

Space to Breathe: GP Access Project

Pilot Project Report
October 2023



This pilot project was funded by a SpeakUp grant from Healthwatch Sheffield and we're very grateful for their support.

Partners in the project include Chapelgreen Surgery, Lived Experience Team, Healthwatch Sheffield and Space to Breathe.

We are also very grateful to the Synergy Alliance for their ongoing support.

Executive Summary

Building on initial anecdotal feedback and research, we consulted 78 people from across Sheffield and used a specific installation at Chapelgreen Surgery to receive a mix of responses to the questions of what the challenges are to receive mental health support at a General Practice (GP) Doctors Surgery and what suggestions might make things better. We used a mix of Quantative/qualitative data and then more creative and emotive responses through the creative arts.

Through the process key issues emerged of:

- The problems in getting an appointment
- The importance of a caring and understanding approach at a Surgery Reception Desk and understanding of what life is like for those facing mental health challenges.
- The specific dynamics of mental health and getting support and the ways the current system doesn't always help people.

Suggestions were made about the importance of patient feedback, ideas and positive experiences. Overall, this process highlighted the mutual benefits to everyone when patients are involved and listened to.

This report makes some initial recommendations to take forward at Chapelgreen but also ones which can speak into other surgeries across Sheffield. These can be summarised as:

- The trial of imaginative ideas to change perception and experience of making appointments.
- Creating other routes to care & reviewing how crisis issues are dealt with.
- Recognition of the increased demand and higher number of patients experiencing mental health challenges e.g. training, having a designated doctor etc.
- Patients requesting more help. We recommend the sharing of good news stories where "more" is being delivered would encourage people to get in touch.
- Signposting to other services more effectively.

This report gives a detailed summary of our project and its findings and we hope provides a foundation for reporting this project in other surgeries across the city.

Project Report

Project Background

Throughout 2023, Tammy Raines, a ReThink Expert by Experience has been compiling anecdotal feedback with regards to the barriers that exist to people accessing mental health support in GP Surgeries and also the barriers that staff encounter in helping and supporting people. Her research found that it is hard for people with serious mental health challenges to get an appointment but also that staff can face challenges such as rude behaviour, a lack of patience from individuals and other communication challenges. Her initial research suggested that both patients and staff need to work together to improve the situation.

Space to Breathe (working with a consortium of like-minded agencies) approached Healthwatch Sheffield for a Speak Up Grant to run a pilot listening process at Chapelgreen Surgery (Chapelton/Burncross) which mixed creative arts and encouraging imaginative patient responses with a wider survey. We believe this one surgery pilot would then enable us to begin to have a city- wide conversation. We are aware each surgery works individually within Primary Care but this approach could lead to a good practice case which may influence others.

Project approach

We believe this is a crucial question as people are encouraged to make their GP their first point of call when facing a mental health challenge. Furthermore, the surgery is the core place for medication, ongoing assessment and local support – something that is crucial within the Community Mental Health Framework.

The research will aim to ascertain:

- What are the main challenges/barriers for patients and staff in organising mental health support? This might cover communication issues, appointments, cultural barriers, challenges with prescriptions etc.
- What training or initiatives might improve the situation? This might look like a co-design resource helping people understand each other's needs.

Our proposal was to focus these efforts initially on one surgery and we are working with Dr Lisa Philip, partner at Chapelgreen. We used a mix of questions and response, but also create a piece of art which prompts an emotive response on this issue and encourages different feedback and more heartfelt comments too. The installation was housed in the surgery for one week and patients and staff encouraged to respond. These comments added to existing feedback gathered would enable us to see the picture of mental health care at Chapelgreen Surgery and formulate ideas and proposals to help. We also met with a group of women in

