments and the effectiveness of consultations. It may have serious implications such as misdiagnosis and treatment, ineffective interventions and, in extreme circumstances, preventable deaths.

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. The error rate of untrained interpreters (including family and friends) may make their use more high risk than having no interpreter at all.

**TOP TIP**

Telephone translation  
services are widely  
available



**NHS England Accessible  
information standard  
Implementation Guide**

People from the Newham and Waltham Forest Deaf community raised concerns about obtaining an interpreter through their GP and explained how difficulties around communication can lead to confusion over managing conditions, such as taking medication or managing diabetes.

**"I have to rely on family, hearing family, to make phone calls. I hate it. I hate having to tell my family, I'm an independent woman. I want to be able to text but my GP doesn't have access via text or I have to go physically to the GP to book an appointment. Sometimes they tell me you've got to phone back in the morning before 09:00 or after 09:00 and I'm thinking: "What do you expect? You expect me to have a hearing person with me all of the time?" I do need my privacy if it's something private, then that's really, really difficult. You don't want to keep telling your mum or your sister what's going on with an embarrassing part of your body; it's really embarrassing."**

**1** Identification of  
health problem**2** Decision to  
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seek help**4** Obtain  
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interaction

## GP registration

Access to  
interpreters

## Booking process

Responding to  
diversity

## GP preference

**Booking process**

GP practices across England have different processes for booking appointments.

**“Only 63% of Asian / Asian British patients reported a good experience of making an appointment. The lowest level of satisfaction of all ethnic groups.”** (GPPS 2015-16)

Pakistani women in Walthamstow reported the short time frame to book appointments in the morning and the queues at practices as being key barriers or reasons for rating an experience as poor.

Gypsy, Traveller, and Roma groups may feel uncomfortable seeking support from strangers, particularly over the phone, and automated telephone systems can prove challenging to navigate for elderly patients who may not be able to hear or understand digital menu options.

Patients with hearing impairments were regularly unable to schedule appointments through telephone appointment booking

systems. On the day only appointment policies can sometimes limit opportunities to attend appointments for individuals needing to arrange additional support to accompany them (e.g. arranging for a carer).

**“The percentage of respondents who found it easy to get through to their practice by phone has fallen by 8% to 70% since 2011.”** (GPPS 2015-16)

In 2015 Healthwatch England reported that many patients reported a positive experience of using online booking and prescriptions services, however the availability and awareness of these options are still low.

**TOP TIP** 

Explore more about the ways patients can currently book appointments with advantages and disadvantages in ‘Improving access to general practice’ section.

- 1 Identification of health problem
- 2 Decision to seek help
- 3 Actively seek help
- 4 Obtain appointment
- 5 Get to appointment
- 6 General Practice interaction

## GP registration

Access to  
interpreters

## Booking process

Responding to  
diversity

## GP preference

**TOP TIP** 

Practices can gather and review their own monitoring data to better understand and respond to the diversity within their community

## Responding to diversity

The use of patient record systems general practice services cater to the needs of patients - such as as identifying language, carer and/or disability needs (including learning disabilities), and considering cultural and religious factors when treating patients. They can also assist in anticipating appointment time preferences.

The NAO report in 2015 shared that:

- > People aged 18-64 tend to prefer same day appointments (58%),
- > BAMER groups tend to prefer same day appointments and to see a GP rather than other practice staff

Some individuals who have undergone gender reassignment may have a greater need for privacy. The first appointment of the day maybe preferred if waiting areas are less occupied, offering the most discretion.



NHS England and its partners have developed a toolkit to help health and social care organisations work together in identifying, assessing and supporting the wellbeing of carers and their families. This toolkit covers new duties on NHS organisations brought about by the Care Act 2014 and the Children and Families Act 2014, and includes numerous examples of positive practice that are already making a difference to Carers and their families.

**“There are around 4.8 million carers in England providing care to sick or disabled relatives or friends, or the elderly.”**

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## GP registration

Access to  
interpreters

## Booking process

Responding to  
diversity**GP preference****GP preference**

The desire to see a general practitioner (GP) of choice is deemed far more important than opening hours for many patients, while others are comfortable seeing a nurse if a GP is unavailable. Gypsy, Traveller, and Roma and some other BAMER groups however are more likely go to A&E if their preferred GP is unavailable. See modes of delivery – using the full staff mix.

The GP Patient Survey 2015-16 found:

- > 73% of patients aged over 75 had a preferred GP, compared with 36% of those aged 18-74 and don't have a long term condition.

The NAO report in 2015 shared that:

- > Some GP's make full use of the staff mix to meet demand and to provide continuity of care
- > Within the majority of Gypsy, Traveller, and Roma families there is a strong gender divide making it inappropriate for men or women to discuss health issues with members of the opposite sex
- > Some groups, like younger adults, prefer to see a GP they know and trust, especially if they have a sensitive health problem.

Whether patients can access the same professional each time they need or want to is described as continuity of care.

The GP Patient Survey 2015-16 found:

- > 60% of White patients received continuity of care, compared to 45% of Black and Asian patients
- > 81.3% wanted to consult a GP specifically either by phone or in person.

The NAO report in 2015 shared that:

- > 65% of all patients were happy to see a nurse if the GP was unavailable.

**TOP TIP**

More information on  
enhancing skill mix can be  
found here

- 1 Identification of health problem
- 2 Decision to seek help
- 3 Actively seek help
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- 5 Get to appointment
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Waiting time  
and experience

Physical access  
and transport

## 5. Get to appointment

When a face to face appointment is booked, a patient needs to physically get to the surgery/clinic. Geographical isolation, local support and access to suitable transport are all important in influencing attendance levels. The likelihood of older people in this group attending their appointments is strongly influenced by logistical considerations.

Family and community commitments can take priority for South Asian families and Gypsy, Traveller, and Roma groups e.g. expectations to travel and gather for funerals even if some distance away, or to remain home to support older generations / unannounced arrival of guests etc. which impacts on patients being free to attend an appointment or being able to be brought to an appointment.

Workers may not be able to take time off for general practice appointments or to take their children to an appointment.

### TOP TIP

Consider different consultation types such as telephone or **online** consultations



### TOP TIP

**Improved access** and flexibility of appointment times such as extended hours will provide working age adults, parents with children and young people with opportunity to access general practice without needing to take additional time off school or work.

# 37%

of people living in rural areas do not have a GP within 2km, compared to only 1% in urban areas.



'Where these characteristics (older age group, rural location and socio-economic disadvantage) coexist

there is likely to be intersectionality where complex determinants of health relate, intersect and reinforce each other leading to delayed diagnosis, poor quality of care, higher mortality and greater inequality'

"There are an estimated 316,000 socioeconomically disadvantaged older people living in rural areas in England."





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interaction**Waiting room  
experience****Premises transport  
and patient  
information****Waiting room experience**

The waiting room environment and experience is an important consideration when improving and extending access.

**TOP TIP**

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. (see modes of delivery – Improving communications).

Consider different consultation types such as telephone or online consultations.

**TOP TIP**

This existing **resource** for improving access has some helpful tips focussing on improving the practice environment including for waiting rooms and physical access

Some deaf and blind patients report that poor communication by receptionists has caused them to miss appointments e.g. through a lack of audible or visual cues.

- > Some groups are more likely to feel uncomfortable in mixed gender public settings, such as waiting rooms and walk-in clinics
- > Individuals who have undergone gender reassignment may have a greater need for privacy when accessing primary care than other sections of the population
- > Feelings of discomfort and fears of judgement can often deter trans patients from accessing health care. In some cases extended access appointments (early mornings, or later in the evenings) may be preferred, as waiting areas tend to be less occupied, offering the most discretion.

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experience**Premises transport  
and patient  
information**

## 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.



### TOP TIP

Care navigation  
will help to reduce  
patient journeys



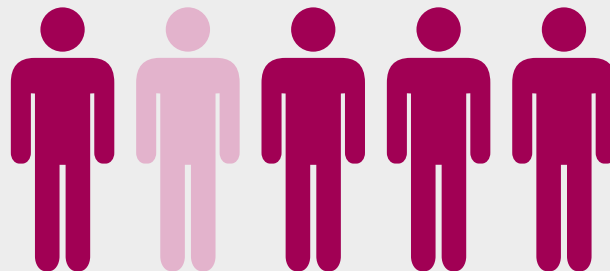
### E-Learning via NHS Education England

- > The implications of the Disability Discrimination Act for General Practitioners (GPs). The DDA requires reasonable adjustments to enable access
- > Access for people with Learning Disability, this is important when deciding to place hubs across a community to deliver evening and weekend appointments ie ensuring transport links in place on weekends to enable patients to get to hub appointments.

