



# ALLIANCE Insight

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People at the centre



## Health, Wellbeing and Primary Care during the COVID-19 Pandemic

People at the Centre – Mobilisation Recovery

## Introduction

This paper summarises the lived health and wellbeing experience of a broad range of people living in Scotland during the COVID-19 pandemic, in relation to Primary Care, as captured by the People at the Centre Engagement Programme (PATC).

The PATC programme of activity was led by the Health and Social Care Alliance Scotland (the ALLIANCE) in collaboration with delivery partners including Healthcare Improvement Scotland – Community Engagement, in order to rapidly capture insights from people with lived experience to help inform the Mobilisation Recovery Group's (MRG) work in the re-mobilisation of health and care services.

## Context

A system wide Mobilisation Recovery Group (MRG) was established in June 2020 with a role and remit to:

- Generate system wide input into decisions on resuming and supporting health and social service provision following the COVID-19 pandemic outbreak in Scotland
- Contribute to strategy and policy on how Scottish Government and planning partners best approach and support health and social care reform, as part of the Renew programme, and identify and harness opportunities for transformational change in primary, secondary and community care settings.

A key priority of MRG was to ensure a person centred approach to re-mobilisation across health services in Scotland.

The Cabinet Secretary invited the ALLIANCE, as a member of MRG, to lead engagement work with people in Scotland to ensure there was a wide person centred focus from the outset of remobilisation efforts and, from the perspective of people who access support and services, that the voice of lived experience would be heard.

The PATC Programme was set up to deliver a series of engagement activity, managed by the ALLIANCE, to inform short and longer term reform of the health and care support system, following the COVID-19 pandemic outbreak in Scotland.

The aims of the PATC Programme are to:

- Hear the voices of people across Scotland about what health and care support and services should look like in a post-COVID-19 environment
- Capture learning and feedback on current experiences from people and third sector partners – particularly relating to health inequalities and individuals and

communities who have been disproportionately impacted by COVID-19 – to inform the process of remobilising health services

- Better understand the needs of populations and how services can meet public health needs in a sustainable way
- Contribute to informing Scotland’s prevention and early intervention agenda and Public Health priorities
- Design and deliver an inclusive and diverse programme of engagement and communication activity, which ensures people are supported to participate and their voices are heard.

## **Fundamentals of method and approach**

To achieve the aforementioned aims, the ALLIANCE designed a programme of engagement activity that included:

- Facilitating a national conversation on health and care in Scotland
- Developing an ALLIANCE member reference group
- Building public health informed person centred engagement
- Creating a living profile of health inequalities challenges, experiences and solutions
- Capturing community resilience best practice exemplars.
- Co-designing a research module for the HIS Community Engagement led Citizens’ Panel (findings reported separately).

The engagement process was designed with an Equalities and Human Rights Approach as a founding principle and significant work was done to involve people from a diverse range of perspectives, communities, and backgrounds. Engagement activity was delivered from September – December 2020.

Part of this approach included ensuring that there were non-digital engagement options available. Throughout the activities there were opportunities for people to take part using telephone, postal service, or face to face in line with current physical distancing guidelines.

To ensure this diversity of perspective within the programme and increase its reach, the ALLIANCE worked with a range of partners (Appendix 3 in Full Report) and contributors (Appendix 4 in Full Report) from across the health and social care landscape, inviting them to promote the programme’s own activities, or to take forward their own.

Across these activities over 1000 people in Scotland shared their views with the People at the Centre programme, resulting in a rich bank of experiential data. The programme took a thematic, qualitative approach to analysing the experiences shared, identifying the common and divergent themes occurring across people's feedback, case studies and wider published literature.

This paper does not attempt to reference every piece of evidence submitted, but instead draws out key themes and learning regarding the lived health and wellbeing experience of Primary Care during the COVID-19 pandemic. Experiences shared in this paper relate specifically to Primary Care, however, many of the findings, conclusions and recommendations held within the full report "Health, Wellbeing and the COVID-19 Pandemic: Scottish Experiences and Priorities for the Future" remain equally pertinent. This paper should, therefore, be read alongside the full report of the findings.

