



How confident are people about accessing NHS healthcare?

healthwatch

Policy Context

- Healthwatch research from 2018 showed that 3 in 10 survey respondents were not confident that NHS services could meet their needs
- Subsequent Healthwatch research on dentistry, referrals, general practice, and elective care – all highlighted barriers to access
- The top reason for dissatisfaction with the NHS according to the 2022 British Social Attitudes Survey was access, with 69% dissatisfied because of long waiting times for GP or hospital appointments
- In the 2023 GP Patient Survey, there was 71.3% satisfaction of GP experiences, but access was again an issue, with only 54.4% satisfaction of **making** an appointment, and 27.9% of respondents avoiding making appointments due to access difficulties

Background

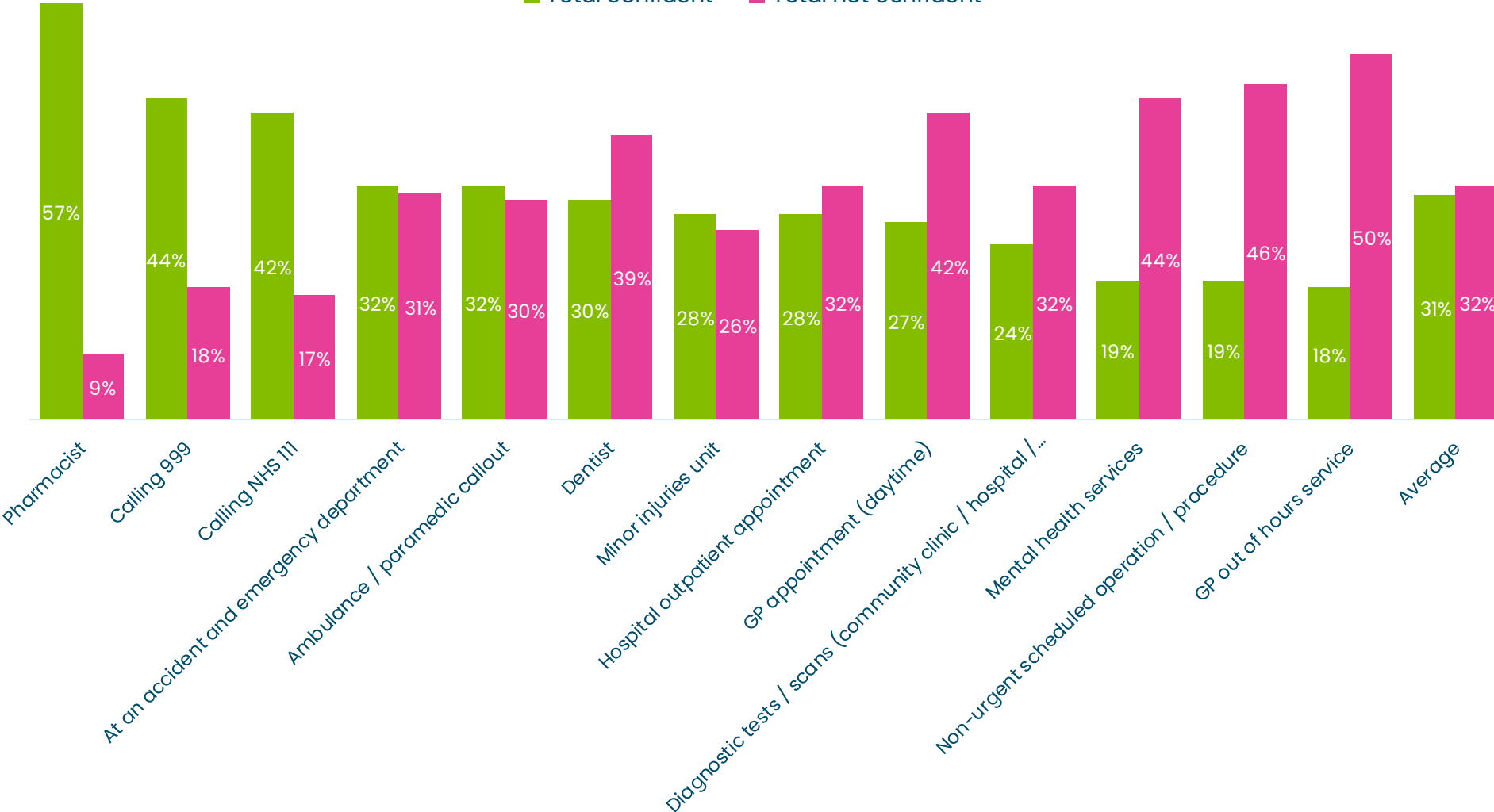
- Polling conducted 13 June to 7 July.
- Nationally representative poll of England of 2507 adults, run by Savanta.
- Primarily asked about: confidence in accessing various NHS services and what issues people find most important when it comes to their care.
- Key findings:
 - Confidence in accessing services, including critical services, is low.
 - Many say their confidence has decreased since the start of the year.
 - Confidence is lower among older people and people who are financially struggling. These two groups also say their confidence has decreased more than other groups.