### Transport

Access to transport for those with a learning disability, as well as older people, is often a barrier. An estimated 75 per cent of adults with an impairment experience barriers using transport. The cost of transport and distance to the GP surgery can also be a factor.

**"Around 1 in 5 people have  
a disability or a limiting  
long-term illness."**



[online-summary/key-areas-health](#)

### TOP TIP



Consider group  
consultations for patients  
with Long term illness  
**Access a case study here.**

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and languageCultural  
competency

Promoting equality

## 6. 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.

### GP Patient Experience survey results 2015-16:

#### Trust & confidence in GP:

- > White British – 66%
- > Chinese – 44%
- > Bangladeshi – 52%.



#### GP experience rated good:

- > White British – 45%
- > Chinese – 23%
- > Bangladeshi – 27%.



South Asian and Chinese patients report lower ratings of physician communication than White British patients in primary care settings.

Pakistani women in Walthamstow reported poor experience relating to trust and affinity to practice, the variation in charges for vaccinations and certificates e.g. for a visa or travel broke down trust.

Over a third of young people rated their last GP experience as average or poor. Due to such issues, young people are more likely to attend A&E than visit their own GP. Less than half of those aged 11-19 would talk to their GP if they had a health concern.

Historic social or health system discrimination can impact a patient feeling at ease during a consultation, for example those who identify as Lesbian, Gay or Bisexual were about one and a half times more likely to report unfavourable experiences especially relevant to primary care intervention.

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and language****Cultural  
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## Consultation duration and format

Capacity includes having sufficient consultation time, with patient and general practitioner requiring equal status.

**Healthwatch data suggests:**

- > Existing appointment slots can limit access to a GP for visually impaired people, not allowing time for patients to go through treatment instructions.
- > Healthwatch Halton found that six out of 10 local residents were not happy with the length of appointment available.
- > Over-65s in Surrey said they would like more time to speak to their GP about the issues concerning them and only being allowed to speak about one thing per appointment was restrictive.
- > Women in Derby said they struggled to access services and felt frustrated that often they wanted to speak to their GP about more than one thing but were told they could not.

Black, Asian and Minority Ethnic and Refugee (BAMER) participants of a focus group in Islington shared the following reasons for not preferring phone or email appointments :

- > Hearing difficulties
- > Concerns about how interpreting would be offered
- > Feeling that a face to face appointment allowed the GP to check the patient more thoroughly
- > Not having a computer for email contact.

Practices should provide longer appointments for people with a learning disability.

**TOP TIP**

Wider use of other healthcare professionals in general practice (e.g. community pharmacists) will help to address the needs of complex patients

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## Communication and language

Trusting, empathetic interpersonal relationships form the basis of effective healthcare and communication is a key driver of collaborative decision-making between patients and general practitioners. Among UK-born individuals identifying as Bangladeshi, Pakistani, or Indian, a respective 30%, 23% and 14% report not speaking English well or at all.

In the healthcare field, the term 'language-concordance' describes patients and physicians sharing the same language, and 'language-discordance' is the lack of a shared language. South Asian patients frequently report poorer GP communication, however this improves when language-concordant consultations are available.

The GP patient survey reports dissatisfaction from older female Pakistani and Bangladeshi responders in communication including explaining tests and involving patients in decisions.

Half of all deafblind people have left a GP appointment having not understood what had been discussed. Many reported needing to rely on a friend or family member to answer their questions.

Some practices have extended access by providing English as a second language classes at their practice, or in partnership with local Council for Voluntary Service (CVS) organisations. See modes of delivery and access to interpreters sections.

A study undertaken by the UK Youth Parliament found that over a third of young people rated their last GP experience as average or poor.

- > Some people with a learning disability are deaf and will find the use of Makaton helpful
- > Some carers of patients may be deaf or speak English as a second/third language, or both. They will need to be supported to understand what is being shared in important consultations.



### TOP TIP



**NHS Choices** provides  
health information  
resources in other  
languages

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## Cultural competency

Cultural competency is about responding to the needs of our diverse population.

Culture affects the way people label illness, identify symptoms, seek help, set expectations for clients, give themselves personal meaning and understand morality. Culture is often referred to as the totality of ways being passed on from one generation to another. Competence implies having the capacity to function effectively within the context of diverse cultures.

### TOP TIP



- > A **resource** for all NHS staff working with Black, Asian and Minority Ethnic and Refugee (BAMER) communities in any health and social care setting. It provides:
- > Principles of cultural competency and its importance in relation to health and social care services
- > Specific information about BAMER communities, including examples cultural profiles (based on demographics of people in London City and LB Hackney)
- > Simple and effective self-assessment tools for individuals and organisations which foster improvement.

Culture is like an iceberg - culture is often represented as an iceberg to illustrate the visible cultural differences and invisible cultural roots – see cultural competency toolkit.



**“How we communicate about our health or social care problems, the way we present our symptoms, when and to whom we go for care, how long we remain in care and how we evaluate that care are all affected by cultural beliefs.”**

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## Promoting equality

Organisations including NHS Trusts, Clinical Commissioning Groups, the Care Quality Commission and Healthwatch, who oversee and help deliver healthcare, must also follow the **Equality Act 2010** and the **Health and Social Care Act 2012**.

### TOP TIP



A number of practical guides are available to support staff to value diversity and be inclusive in their approach, such as **Sexual Orientation – a practical guide for the NHS**

This guide for NHS organisations offers practical advice about how to meet the needs of lesbian, gay and bisexual people– both as patients and as NHS staff.

See resources – Policies and guidance, Staff development & training section



**The NHS Constitution** sets out the core NHS Values and the Rights and Responsibilities of Staff. This includes a duty to not discriminate against patients or staff and to adhere to equality and human rights legislation.

**19% of people with a disability  
or limiting long-term illness also  
reported having experienced  
bullying, abuse, discrimination  
or exclusion from health services**

(Count Me In Too)

# Improving access to general practice

This section provides ideas and innovations to increase capacity and improve access for all.

**1**

## New consultation types

Telephone and online consultations are increasingly being used to expand access, some of these provide additional functionality to help patients manage their care.

**2**

## Access hubs

In some areas GP surgeries have come together to provide a hub or central access point to extend the availability of general practice access points to manage all patients.

**3**

## Enhancing skill mix

Prescribing nurses, physicians associates, clinical pharmacists, paramedics and other roles are increasingly complementing the primary care workforce and offer unique skills that benefit patients.

**4**

## Targeting access

Some access schemes have focused on improving access for specific groups based on their needs including those with complex needs, children & young people, or the frail elderly. In some cases this has included providing consultations outside of traditional care settings.

**5**

## Improving system integration

Some access schemes have involved closer working with other providers of care, particularly care homes, ambulance services, mental health trusts, A&E, and NHS 111.

**6**

## Prevention and patient empowerment

Addressing risk, improving prevention, and working with patients to increase their capacity for self-care and self-management requires an upfront investment but reduces demand over time which ultimately improves access.

**7**

## Improving patient flow

Ensuring that patient needs are met in the most appropriate setting and that there is smooth movement between settings of care can reduce duplication and greatly enhance patient experience and outcomes for patients with complex conditions.

**8**

## Improving communications with patients

Providing information to patients can help them to identify their health problems and in their decisions to seek help.



## ◀ Options for improving access

## New consultation types

## ↑ 10 high impact actions to release time for care

Expanding access beyond traditional face to face consultations poses challenges for some groups of patients but can also help to remove key barriers in the patient pathway, particularly in terms of identifying health issues, seeking help, and getting to appointments.

New consultation types should be viewed as complementary to rather than a substitute for face to face appointments. For people in rural areas or those with mobility issues and carers, the ability to get advice and reassurance easily can be a welcomed improvement.