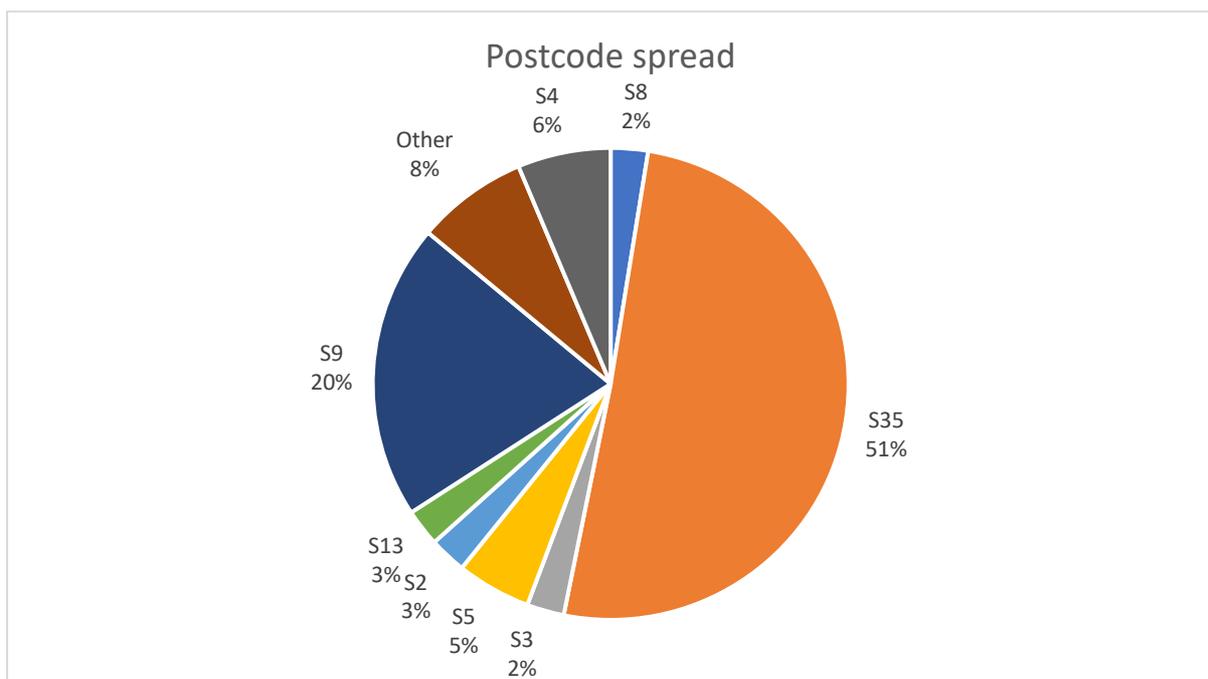
the Darnall area and used a conversational and creative approach to receive further feedback.

Audience

We heard from 78 people through this project. This includes:

- Our online survey, which gathered 33 responses during September
- Our installation at Chapelgreen surgery, which was present for 5 days from 18 September and helped us hear from 25 people
- Our work with Darnall Women’s Group where we spoke and received feedback from 20 women.

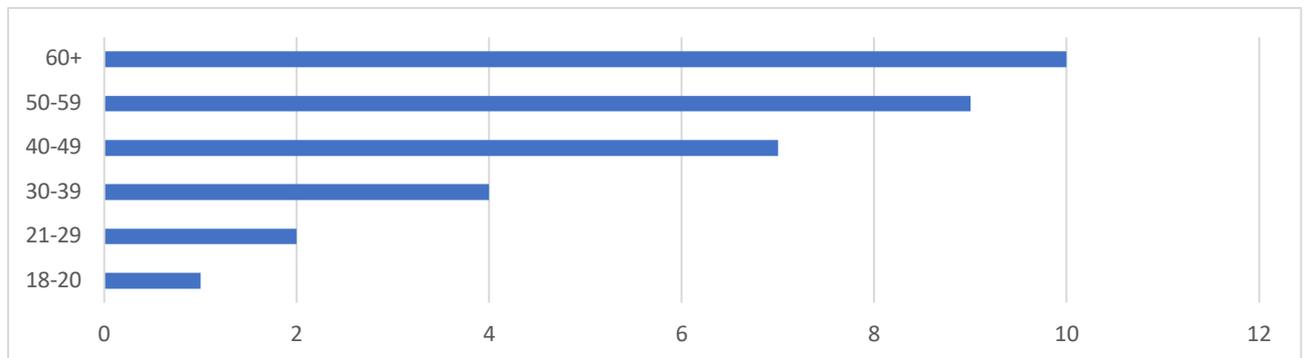
The postcode survey below helps us understand where people came from across the city. Most representation is understandably from S35 given our Chapelgreen pilot, but we have a decent spread of other regions in the remaining 49% of the survey. Darnall postcodes (S9, S4) are also well represented.