Confidence

- We asked people: how confident are you that you would be able to access timely care from these NHS services if you needed them right now?
- The services we asked about included : pharmacist, calling 999, calling NHS 111, A&E, ambulance/paramedic callout, dentist, minor injuries unit, hospital outpatient appointment, GP appointment (daytime), diagnostic tests/scans, mental health services, non-urgent scheduled operation/procedure, GP out of hours service.
- For each, respondents were asked to rate their confidence: 'not at all confident', 'not very confident', 'somewhat confident', 'very confident' and 'completely confident'
- 'Not at all confident' and 'not very confident' have been combined to create a 'not confident' figure, whilst 'very confident' and 'completely confident' have been combined to make a 'confident' figure.

Confidence in accessing NHS services

■ Total confident ■ Total not confident

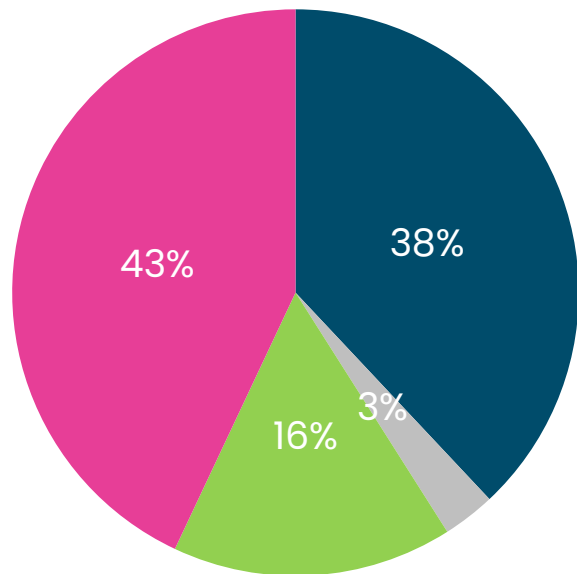


Confidence: overall

- On average, across thirteen services, 31% of people are confident they could access in a timely manner, 32% are not confident they could
- Pharmacy is the only service where over half of people said they are confident they could access it in a timely manner.
- 999 and 111 have substantially higher proportions of confidence than not, though still under half.
- In all the other services areas, the figure for those not confident is similar to or higher than the figure for those who are confident.
- In some services, such as GPs, dentists, mental health and scheduled operations, significantly more people are not confident than confident.