Group consultations, which are widely used in the US, are also starting to be adopted in the UK and have been shown not only to improve GP efficiency by 300% but also help patients to control their long term conditions, largely due to the benefit of peer support. Most web browsers support instant online translation and telephone translation can be easily integrated, which helps support patients who do not speak English.

| Consultation Type                                                                                          | Opportunities                                                                                                                                                                                                                                                                                                                                                                                                    | Challenges                                                                                                                                                                                                                                                                                                                                                                         | Top Tips                                                                                                                     |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Online<br>                | <ul style="list-style-type: none"> <li>&gt; Convenience, especially for those with reduced mobility</li> <li>&gt; Integrated appointment booking and patient record</li> <li>&gt; Greater discretion: evidence from the Man MOT project suggests men from deprived areas will use online resources, particularly for sexual health and mental health advice</li> <li>&gt; Can help to improve health.</li> </ul> | <ul style="list-style-type: none"> <li>&gt; Non-verbal cues cannot be assessed</li> <li>&gt; Not suitable for those with learning disabilities</li> <li>&gt; Excluded groups may not have regular access to computer or handheld devices</li> <li>&gt; Older people may not have access to or may not be able to utilise technology because of age related impairments.</li> </ul> | Promoting online access video<br><br>See also <b>Digital Inclusion</b><br><br><b>online consultation</b> (access to records) |
| Telephone<br>            | <ul style="list-style-type: none"> <li>&gt; Convenience, especially for those with reduced mobility or visual impairment</li> <li>&gt; Integrated appointment booking.</li> </ul>                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>&gt; System navigation can be complex for some</li> <li>&gt; Not suitable for those with learning disabilities</li> <li>&gt; Language and cultural barriers are more difficult to manage</li> <li>&gt; The surrounding environment of callers may pose challenges, especially those with complex family lives.</li> </ul>                   | Telephone consultation-reception care navigation<br><br>Phone consultations                                                  |
| Group Consultations<br> | <ul style="list-style-type: none"> <li>&gt; Peer support especially important for stages 1-3 of patient pathway</li> <li>&gt; Ability to customise group makeup based on local population.</li> </ul>                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>&gt; Group consultations may not be suitable for some disabled groups.</li> </ul>                                                                                                                                                                                                                                                           | Group Consultation Fact Sheet                                                                                                |



## ◀ Options for improving access

# Access hubs

In many areas extended access will be provided by general practice (GP) surgeries collaborating across wider geographic areas to form 'hubs' that enable patients from any practice to be seen within the hub. Hubs may incorporate other community services and help to support holistic care, but need to be designed with patients needs in mind to enhance access for vulnerable groups.

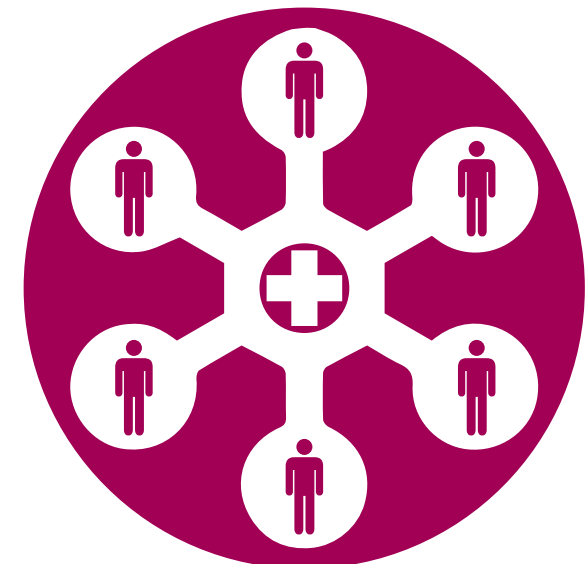
Clinical Commissioning Groups (CCGs) and providers should, as a minimum, ensure that hubs are placed in areas with the greatest needs (i.e. poorer health outcomes) and monitor utilisation to ensure that key groups are not excluded (see assessing local issues section). In many areas hubs will be part of plans to create Multispecialty Community Providers and Primary Care Homes and both of these require providers to take greater responsibility for population health including reducing inequalities.

| Opportunities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Challenges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>&gt; Placing hubs within the most deprived areas can improve access for those who need it most</li> <li>&gt; Hubs may offer a wider array of services and these may be particularly beneficial for patients with complex issues (e.g. social prescribing)</li> <li>&gt; Larger hubs help to create opportunities for greater skill mix and evidence suggests that primary care at scale is better for staff development</li> <li>&gt; Commissioners and providers should ensure that hubs are placed where there are good transport links.</li> </ul> | <ul style="list-style-type: none"> <li>&gt; Increased travel may be a barrier for those with mobility issues, for carers, or because of travel costs</li> <li>&gt; There is a potential for reduced continuity of care and this is particularly difficult for patients who have experienced discrimination or who have difficulty communicating (link to section 6 of pathway)</li> <li>&gt; Patients within the hub practice have been found by some first wave of GP Access Fund schemes to benefit more patients from other sites in the catchment area.</li> </ul> |

## TOP TIP



See how **Primary Care Sheffield** has improved access for Slovak Roma patients.





## ◀ Options for improving access

## Enhancing skill mix

General practice teams are quickly diversifying to include a number of new roles and other professional groups such as paramedics and pharmacists. This complements and helps to improve access where GPs are difficult to recruit, but it also offers an opportunity to better meet patient needs by providing new types of advice and support. Practice Nurse roles, for example, have not only expanded to include long term conditions management including asthma and diabetes, but there has also been an opportunity to develop their specialist skills to meet the needs of vulnerable groups such as children, people with learning disabilities, and those with mental health problems.

Social prescribing helps to reduce inequalities by recognising the wider determinants of health such as employment and directing patients to these services. Care Navigators, which are being rolled out nationally as part of a £45M commitment within the General Practice Forward View, may help to embed social prescribing as well as helping patients with complex care needs to navigate the health system and this has the potential to improve outcomes for all.

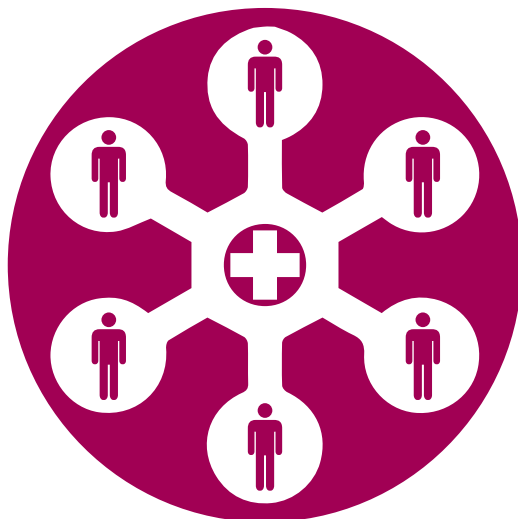
| Opportunities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Challenges                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>&gt; New roles, if properly aligned to patient needs, can help to improve outcomes and improve patient experience.</li> <li>&gt; Clinical pharmacists can help with medication reviews as well as managing patients with long term conditions, older patients particularly may be at risk of non-compliance and therefore benefit from a pharmacist's involvement in their care.</li> <li>&gt; Mental Health Therapists in general practice may help vulnerable and excluded patient groups to gain better control of their physical health.</li> <li>&gt; <b>GPs</b> and <b>Pharmacists</b> to develop special interest roles (GPwSI, PhwSI)</li> </ul>                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>&gt; Training is variable amongst different staff groups, for example with respect to communicating with patients and people from other cultures (see Cultural Competency).</li> <li>&gt; Some cultures may place less value on non-medical advice (see Health Beliefs).</li> </ul> |
| Examples of Best Practice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"> <li>&gt; At Old School Surgery in Bristol the practice pharmacist is a partner in the practice who conducts medication reviews, reviews medications on discharge from hospital, visits housebound patients, and sees patients with long-term conditions. A community pharmacist, working with the patient list, also helps to manage patients with minor ailments and phones 600 vulnerable patients each month to ensure medication adherence. Old School Surgery's prescribing costs are 32% lower than the national average.</li> <li>&gt; The British Medical Association (BMA) has a series of case studies looking at extended roles, such as Extended Scope Practitioners for MSK, an extended primary care team approach (One Team), better use of skills mix to manage long term conditions, and the use of Advanced Nurse Practitioners.</li> </ul> |                                                                                                                                                                                                                                                                                                                            |

## ◀ Options for improving access

## Targeting access

Some Clinical Commissioning Group (CCG) areas have used access funding to specifically target groups of patients based on their local population's needs. This approach can have a significant impact on reducing health inequalities but will not be suitable for every patient group and so should be combined with other approaches that are less specific (such as telephone appointments).

The specific groups that were targeted as part of the General Practice Access Fund schemes included children and young people, older people, and those with complex health needs. Different approaches have been used to target these groups, from walk-in clinics and health apps for children to mobile health services and community outreach.



### Opportunities

- > In line with the move to more proactive care, targeted access recognises risk in the community and provides access where needed.
- > One-Stop type hubs where patients can receive multiple services in one place at one time are hugely beneficial for Gypsy, Traveller, and Roma communities, homeless people and sex workers.
- > Working with your local community may be the best way to identify opportunities to target specific patient groups (link to section on patient participation).