The chart includes postcodes with only one representative in "other" which includes postcodes from S10, S20, S26, S10, S12 and S6.

Gender representation from the online survey & the work in Darnall heavily favours the opinions of people identifying as females (25/7 in online, 20/0 in Darnall.). The work in Chapelgreen had more of a 50/50 split male/female. Respondents mainly identify as White British, with about a third identifying as from Black British or Asian British heritage.

We also asked about an age range in our online survey. The spread is as follows, showing an oversample of those 40+ although this does somewhat represent the demographics of the Surgery.



It is important to note that many of the responses we had to both online surveys and also in engaging with the installations, were from people who were carers for relatives or friends. 40% of respondents identified as carers and many completed responses on behalf of those they care for. Of those sampled, 55% had a Mental Health condition and 25% had a physical or mobility impairment. 45% identified that they had a long-term health condition.

The Story of Our Project

Our project centred on an installation from Monday 18th September to Friday 22nd September at Chapelgreen Surgery. A group activity took place at Darnall Women's Group where input was received from women from the Darnall area where Tammy asked key questions from our research. Thirdly, we ran an online survey to compliment the group work. The survey was available through Survey Monkey throughout September.

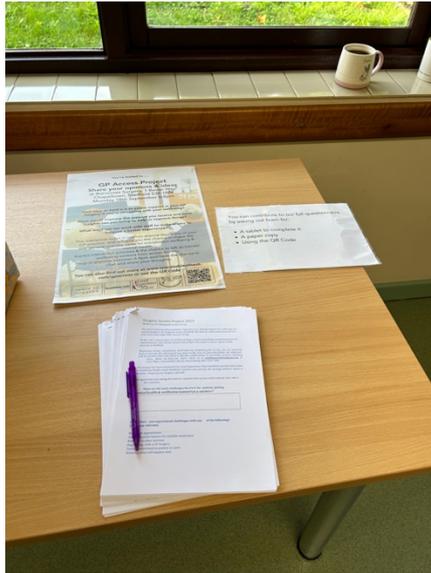
Pictures from the installation can be found below:



The project took place in w/b 18th September at Chapelgreen Surgery



Artwork inspired emotive responses and creative thought.



Questionnaires were gathering in person and online.



Participants take part in the installations and talk to our team



Our team, including staff from the Surgery, VAS, Space to Breathe, ReThink and the Network North Primary Care Network.

Tammy Raines, whose work got the idea of this project started, reported “The pilot event was brilliant. We had amazing contributions from the Surgery and from people attending the evening.”

Findings

A) Barriers to access

We asked people what the challenges or barriers are they face in getting mental health or wellbeing support in a surgery. This question was asked through online survey, in conversation at Darnall and through the art installation.



You will see from this Word Cloud that the key issue was getting an appointment and the process of ringing at 8am to get one. One respondent said “you can only contact the surgery from 8am for a same day appointment and they quickly get booked up. There is always a long queue of calls and you can wait for over 45 mins for the phone to be answered. There is an online message service but again if you don’t leave a message at 8 you have no chance of getting an appointment. Not everyone is able to attend in person at 8am and queue outside just to make an appointment.”

This problem is well known. In our project plan we noted that NHS data suggested people’s positive experiences in making an appointment had declined from 71% to 56% from 2021 to 2022 (National GP Survey.) Respondents to the installation at

Chapelgreen called this a “nightmare.” In terms of Mental Health conditions, the respondents to our consultation advised that specific challenges are:

- Associated sleep problems and insomnia as a result of high stress/anxiety.
- Managing life challenges can become harder e.g. organising kids in the morning.
- Practical anxieties and challenges with using the phone and speaking to receptions.
- The need for urgent care when mental health deteriorates quickly.
- Feeling rushed when you do get through can create anxiety and stress.
- Problems with having someone ring on your behalf.