The Full Report of the findings from the programme, including healthcare experiences beyond Primary Care, is available on [the ALLIANCE's website](#).

This paper therefore offers a snapshot in time of the health and wellbeing experience of people in Scotland during the COVID-19 pandemic and is useful for both understanding what this has been and informing the priorities for remobilising Primary Care and the future.

## Primary Care: Varied, but valued

Acknowledging the crucial role of Primary Care and its value to individuals, this paper outlines prominent themes identified in relation to people's experience of Primary Care during the pandemic. Key elements of good practice have been drawn out from the experiences people shared as working well for them and demonstrate the type of care people want to receive. When considering how to remobilise Primary Care services with people at the centre, these examples and people's wider experiences can be learned from.

People's experience of accessing healthcare services during the pandemic has been mixed and contradictory, varying with geographic location, healthcare service and people's individual, personal contexts. This variation in experience for people across Scotland has been particularly true for Primary Care services.

For some services, such as pharmacy, people shared almost universally positive experiences, whilst others, such as screening, prevention and vaccination services, were more mixed. Respondents' experiences of General Practice were particularly varied.

The value that people place on Primary Care services has also been clear through this work. People spoke about how much they value contact with their health professionals, their connection with them and their appreciation for the dedication and hard work which has been shown during the COVID-19 pandemic.

**"I really miss the contact with my doctor face to face, I really miss the connection."**

## Responsive Services

Many Primary Care services have been experienced positively and supported people to stay well. The following section of the paper provides an overview of the experience of a number of Primary Care services, sharing key elements of good practice that people identified through this programme.

### Pharmacy

Almost all respondents who shared experiences of using pharmacy services agreed that these worked well for them and exceeded the expectations of the communities they serve. People valued that pharmacies continued to be available at similar levels as pre-pandemic, and that the use of mechanisms such as home delivery increased flexibility for the person using the service.

#### “Pharmacy staff to be commended”

People also spoke positively about experiencing effective coordination between General Practice and pharmacy staff, where prescriptions were automatically sent to pharmacies, without requiring the involvement of the individual.

Key Elements of Good Practice
Continued availability of prescriptions and repeat prescriptions
Prescriptions were available quickly
Increased availability of home delivery of prescriptions
Prescriptions have been able to be arranged over telephone
Coordinated prescription service with General Practices

### Vaccination

Experiences of vaccination were slightly more mixed, though still largely positive, with the Flu vaccination being the most commonly mentioned form.

“Our kids have had vaccinations and routine appointments over the period with no delay or interference.”

Where there has been variation in people’s experiences, this generally related to the process by which they have been able to receive their vaccination. Some people were pleased to have been able to have a health professional travel to their home for “front door step” vaccinations, however, others have had to travel significant distances or visit locations which do not meet their accessibility requirements.

“[I have] Hip pain - the flu vaccine used a football stadium with bad directions and lots of steps!”

People also spoke about the benefits of being able to coordinate vaccination appointments with their partners, families or people they have caring arrangements with. Some people in Scotland were able to organise this and therefore minimise

visits to health centres accordingly, whilst others had requested it, but were not accommodated.

For this service too, there were examples given of vaccinations being effectively coordinated with other Primary Care services.

“I made an appointment to visit my GP for my annual blood test so that I could renew a repeat prescription. I was offered a flu jab at the same time, even though my GP was not providing its usual flu jab clinic.”

<b>Key Elements of Good Practice</b>
Continued availability of vaccinations
Flexible location for vaccination administration and ability for health professionals to deliver them on people’s “front door step”
Flexibility for partners, families and/ or carers and the people they care for to coordinate their vaccination appointments together
Coordinating appointments across Primary Care services

### Screening and prevention

Screening and prevention services were spoken about less commonly than some other Primary Care services. A small number of people spoke about attending breast screening services and smear tests, but others found that these services were unavailable. Where people were able to access screening appointments they spoke about this positively and highlighted the reassurance they felt in having their health monitored.