### Challenges

- > There may be no 'one size fits all' approach to targeting different groups who are experiencing poorer health outcomes.
- > Existing models of healthcare delivery may not be suitable and this may mean challenging ways of working that are deeply embedded in healthcare professions.

### Examples of Best Practice

- > In West Wakefield an inflatable health pod is used to offer a variety of health and related services (e.g. Citizens Advice Bureau) from a variety of locations including rural areas and areas with high deprivation. Six GP surgeries in Wakefield are working together to make services more accessible in practices and across the community. The practices 63,000 patients now benefit from longer opening hours, from 8am to 8pm seven days a week operated from a central hub premises. The scheme has introduced a new service directory giving patients better access to community based services as part of a wider on-line care navigation system. Video consultations and electronic messaging are in the process of being launched as well as 'real time' web chats and phone consultations with a care navigator.

### TOP TIP

See how services in Bradford and Leeds are **improving access** to care for refugees, asylum seekers and homeless people



## ◀ Options for improving access

# Improving system integration

Closer working and integrated budgets are helping to remove some of the barriers between settings of care. The Five Year Forward View describes different organisational forms such as Multispecialty Community Providers as well as Primary and Acute Care Systems which are currently being developed.

Improving dialogue and collaborative working between providers does not require formal contracting arrangements. However, from a patient perspective this results in improved outcomes and a better experience of care as well as avoiding unnecessary duplication and delays. Furthermore for some of the most vulnerable groups in society including the frail elderly and those suffering from high levels of deprivation are most likely to receive care from multiple agencies and therefore are most likely to benefit from closer working.

Multidisciplinary Teams (MDTs) are the most common approach to integration for high risk patients but other approaches including wider integration with community health and voluntary services may help a wider segment of the population to stay well longer.

| Opportunities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Challenges                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>&gt; Collaborating with voluntary sector providers may help to design better services for specific vulnerable or at risk patient groups.</li> <li>&gt; More integrated services are easier to navigate and access and this is particularly true for stages 4 and 5 of the patient pathway.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>&gt; Work is underway in most areas to integrate social care records into the digital care record but this may take some time and closer working with social care can help to streamline services for those with complex care.</li> </ul> |
| Examples of Best Practice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                  |
| <ul style="list-style-type: none"> <li>&gt; In Warrington, a GP Access Fund wave one site, as well as seeking to create equitable provision of primary care and access across all GP providers, paediatric ambulatory care and integrated services including social care are being prioritised in electoral wards of greatest economic deprivation.</li> <li>&gt; Aware of both national and local agendas to reduce pressure in the A&amp;E system, some wave one General Practice Access Fund schemes have experimented with closer working with A&amp;E providers. Barking and Dagenham and Havering and Redbridge and Darlington linked with their local A&amp;Es so that patients can be referred into extended hours slots.</li> <li>&gt; GPs in Barking, Dagenham, Havering and Redbridge have now launched three new access 'hubs' providing more than 700,000 patients with the opportunity to see a GP in the evenings between 6.30pm and 10pm without having to wait until the next day. Phase two of the project now sees urgent appointments made available via other routes such as a patient's own GP, urgent care centres, walk-in centres and A&amp;E where appropriate, and weekend appointments on Saturday afternoons.</li> </ul> |                                                                                                                                                                                                                                                                                  |



## ◀ Options for improving access

## Prevention and patient empowerment

The Five Year Forward View includes a commitment for a radical upgrade in prevention and public health as well as helping patients to manage more of their own care. Not all patients will initially have the capacity to take on more responsibility for their care, and this may be particularly true for disadvantaged groups.

Studies of the Patient Activation Measure have shown that patients with lower activation levels (i.e. who lack the knowledge, confidence and skills for self-care) have worse outcomes, higher healthcare costs, and a worse experience of their care. Shifting patients towards greater involvement in their care and away from harmful health behaviours helps to reduce demand for health services and therefore increases access for everyone.

Risk factors for specific patient groups vary significantly and so health campaigns and community engagement should be tailored to provide appropriate and culturally sensitive messaging. Evidence also suggests that the inverse care law applies to secondary prevention and thus those most at risk of developing illness are least likely to receive life-saving interventions.

### Opportunities

- > Prevention is the best way to reduce overall health inequalities.
- > Investment in prevention measures including mental health promotion, promoting physical activity, and vaccinations yield positive returns on investment in as little as 1-2 years.

### Challenges

- > Some people may lack the basic resources for self-care and may require non-health interventions as a first priority.
- > Where possible carers should be engaged if there is less capacity for self-care.

### Examples of Best Practice

#### Altogether Better – Health Champions

Health Champions are people who, with training and support, voluntarily bring their ability to relate to people and their own life experience to transform health and well-being in their communities. Since the success of the original Community Health Champions in communities and workplaces, the role and supporting relationships are being adapted, allowing citizens to work as Health Champions in new and dynamic settings, including GP practices and acute hospitals.

#### Extended Primary Integrated Care (EPIC) Brighton & Hove practices (Surrey and Sussex)

A community navigator scheme has been launched across 16 practices in Brighton and Hove, for patients who may be isolated or lonely and would benefit from connecting to services within their community rather than purely medical care. Working with voluntary care organisations, Age UK and Impetus, trained community navigators are providing support for patients with complex needs in community settings, particularly those who are living on their own. They are helping to signpost individuals to third and voluntary sector organisations, and other local resources, to meet their needs. Community Navigators have seen 38 clients via 85 Navigation one hour sessions.

## ◀ Options for improving access

## Improving patient flow

Many general practice surgeries and GP federations are using one or more methods to optimise patient flow and these include GP triage, which is often combined with the option for telephone consultations and walk-in sessions to meet on the day demand.

The same limitations to GP triage exist as for telephone consultations (link to new consultation types – page 2) and in addition to these, studies are so far neutral as to whether these systems create more capacity in the system or simply redistribute existing resources.

In principle patient flow can be optimised by any form of process improvement. Redirecting patients to the most appropriate service, including social prescribing by clinicians and signposting by practice receptionists is also an important factor in managing flow. Optimising capacity to match demand also helps to improve patient flow and there are various methods for doing this.

| Opportunities                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Challenges                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>&gt; Increases the number of patient contacts which enables more opportunistic follow up.</li> <li>&gt; On the day access may be more suitable for those with chaotic lives.</li> </ul>                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>&gt; GP triage can act as a barrier for many at risk groups, systems therefore need to be sensitive enough to pick up on this and to offer alternatives.</li> </ul> |
| Examples of Best Practice                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                            |
| <ul style="list-style-type: none"> <li>&gt; See <b>West Wakefield</b> and how they are designing services to help patients for whom the GP isn't really the best person to see. Patients could be seen and treated quicker by a nurse or a physiotherapist for example and in some cases, when the GP practice is not the right place at all.</li> <li>&gt; See NHS Network for <b>active signposting</b> and <b>social prescribing</b> which can help improve patient flow.</li> </ul> |                                                                                                                                                                                                            |



 Options for improving access

## Improving communications with patients

Studies have shown that in addition to traditional NHS definitions of quality that encompass safety and efficacy people tend to define quality in terms of access, involvement, and the communication skills and empathy of their clinician.

Doctor patient communication is one of the key factors influencing the primary care interaction (see stage 6 or Patient Pathway Communication and Language) as part of the patient pathway and studies have indicated a direct correlation between effective communication and patient outcomes.

Information can be provided through leaflets that can be downloaded in a number of different languages (see Understanding the Health System) or via practice websites or links to external websites or apps.

### TOP TIP

See **communication and engagement resources**

#### Opportunities

- > Better communications can improve outcomes for all patients and there are many readily available resources (link to communications section of toolkit) to help.
- > Opportunities to decrease patients attending A&E and avoid DNAs (did not attend).

#### Challenges

- > Improving communications in patient interactions may require some upfront investment in training.

#### Examples of Best Practice

##### Slough Steps to the Future (Thames Valley)

The project in Slough was built on insights from patients about primary care and what they believed was needed to improve access and to help them keep well. It was co-designed by patients with their GPs and practices. GPs in Slough have been offering 8am to 8pm extended hours on weekdays since July 2014 and on weekends since August 2014 (9am-5pm Saturday and Sunday) for over 148,000 patients. To date patients have expressed in excess of 98 percent satisfaction with their experience of the new service.

Alongside extended access, patients can subscribe to receive free texts to promote wellbeing, as well as get reminders about routine health checks. Patients with complex needs or unstable conditions are offered a direct line to the clinician with whom they work most closely. Slough GPs are working with their patients to review the words that are used in consultations to ensure that patients can understand and get the most out of their appointment. Patient Navigators are being piloted through work with the local voluntary services to help people make the best use of local information that is already available to help them keep well.