Sadly, the feeling of the challenge of this system often leads to people not ringing at all. The “experience becomes a self-fulfilling prophesy that it’s not worth trying and health needs escalate or worsen.”

In Darnall, the group leader summarised appointments as the key issue. “We are very disappointed about our GP Surgery, because we do not get appointments when we really need it.” Most of the women ended up choosing to go the Walk-In Surgery in the City Centre, enduring long waits as a result.

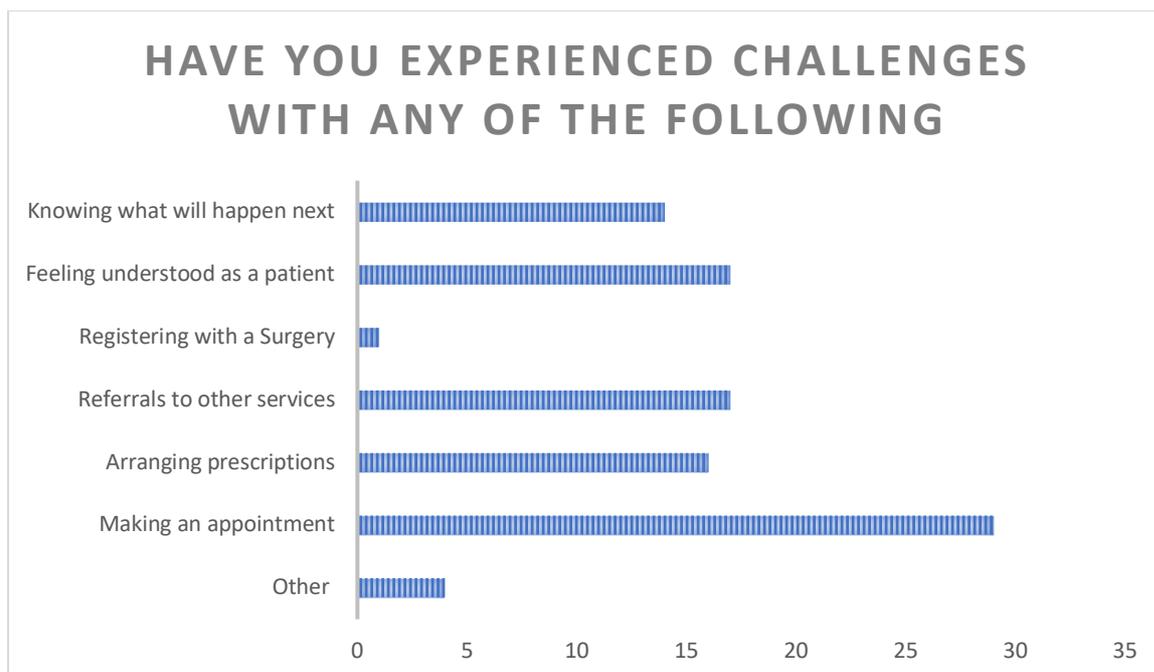
Respondents also highlighted the specific problems of sharing a mental health challenge or asking for help.

- The absence of specific wellbeing clinics.
- The perceived stigmatisation of certain conditions.
- The frustration with needing an urgent response and not receiving one.
- Either a limited access to mental health information or being so many leaflets that you “can’t see the wood for the trees.”
- Feeling that a face to face appointment is safer yet not always being able to get one. Many people also noted the expectation you have access to a video phone/FaceTime.
- Request to get “an appointment with a doctor that specialises in mental health.”

One respondent wrote “sometimes I feel I am not being taken seriously. Sometimes I don’t know what to ask for from my GP and hope they know the best way forward.”

B) Challenges

We asked specifically what challenges people had faced. The following graph summarises responses.



Respondents who answered other included:

- Having to repeat symptoms/experiences over and over again.
- Getting help for someone in crisis.
- Wellbeing Clinics being cancelled.
- Being welcomed with a “roll of the eyes” when talking about the need for an appointment.

We asked people to expand on these answers. Here are a sample of responses which feel representative of key issues that were shared.