Confidence change: overall

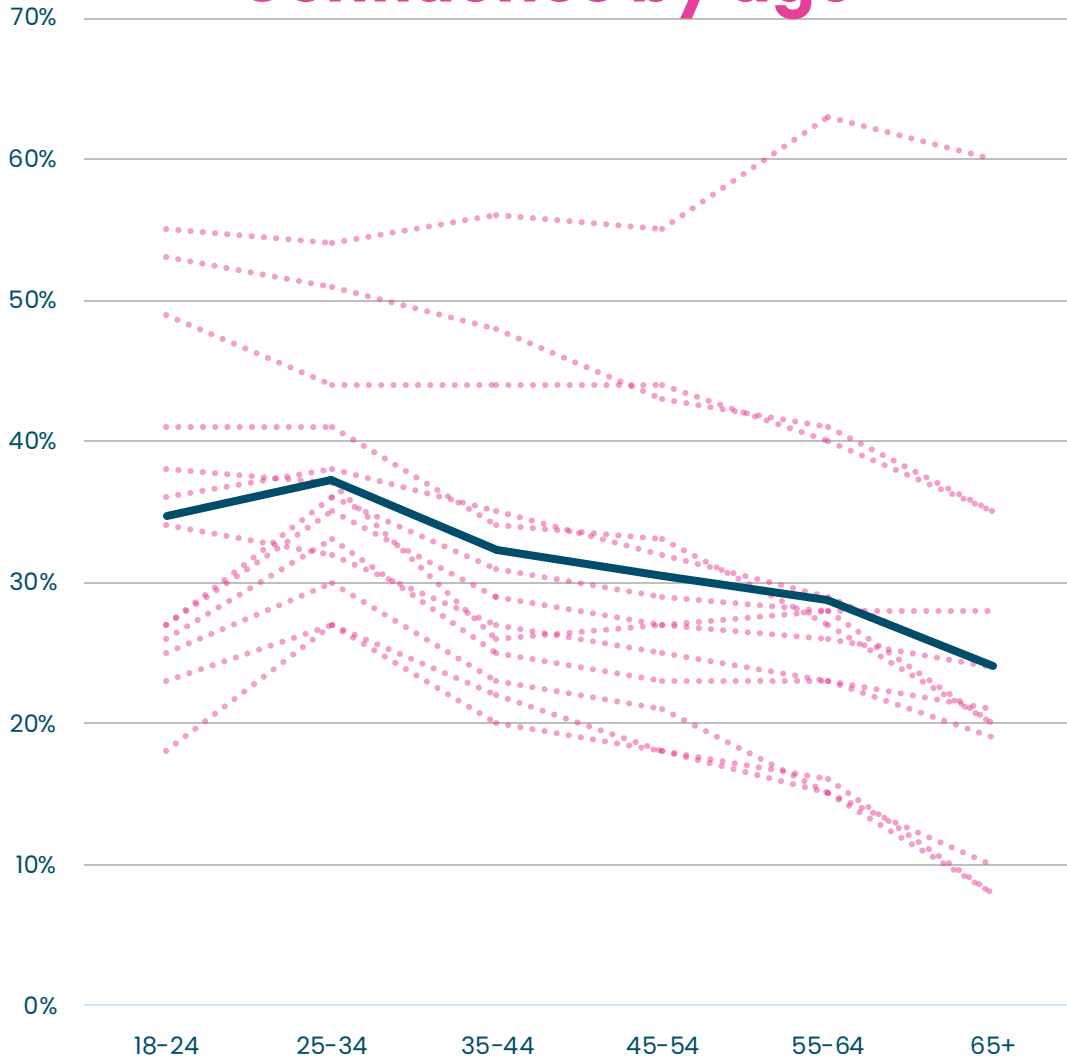
Change in confidence since start of year



■ Stayed the same ■ Don't know / unsure
■ Net: Increased ■ Net: Decreased

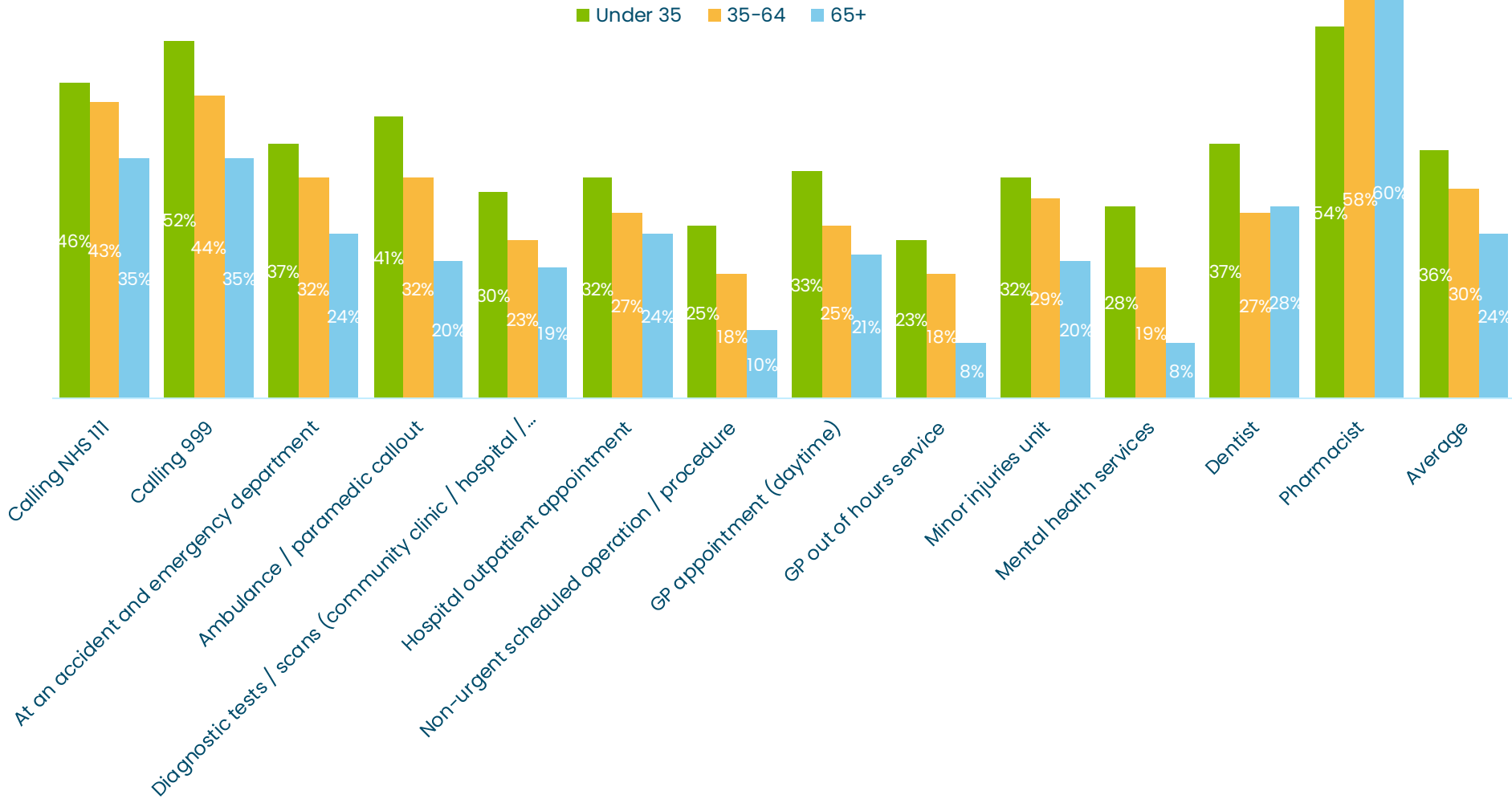
- We asked people: 'Overall, has your confidence in being able to access any of the above NHS services in a timely way changed since the start of this year?'
- 38% said their confidence had stayed the same.
- 43% said their confidence had decreased.
- 16% said their confidence had increased