See **communications section** in the Patient Pathway approach.



# Resources

This section sets out the full range of resources including but not limited to those referenced in this document.

1. **Commissioning tools**
2. **Policies and guidance**
3. **Education and training**
4. **Data and business intelligence**
5. **Communications and engagement**
6. **Other tools**

The following resources will be particularly helpful when setting out your plans for reducing inequalities in access to general practice services:



**NHS England  
Equalities and Health  
Inequalities hub**



**The 10 High Impact  
Actions to Release  
Time for Care**



**NHS England –  
Case Studies**





## Resources

# 1. Commissioning tools

| Ref | Date | Format  | Author                                    | Title                                                                                                                                        | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----|------|---------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1   | 2016 | PDF     | Healthy London Partnership                | <b>Healthcare and people who are homeless:</b><br>Commissioning Guidance for London                                                          | 10 commitments for improving health outcomes for homeless people in London.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2   | 2014 | PDF     | NHS England                               | <b>Transforming Care for People with Learning Disabilities</b>                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3   | 2010 | PDF     | Department of Health                      | Inclusion Health: <b>Improving Primary Care for Socially Excluded People</b>                                                                 | This guidance can help CCGs improve access to, and the quality of, primary care services for socially excluded people. It has been developed for health and partner authority managers responsible for commissioning primary care (and other joint services). Service providers, including third sector partners, should also find it useful.                                                                                                                                                                                |
| 4   |      |         |                                           | Health checks for people with Learning Disabilities                                                                                          | As part of enhanced services practices receive £116 for each healthcheck completed with an adult with a learning disability.                                                                                                                                                                                                                                                                                                                                                                                                 |
| 5   | 2013 | PDF     | RCGP                                      | <b>Improving access to healthcare for Gypsies and Travellers, homeless people and sex workers</b><br>– an evidence based commissioning guide | This guide aims to provide: <ul style="list-style-type: none"> <li>• an overview of the health needs of these three vulnerable groups in society</li> <li>• practical support to help commissioners to build the understanding of local needs into the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategies (HWBS)</li> <li>• sample models of how services can meet needs to inform commissioning and local service provision, looking at both health-only and more holistic initiatives.</li> </ul> |
| 6   | 2014 | Website | NHS England                               | <b>Commissioning for Carers – Principles</b>                                                                                                 | Each Commissioning for Carers Principle has an 'Ask Yourself' section. The purpose is to stimulate discussions within your organisation in response to each of the Commissioning for Carers Principles                                                                                                                                                                                                                                                                                                                       |
| 7   | 2013 | PDF     | Faculty for Homeless and Inclusion Health | Pathway – <b>Standards for Commissioners and Providers</b> (Access for the homeless)                                                         | Provides commissioning guidance to ensure high quality health services for homeless people, Gypsies and Travellers, vulnerable migrants and sex workers. This guidance responds to DH commitments on health inequalities and is mapped onto the Public Health and NHS Outcomes Frameworks.                                                                                                                                                                                                                                   |
| 8   | 2013 | Website | University of Sheffield                   | <b>Areas for attention in commissioning improved services for multi-ethnic populations</b>                                                   | Resources to support understanding and action towards better commissioning and delivery of health services for multi-ethnic populations                                                                                                                                                                                                                                                                                                                                                                                      |
| 9   | 2015 | PDF     | NHS England / Wessex Community Voices     | <b>'Choosing and Buying Services together'</b>                                                                                               | Step by step guidance on how to involve the public in planning, designing, buying and monitoring services, and advice on how to work with your local Healthwatch and voluntary sector organisations.                                                                                                                                                                                                                                                                                                                         |



## ◀ Resources

|    |      |         |                                   |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----|------|---------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10 | 2017 | PDF     | Home office/Public health England | Rebalancing Act - <b>Understanding and meeting the health needs of offenders and people with multiple complex needs.</b>  | A resource for Directors of Public Health, Police and Crime Commissioners and other health and justice commissioners, service providers and users.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 11 | 2016 | PDF     | NHS England                       | <b>Policy Book for PMS – Contractual levers</b>                                                                           | Chapter 4 has a good section on equality duties including examples although not specifically relating to extended hours. It refers to NHS England responsibilities rather than CCG. It references the NHS constitution and also includes extracts from legislation including the NHS Act 2006, Equalities Act 2010.                                                                                                                                                                                                                                                                                                                                                        |
| 12 | 2017 | Website | NHS England                       | <b>Standard NHS contract for locally commissioned services</b> - covers Equity of Access, Equality and Non-Discrimination | Section 13 of the Standard NHS contract covers Equity of Access, Equality and Non-Discrimination. This includes a requirement to provide appropriate assistance and make reasonable adjustments for service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments) and to audit this annually and present at review meetings the extent to which Service improvements have been made as a result. It also includes a requirement to implement the National Workforce Race Equality Standard and the National Workforce Disability Equality Standard from 2018. |
| 13 | 2016 | Website | NHS England                       | <b>Commissioning for Quality and Innovation - CQUINS</b>                                                                  | Any provider of healthcare services commissioned under an NHS Standard Contract (full-length or shorter-form version) is eligible for CQUIN. Local incentive schemes can be used where local prices are agreed.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 14 | 2016 | Website | NHS England                       | <b>CCG Improvement and Assessment Framework</b>                                                                           | This includes a number of indicators for CCGs and under the Leadership section an indication of the progress towards workforce race equality standard.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 15 | 2014 | Website | CQC                               | <b>Care Quality Commission – Regulations for service providers and managers</b>                                           | Regulation 10 covers Dignity and Respect which includes having due regard for protected characteristics . Regulation 9 covers Person-centred care including making reasonable adjustments and take account of capacity and ability to consent. CQC can take regulatory action for offences under both of these sections.                                                                                                                                                                                                                                                                                                                                                   |
| 16 | 2014 |         | NHS England                       | <b>Quality Premium – Technical Guidance</b>                                                                               | QP funding = £5 per head of population. Two national indicators are relevant each worth 17% of that total include access to GP appointments and Mental Health. The Mental Health indicator includes equity of access and outcomes in Improving Access to Psychological Therapies (IPAT) services particularly BAME and elderly patients.                                                                                                                                                                                                                                                                                                                                   |
| 17 | 2016 | Website | NHS England                       | <b>NHS England Operational Planning and Contracting Guidance 2017-2019</b>                                                | This document explains how the NHS operational planning and contracting processes will now change to support Sustainability and Transformation Plans (STPs) and the 'financial reset'. It reaffirms national priorities and sets out the financial and business rules for both 2017/18 and 2018/19.                                                                                                                                                                                                                                                                                                                                                                        |
| 18 | 2016 | Website | NHS England                       | <b>Workforce Race Equality Standard</b>                                                                                   | Included in NHS Contracts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 19 | 2013 | PDF     | Inclusion Health                  | <b>Guidance on Commissioning Inclusive Services</b>                                                                       | Report commissioned by the National Inclusion Health Board particularly focusing on Gypsies, Travellers and Roma, homeless people, sex workers and vulnerable migrants.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 20 | 2017 | Website | NHS England                       | <b>Commissioning for Value Packs</b>                                                                                      | NHS RightCare is committed to giving clinical commissioning groups (CCGs) and local health economies practical support in gathering data, evidence and tools to help them improve the way care is delivered for their patients and populations.                                                                                                                                                                                                                                                                                                                                                                                                                            |