“I was happy that my annual smear still went ahead as follow up to having cervical cancer 3 years ago”

<b>Key Elements of Good Practice</b>
Continued availability of screening and prevention services

### Dental Care

The vast majority of people who shared experiences relating to dental care highlighted that this service had been unavailable to them. It was also a service which people mentioned frequently as choosing themselves not to access.

One significant concern raised by multiple responses was that private dental treatment had been available when NHS treatment was not. People spoke about the unfairness and inequity of this, but also the confusion surrounding how dental care could be deemed safe within private practice, but not in NHS settings.

“Have paid twice for unavailable NHS dental treatment”

<b>Key Elements of Good Practice</b>
Alignment of the availability of NHS and private dental care

## General Practice

The experience regarding General Practice has been particularly varied. Some General Practitioners (GPs) have continued to be easily available for on-going support and for face to face appointments where necessary, however, this positive experience has not been consistent across participants.

Experiences relating to accessing, or attempting to access, General Practice throughout the pandemic were the most commonly shared healthcare experience in this engagement activity. This emphasises the important role of General Practice as a gateway into the health service and first point of contact, as well as the significance of General Practice to people's health and wellbeing.

Many people have had positive experiences with General Practice services and shared that they *"can't fault services,"* and *"have returned phone calls and triaged the same day"*, many others have benefited from regular communication and *"received weekly phone calls from [my] GP which has been reassuring sometimes twice weekly."*

However, a larger portion of respondents have not been able to access the care that they need, have shared their difficulties in gaining access to their GP and have highlighted other instances which have not worked so well for them.

*"feel the practice have shut shop since the beginning"*

Due to the quantity and complex nature of the experiences shared in relation to General Practice, these will be explored further in the following sections: Access, Communication; Person Centredness.



## Access

As has been previously stated, many people had positive experiences of General Practice during the pandemic, however, more experienced difficulty accessing appointments and appropriate care.

Where people felt their access to GPs had continued and been well supported, they spoke about having speedy appointments with health professionals who listened to their concerns and referred them in a timely manner.

Where people shared that their access to General Practice had been inhibited, they described feeling that unless they had COVID related needs the service was not available to them. Some people had received direct communication from General Practices advising them not to attend and that they were closed, others reported that they tried to get in touch but encountered engaged phone lines or were repeatedly directed to voicemail.

“I received messages from GPs advising not to visit the surgery at all, but never received a message saying it was now safe to do so.”

“My only method of contact with the surgery has been via the AskMyGP portal, as the phone is now permanently engaged, but even that has been closed down on several occasions, due to "high demand". I feel abandoned and not in the least supported.”

People also spoke about the subsequent impact on their health and wellbeing resulting from the disruption to support and services. For many, this reduced access to services which monitor their health, provide ongoing support and keep them well has resulted in negative implications for their physical wellbeing.

<b>Key Elements of Good Practice</b>
Continued availability of General Practice, including to contact and make appointments
Timely appointment and referrals
Clear, consistent communication (discussed further in the section “Communication”)
Continued availability of health management and monitoring support

## Digital delivery

Where traditional, face to face access to healthcare services has been reduced, this has been supplemented by virtual and telephone consultations. This change has been well received by many, for whom it has brought benefits and greater convenience, such as not requiring people in rural communities to travel long distances for appointments.

“saves time, travel and fuel”

“My doctors surgery been very helpful. Got diabetic review over the phone”

**Good practice:**

From 23<sup>rd</sup> March all GP Practices in Shetland moved to telephone triage as first point of access, and increased usage of Attend Anywhere. Lerwick Health Centre introduced the “AskmyGP” system, which enables patients to contact the practice 24/7 with queries and to ask for either an email or telephone response. The system currently has a 97% satisfaction rate amongst patients, with very good feedback. It is not the only way to contact a clinician but gives an additional route that patients can use, which is proving particularly popular amongst those for whom an email response is appropriate.