- “My relative has severe mental health problems. He cannot get up earlier enough to make an appointment, he has severe anxiety and cannot make a phone call. His support workers can’t make him an appointment either. I have to do this, if I couldn’t then my relative is unable to access a GP because of your rules!”
- “GP Surgeries are creating challenges and barriers for patients, which creates anxieties and stress , which makes patients feel pressurised and angry.”
- “Having multiple disabilities, it needs more time to speck with my Doctor. This is extremely difficult for me and creates anxiety.”
- “I feel that Dr’s are more reluctant to physically see patients since the pandemic & resources have been spent on developing online systems rather than recruiting more Dr’s & Nurses.”
- “Lately regular prescription items have not been issued. I have to go down to surgery to explain and then I get the prescription later than usual and have run out before ready.”
- “I just feel I have been met with a rigid lack of knowledge and understanding which nearly lead to me becoming homeless. Being constantly told you are

too complex is frustrating. I've spoken to other people in my situation recently, who believe it's the services that are too complex, not us."

- "Every GP surgery in my opinion should have a dedicated GP who leads on MH to educate and share good practice with the others. Also, understanding of social prescribing seems very patchy and misunderstood between practices across the city. Some GP Practices have not even got patient forums up and running. A lot of GP practices still don't seem to understand or know about guidance to do 2 x physical health checks a year for those with serious mental illness."
- "Knowing what would happen next is a gigantic area and one that the whole of the NHS covers. It's difficult for the staff. Rather than just being told you're referred to x, being told what this likely entails (such as it might bounce back) or it'll take x long amount of time you won't hear from us for x months."

Two other elements which arose concerned travel and medication.

Many attendees at the event at Chapelgreen Surgery talked about the ongoing stresses of using public transport to get to an appointment. Even with the advent of fixed price £2 Bus journeys, the cost of getting a bus in and out of the GP surgery sometimes needed to be weighed against other costs. Patients might choose to not attend a Surgery appointment if they needed to prioritise using their money elsewhere.

On medication, there is a recognition of the continual process of repeat prescriptions for those with diagnosed mental health conditions. Surgeries vary in their approaches but some described challenges in getting new prescriptions processed in time and having day(s) of having no tablets as a result.

C) Suggestions for Improvement

These challenges led us into the the final element of the process was to look forward and to ask for suggestions for improvements. This was done in all three settings and is summarised by this Word Cloud (overleaf.)



WordItOut

It is worth noting that “suggestion ideas” number less than “complaints” (70/30 in favour of critique.) Emotions and feelings play a strong part in this factor but patient suggestions have the benefit of their experiences and as a result have a practical element to them.

Many patients suggested a better way of gaining feedback and new ideas. One respondent suggested creating ‘patient voice groups and more peer support. Patient voice groups should not be controlled by the NHS and should be patient led and facilitated by people independent of the NHS and fed back into Primary Care.”

Suggestions overall fell into four key areas:

- The desire for ‘more.’
- Thoughtful arrangements to take into account mental health needs being different.
- The process and system for booking an appointment.
- The conversations that take place at a surgery.

1. “More”

There were many overall requests for ‘more.’ Many note the realities of scarce resources but request more:

- Time to see a Doctor
- Interpreters
- Training and knowledge

- Face to Face appointments
- Funding
- Staff (primarily on Reception)
- Options for care
- Phone lines
- Printed resources available in the surgery.

2. Thoughtful arrangements

One respondent talked of the specific dynamics of Mental Health challenges that lead to a thoughtful or nuanced approach to care. One suggestion was “regular check-ups initiated by the surgery.” Other ideas included:

- Better signposting to other services
- Having a Mental Health crisis number available
- Linking with other organisations like the Samaritans
- Having a Mental Health specialist doctor

3. Process and system for appointments.

Significant mention has already been made of the appointment system.

Suggestions for change revolve around what one person described as a “system change” in this area. Ideas included the potential of two rather than one time slot to book appointments, using online or email alternatives and (as mentioned above) having some GP initiated appointments. Any change in this area would undoubtedly be received very positively.

4. Conversations

A fourth area was that of the conversations that take place at the Surgery. Mental Health patients already bring anxiety, sensitivity and the concept of stigma around their challenges. A big step forward would be progress in “compassion and understanding” about how people are received and their issues listened to. Many people suggested the concept of patient groups and support groups for those experiencing mental health challenges. There is also potential for Wellbeing Groups at the Surgery and creating specific Mental Health related spaces.