## ◀ Resources

# 2. Policies and guidance

| Ref | Date | Format  | Author      | Title                                                                                                     | Description                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----|------|---------|-------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21  | 2015 | PDF     | NHS England | <b>Guidance for commissioners on equality and health inequalities legal duties</b>                        | This guidance is to support Clinical Commissioning Groups (CCGs) and NHS England to meet their legal duties with regard to equality and health inequalities.                                                                                                                                                                                                                                                     |
| 22  | 2016 | Website | NHS England | <b>Accessible Information Standard - guidance</b>                                                         | The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand and with support so they can communicate effectively with health and social care services.                                                                                                                                                    |
| 23  | 2015 | PDF     | NHS England | <b>Patient Registration Standard Operating Principles for Primary Medical Care</b> (General Practice)     | Patient Registration Standards state that:<br>> people do not need a fixed address or identification to register or access treatment at GP practices<br>> where necessary, the practice may use the practice's address to register the patient if they wish.                                                                                                                                                     |
| 24  | 2016 | PDF     | NHS England | <b>Framework for Patient and Public Participation in Primary Care Commissioning</b>                       | A guide on how to involve patients and the public in commissioning of primary care services.                                                                                                                                                                                                                                                                                                                     |
| 25  | 2016 | Website | NHS England | <b>Female Genital Mutilation</b>                                                                          | Guidance for all NHS staff.                                                                                                                                                                                                                                                                                                                                                                                      |
| 26  | 2016 | Website | NHS England | <b>Modern Day Slavery</b>                                                                                 | Guidance for all NHS staff.                                                                                                                                                                                                                                                                                                                                                                                      |
| 27  | 2016 | PDF     | NHS England | <b>Female Genital Mutilation – pocket guide</b>                                                           | Guidance for all frontline NHS staff.                                                                                                                                                                                                                                                                                                                                                                            |
| 28  | 2016 | Website | CQC         | <b>Looking after homeless people in general practice</b>                                                  | CQC expects practices to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them. Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them. |
| 29  | 2016 | Website | CQC         | <b>Translation and Interpretation Services</b>                                                            | Inspectors consider whether staff recognise when people who use services and those close to them need additional support to help them understand or be involved in their care and treatment, and enable them to access this. This could include providing language interpreters where appropriate or providing printed information in different languages.                                                       |
| 30  | 2016 | website | CQC         | <b>Same gender doctors</b>                                                                                | CQC Mythbuster - CQC does not make recommendations on the gender mix of a practice.                                                                                                                                                                                                                                                                                                                              |
| 31  |      |         | NHS England | <b>Carers – an integrated approach to the identification and assessment of carer health and wellbeing</b> | Guidance and video.                                                                                                                                                                                                                                                                                                                                                                                              |



## ◀ Resources

|           |      |         |                                                    |                                                                                                                |                                                                                                                                                                                                                                                                                                                                              |
|-----------|------|---------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>32</b> | 2013 | PDF     | NHS England                                        | <b>NHS Constitution</b> – the NHS belongs to us all                                                            | Sets out the core NHS Values and the rights and responsibilities of patients and staff.                                                                                                                                                                                                                                                      |
| <b>33</b> | 2009 | PDF     | Stonewall                                          | <b>Sexual Orientation</b> – a practical guide for the NHS                                                      |                                                                                                                                                                                                                                                                                                                                              |
| <b>34</b> | 2013 | PDF     | NHS England                                        | <b>Equality Delivery System2</b> – a refreshed equality delivery system for the NHS                            | The main purpose of the EDS2 is to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, NHS organisations can be helped to deliver on the Public Sector Equality Duty (PSED). |
| <b>35</b> | 2014 |         | NHS England                                        | <b>Implementing EDS2 to improve local health services</b> – Case Studies                                       | A range of case studies on how CCGs and partners are implementing the Equality Delivery System2 to improve access for homeless people, people with learning disabilities, Roma, LGBTQI, and Black, Asian & Minority Ethnic groups.                                                                                                           |
| <b>36</b> | 2015 |         | Sense                                              | <b>Equal Access for Deafblind people:</b> the importance of accessible healthcare for people who are deafblind | This report examines whether services for people who are deafblind and their families have improved; describes what should make up an accessible service; shows how accessible services impact on people's lives; highlights good practice – and identifies where action is needed.                                                          |
| <b>37</b> | 2016 |         | Sense                                              | <b>Accessible Information Standard: Glossary of communication formats</b>                                      | A guide specifically for GP practices - includes templates to use for patients.                                                                                                                                                                                                                                                              |
| <b>38</b> | 2016 | Doc     | MENCAP                                             | <b>Making easy read letters</b> - appointments                                                                 | Example of turning a letter into an easy read version by MENCAP.                                                                                                                                                                                                                                                                             |
| <b>39</b> | 2014 | Website | HM Government                                      | <b>NHS Entitlements</b> - Migrant Health                                                                       | Advice and guidance on the health needs of migrant patients for healthcare practitioners.                                                                                                                                                                                                                                                    |
| <b>40</b> | 2015 | website | NHS England                                        | <b>Chaplaincy Guidelines</b> – Promoting Excellence in Pastoral, Spiritual and Religious Care                  | Chapter 10 covers Chaplaincy in General Practice.                                                                                                                                                                                                                                                                                            |
| <b>41</b> | 2011 | PDF     | Cambridgeshire & Peterborough NHS Foundation Trust | <b>Working with Pakistani Service Users and their Families</b> – A practitioners guide                         | A guide that can assist practitioners when working with individuals and their families in the context of having positive regard to the person's cultural values and beliefs to build relationships and aid recovery.                                                                                                                         |
| <b>42</b> | 2016 | website | Action on Hearing Loss                             | <b>Why is it important to be accessible to patients with hearing loss?</b>                                     | Guidance for GPs.                                                                                                                                                                                                                                                                                                                            |
| <b>43</b> | 2015 | website | NHS England                                        | <b>Patient Online support and Resources guide</b>                                                              | Policies and guidance for GPs.                                                                                                                                                                                                                                                                                                               |



## ◀ Resources

### 3. Education and training

| Ref       | Date | Format     | Author                       | Title                                                                               | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------|------|------------|------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>44</b> | 2015 | E-learning | NHS Health Education England | <b>Making Every Contact Count</b> – E-learning package for primary care staff       | Making Every Contact Count is an approach that uses the millions of day to day interactions that organisations and individuals have with people to support them in making positive changes to their physical and mental health and wellbeing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>45</b> | 2015 | Video      | NHS England                  | <b>Modern Day Slavery</b>                                                           | Video for NHS staff on Modern Day Slavery.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>46</b> | 2015 | E-learning | NHS Health Education England | <b>E-learning packages for General practitioners</b> – NHS Health Education England | <div>E-learning for GPs – :</div> <ul style="list-style-type: none"> <li>• Introduction to learning disability in the community</li> <li>• Working with local community organisations</li> <li>• Community orientation</li> <li>• Care of people who misuse drugs and alcohol</li> <li>• Impact of discrimination on health status</li> <li>• Access for people with a learning disability</li> <li>• The implications for GPs of the disability discrimination act</li> <li>• Supporting those who care for other people</li> <li>• Identifying carers</li> </ul> <ul style="list-style-type: none"> <li>• Supporting older people and their carers</li> <li>• Organising your practice to support carers</li> <li>• Supporting carers of people with challenging problems</li> <li>• Communications, relationships and trust</li> <li>• Effective communication with people who have learning disabilities</li> <li>• Language barriers</li> <li>• Communicating with patients who speak little or no English</li> <li>• Cultural communication</li> <li>• Ethnicity and culture</li> <li>• Understanding equality &amp; diversity</li> <li>• Equalities legislation</li> <li>• Respecting diversity in others.</li> </ul> |
| <b>47</b> | 2010 | E-Learning | NHS Health Education England | <b>Modern Slavery</b> - E-learning package for primary care staff                   | This online resource provides an overview of the issue of modern slavery. It is aimed at helping all healthcare staff recognise the signs that someone has been trafficked, and to take appropriate action with confidence.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>48</b> | 2010 | E-learning | NHS Health Education England | <b>Female Genital Mutilation</b> - E-learning package for primary care staff        | This programme seeks to raise healthcare professionals' awareness of the issues which affect women, children and families impacted by FGM. The E-learning package for FGM is available free of charge to UK healthcare staff.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>49</b> | 2012 | E-learning | NHS Health Education England | <b>Mental Health Awareness Programme</b>                                            | E-learning package for primary care staff. This short programme aims to raise the awareness of mental health amongst health care staff.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>50</b> | 2012 | E-learning | NHS Health Education England | <b>Supporting Self Care</b> – E-learning package for primary care staff             | Supporting Self Care E-learning is designed for healthcare professionals supporting people with long-term conditions. It will help them give people the confidence and skills to take greater control over their own health and wellbeing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |



## ◀ Resources

|    |      |            |                                                          |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----|------|------------|----------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 51 | 2012 | E-learning | NHS Health Education England                             | <b>NHS Healthcare for the armed forces</b>                         | This e-learning programme is designed to highlight both the similarities and the differences to allow healthcare personnel to understand both the context of military life and also how to appropriately respond to patient need.                                                                                                                                                                                            |
| 52 | 2016 | PDF        | Roma Support Group                                       | <b>Roma Support Group</b> – a leaflet for health professionals     | This is an information leaflet for health care professionals. It aims to provide a multi-dimensional look at Roma culture and beliefs and could be used as a starting point in learning about this community.                                                                                                                                                                                                                |
| 53 | 2010 | PDF        | BAMER Working Group / LB Hackney                         | <b>Cultural Competency Toolkit</b>                                 | A toolkit for all NHS staff working with Black, Asian and Minority Ethnic and Refugee communities. Includes cultural profiles, assessment tools for staff and organisations, along with useful guidance.                                                                                                                                                                                                                     |
| 54 | 2014 | E-learning | NHS Health Education England                             | <b>Cultural Competency</b> – E-learning package for GP staff       | The purpose of the tool is to support clinicians in the NHS to gain knowledge and understanding of the issues around culture and health; and how this might influence health care outcomes.                                                                                                                                                                                                                                  |
| 55 | 2012 | E-learning | NHS Health Education England                             | <b>NHS Values for healthcare</b> – E-learning package for GP staff | This package covers the NHS values of working together for patients; Respect & Dignity; Commitment to Quality of Care; Compassion; Improving Lives; and Everyone Counts                                                                                                                                                                                                                                                      |
| 56 | 2016 | PDF        | NHS England                                              | <b>How to register with a doctor</b> (GP) – leaflet for patients   | A leaflet clarifying the GP registration process for asylum seekers, refugees and new migrants. It includes a mechanism for the practices to share any reasons for registration refusal.                                                                                                                                                                                                                                     |
| 57 | 2011 | PDF        | NHS North West                                           | <b>Sexual Orientation Monitoring</b>                               | A guide to implementing sexual orientation monitoring in your work place                                                                                                                                                                                                                                                                                                                                                     |
| 58 | 2016 | Website    | LGBT Foundation                                          | <b>Sexual Orientation and Trans Status Monitoring</b> – Briefings  | Sexual orientation and trans status monitoring is important because it enables health and social care bodies to better understand the needs of the local population and to target services more effectively and efficiently.                                                                                                                                                                                                 |
| 59 | 2014 | PDF        | Building Health Partnerships                             | <b>Clinical Rationale for Sexual Orientation Monitoring</b>        | Sets out evidence of health inequalities faced by lesbian, gay, bisexual and trans (LGBT) people, and explores how to identify solutions and reduce barriers for LGBT people accessing healthcare services.                                                                                                                                                                                                                  |
| 60 | 2016 | Website    | Equality & Human Rights Commission                       | <b>Gender Reassignment Discrimination</b> - Guidance               | The Equality Act 2010 says that you must not be discriminated against because you are transsexual - for example your gender identity differs from the gender assigned to you at birth.<br>For example a person who was born female decides to spend the rest of his life as a man.<br>In the Equality Act it is known as gender reassignment. All transsexual people share the common characteristic of gender reassignment. |
| 61 | 2014 | website    | The Children's Society – Family Health Inclusion project | <b>Refugee Toolkit</b>                                             | This is a good practice resource designed to enable all service providers to stay informed about the needs, rights and entitlements of refugee and asylum seeker young carers and their families and to carry out effective and appropriate signposting and joint working.                                                                                                                                                   |
| 62 | 2016 | Video      | Sense                                                    | <b>Accessible Information Standard</b> – Training Webinar          | The Standard sets out what steps health and social care providers must take in order that people who access their services receive information in the format they require and have appropriate communication support.                                                                                                                                                                                                        |
| 63 | 2016 | Video      | NHS England                                              | <b>Workforce Race Equality Standard</b> – What is it?              | A video explaining the need for the workforce race equality standard.                                                                                                                                                                                                                                                                                                                                                        |
| 64 | 2015 | Video      | NHS England                                              | <b>NHS Equality Delivery System2</b> – What is it?                 | This short animation video from NHS England explains what the EDS2 is and how it should be implemented by NHS organisations.                                                                                                                                                                                                                                                                                                 |



## Resources

## 4. Data and business intelligence

| Ref       | Date | Format | Author                                   | Title                                                                                                             | Description                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------|------|--------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>65</b> | 2016 |        |                                          | <b>GP Patient Survey</b>                                                                                          | Results of GP Patient Survey by CCG and individuals practices.                                                                                                                                                                                                                                                                                                                                      |
| <b>66</b> | 2016 |        |                                          | <b>GP Patient Survey</b> – by demographics                                                                        | Results of GP Patient Survey by demographics e.g. age.                                                                                                                                                                                                                                                                                                                                              |
| <b>67</b> | 2016 |        |                                          | <b>GP Patient Survey</b> – by question and demographics                                                           | Results of GP Patient Survey by question and demographics e.g. ethnicity.                                                                                                                                                                                                                                                                                                                           |
| <b>68</b> | 2016 |        |                                          | <b>GP Patient Survey</b> by trends                                                                                | Results of GP Patient Survey by trends across different participant groups.                                                                                                                                                                                                                                                                                                                         |
| <b>69</b> | 2013 | PDF    | Dept of Health                           | <b>Rural Health Indicators</b>                                                                                    | Health indicators for people living in rural and urban areas.                                                                                                                                                                                                                                                                                                                                       |
| <b>70</b> | 2015 | PDF    | Public Health England                    | <b>Improving health literacy to reduce health inequalities:</b> Briefing                                          | Includes evidence on health literacy and recommendations for its improvement nationally. Demonstrates a clear link between health literacy and reducing health inequalities.                                                                                                                                                                                                                        |
| <b>71</b> | 2013 | PDF    | Office of National Statistics            | <b>Office of National Statistics Briefing:</b> Religion & Belief                                                  | A briefing to highlight what the 2011 census tells us about religion and belief.                                                                                                                                                                                                                                                                                                                    |
| <b>72</b> | 2015 | PDF    | Forces in Mind Trust / NHS England       | <b>Call to Mind:</b> A Framework for Action                                                                       | Findings from the review of veterans and family members mental and related health needs assessments.                                                                                                                                                                                                                                                                                                |
| <b>73</b> | 2013 | PDF    | ESRC Centre on the Dynamics of Diversity | <b>Who can and cannot speak English?</b>                                                                          | Data and maps from 2011 census on who can and cannot speak English in England.                                                                                                                                                                                                                                                                                                                      |
| <b>74</b> | 2013 | PDF    | ESRC Centre on the Dynamics of Diversity | <b>Ethnicity and Deprivation in England:</b> How likely are ethnic minorities to live in deprived neighbourhoods? | This briefing shows that all ethnic minority groups in England are more likely to live in deprived neighbourhoods than the White British majority.                                                                                                                                                                                                                                                  |
| <b>75</b> | 2010 | PDF    | Cabinet Office / Department of Health    | <b>Inclusion Health Evidence Pack</b>                                                                             | This evidence pack brings together existing and new analysis on the primary health care needs of the socially excluded and highlights the case for change. The research confirms that a small but significant group of the nation's most vulnerable people continue to suffer from poor health outcomes across a range of indicators including self-reported health, life expectancy and morbidity. |





## ◀ Resources

## 5. Communications and engagement

| Ref       | Date | Format  | Author                                | Title                                                                                                    | Description                                                                                                                                                                                                                                                                                                                                                                 |
|-----------|------|---------|---------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>76</b> | 2014 | PDF     | BAMER Working Group / LB Hackney      | <b>Cultural Competency Toolkit</b>                                                                       | A toolkit for all NHS staff working with Black, Asian and Minority Ethnic and Refugee communities. Includes cultural profiles, assessment tools for staff and organisations, along with useful guidance.                                                                                                                                                                    |
| <b>77</b> | 2015 | Website | NHS Choices                           | <b>Health information in other languages</b>                                                             | Tips on how to translate information, plus existing resources to share.                                                                                                                                                                                                                                                                                                     |
| <b>78</b> | 2016 | Website | NHS England / NESTA                   | <b>Realising the Value Programme</b>                                                                     | Realising the Value was a programme funded by NHS England to support the NHS England Five Year Forward View. It ran from May 2015 to November 2016.<br>The NHS England 'Five Year Forward View' set out a vision for the NHS to develop a new relationship with patients and communities and support people with a long-term condition to manage their own health and care. |
| <b>79</b> | 2017 | PDF     | NHS England                           | <b>GP Online Promotional Toolkit</b>                                                                     | This toolkit will help practices promote GP Online services to the public, as well as increase patient awareness so that they are able to use GP online services.                                                                                                                                                                                                           |
| <b>80</b> | 2015 | PDF     | Healthwatch England                   | <b>Primary Care</b> – a Review of local Healthwatch reports                                              | Feedback from patients and public via local Healthwatch organisations in England.                                                                                                                                                                                                                                                                                           |
| <b>81</b> | 2016 | Website | NHS England                           | <b>NHS England Involvement Hub</b>                                                                       | Find out all you need to know about patient and public involvement                                                                                                                                                                                                                                                                                                          |
| <b>82</b> | 2015 | PDF     | NHS England / Wessex Community Voices | <b>'Choosing and Buying Services together'</b> – NHS England & Wessex Community Voices                   | Step by step guidance on how to involve the public in planning, designing, buying and monitoring services, and advice on how to work with your local Healthwatch and voluntary sector organisations.                                                                                                                                                                        |
| <b>83</b> | 2016 | website | NHS England / NAPP                    | <b>'Building Better Participation'</b>                                                                   | A resource to support effective Patient Participation Groups.                                                                                                                                                                                                                                                                                                               |
| <b>84</b> | 2017 | website | NAVCA                                 | <b>National Association for Voluntary and Community Sector Associations (NACVA) Directory</b>            | Find your local voluntary sector support organisation.                                                                                                                                                                                                                                                                                                                      |
| <b>85</b> | 2012 | PDF     | Keele University/NHS Stoke-on-Trent   | <b>Action on Health Literacy in Stoke-on-Trent:</b> Engaging South Asian men and young men with diabetes | Full report on a project addressing low health literacy in Stoke on Trent (in 2003 Stoke on Trent had one of the lowest health literacy scores in England).                                                                                                                                                                                                                 |