Some respondents however, highlighted discrepancies in the technologies available and being utilised by General Practices. Some surgeries were utilising NHS Near Me, whilst others were only using phone appointments. People, particularly those with sensory impairments or specific communication needs, emphasised the importance of having multiple communication channels available (this is discussed further under the heading “Communication”).

“A number of people told us that their GP practice does not use video calls, only phone calls. One person said that this does not suit her at all. She really values seeing her doctor face to face, and she struggles to explain her symptoms over the phone. She gets panicky, and forgets to say what she had planned to say.”

Digital exclusion was also expressed as a key concern of participants and that consideration needs to be made for people who are unable or prefer not to access digital technology, who lack the necessary digital skills and/or who may require support from paid/unpaid carers to take part in a virtual appointment; mechanisms need to be put in place which appropriately identify and support these individuals.

We also heard it was important to people to be able to maintain privacy, dignity and confidentiality during a virtual consultation in the home and this should be taken into consideration when carrying out appointments.

“It matters that doctors' surgeries are accessible to be seen within a day or two and are in person, and private. Currently my surgery is seeing no-one apart from phoning you back in a video consultation at a set time or calling back at a random time. This is not good enough as some matters are so private to people that they do not wish even their partner to be present in the appointment, which currently, due to Covid19, I could not avoid.”

Interestingly, there was also a lack of confidence in digital services being able to provide the same level of care and support as face to face. It was strongly felt that whilst digital services may be appropriate and effective to use in a variety of circumstances, face to face appointments are a basic right which should continue to be available.

“GP only running phone consultations meant that I still feel unsure about advice to simply ignore a lump I found, despite no physical exam being performed. I don't know what to do, but I feel like I won't get any help if I raise the issue again as they're not doing in person appointments.”

<b>Key Elements of Good Practice</b>
Continued availability of digital appointments
Providing a selection of booking channels, including online booking
Flexibility in providing digital systems; choice of telephone or video consultations and ability to share photographs etc. directly with GP
Choice in whether accessing a digital appointment or face to face.

## Communication

The role of communication in people's experience emerged as another theme from across the evidence received, describing the impact that limited, disrupted and inaccessible communication can have, as well as how effective communication can support the delivery of Primary Care services.

As has previously been mentioned, many people have shared difficulties in contacting and communicating with their General Practice.

"Issues with GP phone lines, took me 18 attempts to get appointment"

People also spoke about their appointments being cancelled or postponed at the start of the pandemic, after which they had no further communication and were left unsure as to where they were within the care pathway or what to do next.

"Lack of access to diabetes health checks due to the pandemic and have not heard since."

Some people gave examples of having appointments delayed but receiving on-going communication and an explanation of why this change had taken place. When this had happened people felt reassured and less like they had been "left in limbo".

<b>Key Elements of Good Practice</b>
Receiving on-going communication regarding the status of postponed or cancelled care

### Inclusive communication

The importance of having multiple communication channels to General Practice available was made many times. Some people shared that their General Practice had been offering services and communication through only one method, which left people with specific communication needs excluded.

"Almost all communication during the pandemic was available by phone. There wasn't any I could see that are considerate for deaf people like chats, emails or video calls."

Where people had been given choices regarding how they could communicate with General Practice or had been contacted via multiple methods to ensure inclusivity this was welcomed.

"More choices rather than being told that it's one way or another."

It was also highlighted that for there to be effective on-going support for people with specific communication requirements, their needs should be recorded in their patient notes and these consulted before sending communication or information. Therefore, in any follow up communication their preferred method would automatically be used.

It was also felt that some health professionals in General Practice need a greater awareness of the needs of people living with sensory impairments, particularly visual. Increased awareness would enable these professionals to nurture the conditions for people with sensory impairments to communicate effectively, and also increase their confidence in supporting individuals to access their GP through practices such as guided walking.

<b>Key Elements of Good Practice</b>
Providing multiple communication channels
Recording and utilising people's preferred communication method
Awareness of the needs of people living with sensory impairments
Prioritising communication to the practice population where changes to service delivery are being made

## Person Centredness

### Connections and relationships

It has been clear that people really value the connection and relationship that they build with their GP, and that disruptions to this, or being required to see another practitioner can cause difficulties for some individuals.