Recommendations

The following recommendations are based on the feedback we gathered from patients and staff as part of this project. Our research has predominantly focused on one GP practice in Sheffield, however the issues raised resonate across the city. There are five main areas of recommendation offered.

#1. Openness to creative ideas and trials in regard to the appointment system.

Significant feedback was received about the challenges of the appointment system for those with Mental Health challenges. This was the major point of feedback. The

concept of an 8am call, and the limited ways to make an appointment prove problematic. However, respondents also were aware of the strains on the system and there is no easy fix. The Surgery receives 100's of calls each morning for a limited number of free appointments.

We recommend experimentation takes place to try new ideas to see what might improve this issue:

- Creating two windows (maybe a second after 1pm) for booking appointments.
- Creating alternative options for those who find the phone hard e.g. online
- Having specific times/groups/doctors who are focused on mental health.

We would encourage an approach of "don't be afraid to trial things" and believe that patients would be supportive of something different being explored.

#2 Creating other routes to care & reviewing how crisis issues are dealt with

Linked to this recommendation, could alternative funnels be created where patients might get their needs met, without being caught in a scramble for appointments.

This could include:

- Creating Wellbeing Groups in the surgery and starting patient support groups and feedback processes. These groups could have the ability to softly triage need and where necessary refer to an appointment.
- Creating greater clarity on medication and particularly repeat prescriptions. Notice could be given to the idea of the Surgery having diarised follow up appointments with patients with ongoing conditions.

Furthermore, it is evident there is an impression that Surgeries to provide crisis care. Yet in many circumstances, the Surgery may only ring the Crisis Line themselves on a patient's behalf. This does seem to be an area that could be streamlined. One idea could be to publicise the option of ringing NHS 111 and selecting Option 2 for 24 Mental Health Support. We were also interested in the idea of integrating services such as the Samaritans into the way patients are supported

#3 Recognition of the increased demand for Mental Health support in the Surgery

One of the dynamics at play is that there is increased demand for mental health support. Increase in public profile, a reduction in stigma and a greater awareness of diagnosis and medical interventions may account for this. However, if we know that more people are approaching surgeries about this area, it may be helpful to consider:

- Specific training for staff to encourage greater awareness of issues patients may present with.
- Having a Doctor designated as a Mental Health specialist or focal point.

#4 The “More” Issue

Our research fed back a great number of areas where people wanted “more” e.g. more time with a Doctor, more staff on Reception etc. Our experiences at Chapelgreen suggest that investment, new ideas and the provision of ‘more’ is quite regular and that a number of new initiatives have been launched. We recommend thought be given to how new developments and good-news issues are shared with the wider public. This seems to be an easy way to encourage patients that they are being listened to.

Furthermore, we encourage experimentation in findings ways to involve patients in decision making and the process of change. For example, any proposed wellbeing group could be a place where patients can also feedback new ideas and thoughts about development. This allows patients to feel heard, providing further encouragement that things are improving.

#5 Signposting to Outside Agencies

Many respondents suggested there were challenges with signposting to outside agencies and publicising local Voluntary Sector organisations and their work. We would recommend work be done in partnership with the Synergy Alliance and Voluntary Action Sheffield to create easy access directories for local surgeries and find ways to help Surgeries know about what local services are on offer. More promotion of the Sheffield Mental Health Guide (provided by Sheffield Flourish) could be a further way to improve things.

What next

We hope the findings of our work and this report are helpful in shining a light onto the experiences of those trying to find mental health support at surgeries.

From here next steps will be:

1. Meeting with Dr Lisa Philip at Chapelgreen Surgery to feedback specifically and to share findings.
2. Working with Chapelgreen Surgery to establish a regular Wellbeing Group.
3. Publishing the report online and physically to ensure patients can take in feedback and recommendations and know that they’ve been heard.
4. Share the findings of the report with the Synergy Alliance and connect with the Primary Care Network to make sure findings and lessons learned are communicated well.
5. Our longer-term aim is to expand the project, beginning firstly to work with the rest of the Network North Primary Care Network then across the City. This report will form the basis of any further funding bids.

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