## ◀ Resources

|           |      |         |                                |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                 |
|-----------|------|---------|--------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>86</b> | 2011 | PDF     | NHS Leeds West CCG             | <b>Patient Involvement</b> – A guide to involving patients and carers in GP practices | The aim of this guide is to offer some support and practical guidance to GP practices, who are interested in involving patients and carers in the running of their practice. The guidance will also support practices in achieving their Patient Participation Directed Enhanced Service (PPDES).                                                               |
| <b>87</b> | 2016 | Website | LGBT Foundation                | <b>Pride in Practice</b>                                                              | Pride in Practice is a quality assurance support service that strengthens and develops your relationship with your lesbian, gay, bisexual and trans (LGBT) patients within your local community.                                                                                                                                                                |
| <b>88</b> | 2016 | PDF     | Clinks                         | Clinks - <b>Guide to Service User Involvement and Co-production</b>                   | A guide to service user involvement and co-production for those working with offenders and their families.                                                                                                                                                                                                                                                      |
| <b>89</b> | 2016 | PDF     | Clinks                         | Offenders and their Families - <b>Good practice to service user involvement</b>       | This guide showcases six current examples of best practice in service user involvement from the voluntary sector working in criminal justice.                                                                                                                                                                                                                   |
| <b>90</b> | 2015 | PDF     | Blackpool NHS Foundation Trust | <b>Religious and Cultural Beliefs - local guide - (Blackpool)</b>                     | An example of a guide containing a description of local religion and belief subgroups, along with contact details of representatives who can be approached for further information.                                                                                                                                                                             |
| <b>91</b> | 2015 | PDF     | NHS England                    | Equality Delivery System 2 - <b>Guide to engagement with the voluntary sector</b>     | This guide has been produced by the Race Equality Foundation, in partnership with the National LGBT Partnership, Disability Rights UK and Men's Health Forum. It has been developed in collaboration with service users, voluntary and community organisations, and key stake-holders from Foundation Trusts, Healthwatch England, NHS Employers, CCGs and CQC. |



## ◀ Resources

# 6. Case studies and other tools

| Ref | Date         | Format               | Author             | Title                                                                                                | Description                                                                                                                                                                                                                                                                                                               |
|-----|--------------|----------------------|--------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 92  | 2015         | PDF                  | NHS England        | Prime Minister's Challenge Fund: <b>Improving Access to General Practice</b>                         | The independent national evaluation of the Prime Minister's Challenge Fund (wave one)<br>This first evaluation report reviews their progress to date and assesses the extent to which the core programme objectives were met.                                                                                             |
| 93  |              |                      | All PP1-intro      | Practice Health Navigators – Robin Lane Medical Centre, Leeds                                        | 50 volunteer practice based navigators working alongside the practice team to engage with patients and local populations.                                                                                                                                                                                                 |
| 94  | 2010-present | Website / Case Study | NHS England        | <b>Cornwall Pathfinders Project</b> – Social Prescribing & Practice Based Navigators                 | GPs across Cornwall have been working with Age UK to improve the quality of life for older people.                                                                                                                                                                                                                        |
| 95  |              |                      | NHS England        | <b>Bradford CCG's fund GP receptionists training to improve patients' experience of primary care</b> |                                                                                                                                                                                                                                                                                                                           |
| 96  |              |                      |                    | Bevan Healthcare – <b>involving people from socially excluded groups</b>                             | Bevan Healthcare in Bradford has won award for its approach to involving excluded groups in primary care provision, and supported involvement of people at a national level (includes homeless clinic, street outreach, volunteer practice health champions, ESOL classes, and working with asylum seekers and refugees). |
| 97  | 2016         | PDF                  | Action for Carers  | <b>GP Carers Prescription Service in Surrey</b>                                                      |                                                                                                                                                                                                                                                                                                                           |
| 98  |              |                      |                    | <b>Using phone consultations</b>                                                                     |                                                                                                                                                                                                                                                                                                                           |
| 99  |              |                      |                    | <b>Online consultations at Docklands Medical Centre</b>                                              |                                                                                                                                                                                                                                                                                                                           |
| 100 |              |                      |                    | <b>Group consultations for managing diabetes in Slough</b>                                           | 12 people every 40-60 minutes doubling capacity.                                                                                                                                                                                                                                                                          |
| 101 |              |                      |                    | <b>Reducing DNAs in General Practice</b>                                                             |                                                                                                                                                                                                                                                                                                                           |
| 102 | 2015         | PDF                  | Men's Health Forum | <b>How to engage men in self management support</b>                                                  | This how to guide condenses the findings from a systematic review into practical, user-friendly advice for those whose job it is to design and deliver services to support men to manage long term conditions.                                                                                                            |



## ◀ Resources

## 6. Existing resources to help improve access to GP services

|            |      |     |                           |                                                                                                 |                                                                                                                                                                                      |
|------------|------|-----|---------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>103</b> | 2015 | PDF | AYPH                      | <b>GP Champions for Youth Health Project</b> - improving access to GP services for young people | A toolkit to help practices improve access for young people covering general access, confidentiality, feedback, and patient participation.                                           |
| <b>104</b> | 2014 | PDF | NHS Manchester CCG        | <b>Review of ways to manage in-hours activity in general practice</b>                           | A comparison of different methodologies to better manage in-hours activity in GP practices. Includes helpful tips and recommendations.                                               |
| <b>105</b> | 2014 | PDF | RCGP                      | <b>Continuity of Care in a modern day general practice</b>                                      |                                                                                                                                                                                      |
| <b>106</b> | 2009 | PDF | Practice Managers Network | <b>Improving access, responding to patients:</b> A 'how to guide' for GP practices              |                                                                                                                                                                                      |
| <b>107</b> | 2011 | PDF | Kings Fund                | <b>Tackling inequalities in general practice</b>                                                |                                                                                                                                                                                      |
| <b>108</b> | 2011 | PDF | RCGP                      | <b>Continuity of Care – a toolkit</b>                                                           | Covering continuity of care; building trust; availability of preferred GP; relationships with GPs.                                                                                   |
| <b>109</b> | 2015 | PDF | NHS England               | <b>The benefits of online test results for GP practices and patients</b>                        | Information on case studies from the views of patients, Practice Managers and GPs covering booking online appointments, ordering repeat prescriptions and access to medical records. |
| <b>110</b> | 2015 | PDF | NHS England               | <b>How to implement detailed coded record access</b>                                            | Information on case studies from the views of patients, Practice Managers and GPs covering booking online appointments, ordering repeat prescriptions and access to medical records. |
| <b>111</b> | 2015 | PDF | NHS England               | <b>How to promote online GP services to patients</b>                                            | Information on case studies from the views of patients, Practice Managers and GPs covering booking online appointments, ordering repeat prescriptions and access to medical records. |
| <b>112</b> | 2015 | PDF | NHS England               | <b>Safe access to online records – A practice's view</b>                                        | Information on case studies from the views of patients, Practice Managers and GPs covering booking online appointments, ordering repeat prescriptions and access to medical records. |
| <b>113</b> | 2015 | PDF | NHS England               | <b>Benefits of online access to records for GP practices and patients</b>                       | Information on case studies from the views of patients, Practice Managers and GPs covering booking online appointments, ordering repeat prescriptions and access to medical records. |



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