Where people have seen a GP that they trust, and whom has demonstrated empathy, listened and connected with them on a human level they spoke extremely positively about their experience.

“GP took a lot of time to speak to me and showed a lot of empathy and encouragement”

This on-going relationship and continuity of care was particularly important for people with disabilities, living with long term conditions and those who access on-going health support and management. Having access to a health professional who knows their background, conditions and whom they trust was seen as vital aspect of person centred care.

“if you are lucky enough to get through <to the GP> on phone ... it is like speaking to a stranger who doesn't know your medical history”

People also highlighted the importance of this relationship and understanding of them as an individual in ensuring that the care they received is personalised and effective. Many people with long term conditions, sensory impairments and disabilities shared that the typical 10 minute appointments offered do not work well for them, due to reasons such as: an inability to communicate during that time frame; having multiple interconnected conditions to discuss; requiring external support to communicate from carers or interpreters.

“Cause of my epilepsy, I can suddenly forget things. My new doctor asked me about my medication, but I forgot my diary and tried to call my mum to get the information but couldn't. I could tell this doctor was getting frustrated and was very firm about saying they had someone waiting and couldn't wait any longer”

When people felt that their GP was “*taking time to listen and offer support*” they were reassured and felt better supported.

<b>Key Elements of Good Practice</b>
Being able to access the same health professional if required
Forming on-going relationships with people who access services
Health professionals who demonstrate listening, understanding and empathy
Flexible appointment lengths and times.

## Power balance

Power and gatekeeping was a subject also frequently raised by respondents. People strongly felt that they should be equal decision makers in their care, but that during the pandemic this had been delayed or suspended without their consideration or involvement and that they felt disempowered.

People specifically spoke about needing to be involved in conversations regarding the balance of risks during the pandemic. Some on-going health management and monitoring services were withdrawn in order to reduce the risk of COVID-19 transmission and to protect capacity within the NHS. However, many people who access these services felt that for them as individuals, the inability to use them posed a greater risk to their health and wellbeing than the pandemic itself. Participants highlighted the importance of being involved in the conversations which lead to these decision being made, but also in finding, agreeing and identifying provision of alternative supports which will keep them safe and well.

Receptionists in particular were viewed as gatekeepers by some respondents. These people were not comfortable sharing medical details with a receptionist and found it uncomfortable and inappropriate. They also shared that they felt receptionists triaged them away from the care that they needed and acted as a barrier to people seeing their GP.

“getting past the receptionist is very hard”

It is unclear from the submissions whether people had been inappropriately directed by reception staff, but what is clear is that these people lacked confidence in their ability to appropriately direct and signpost.

There was also agreement that for remobilisation to be effective and put people at the centre, then it must be shaped and informed by people with lived experience.

<b>Key Elements of Good Practice</b>
People should be involved in decision making regarding the delivery of their care and the balance of risk
Reception staff and the people who access General Practice maintain good relationships and are confident in each other's ability and role.
The remobilisation of Primary Care should involve people with lived experience as active and equal partners in decision making

## Concluding Remarks

In the coming months and years, the remobilisation of healthcare services provides a unique opportunity to rebuild, redesign and renew the healthcare system in Scotland. Primary Care for many individuals is the entry point to this system, and as such is integral to this process of renewal.

The pandemic has exposed limitations and weaknesses within our current healthcare structures, but it has also shone a light on the ability of services to adapt, innovate and deliver high quality care. Pharmacy has been commended for its response and vaccination services are laying the foundation for the road out of the pandemic.

Lessons can be learnt from the experiences shared as to what people fundamentally need to be in place to live well, and also from the examples shared throughout this paper of health professionals and systems delivering high quality care during a challenging time.

As the remobilisation of Primary Care continues, people should be involved as active and equal partners in every step of this process, informing and contributing to the development of a healthcare system with people at its centre.

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## About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of nearly 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

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