Confidence by age

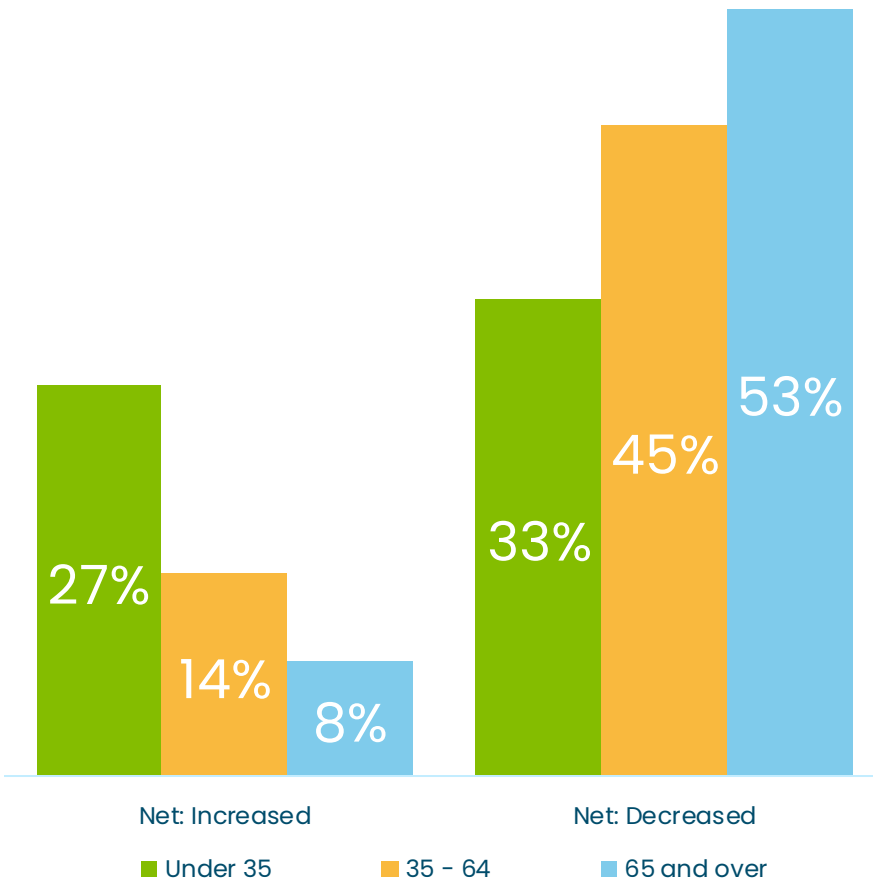


- The bold blue line is the average of all the services.
- The dotted pink lines are all the services (unlabelled).
- Confidence is lower in older age groups than younger.
- The next slides shows the figures for individual services

Respondents who are confident, by age



Confidence change: age



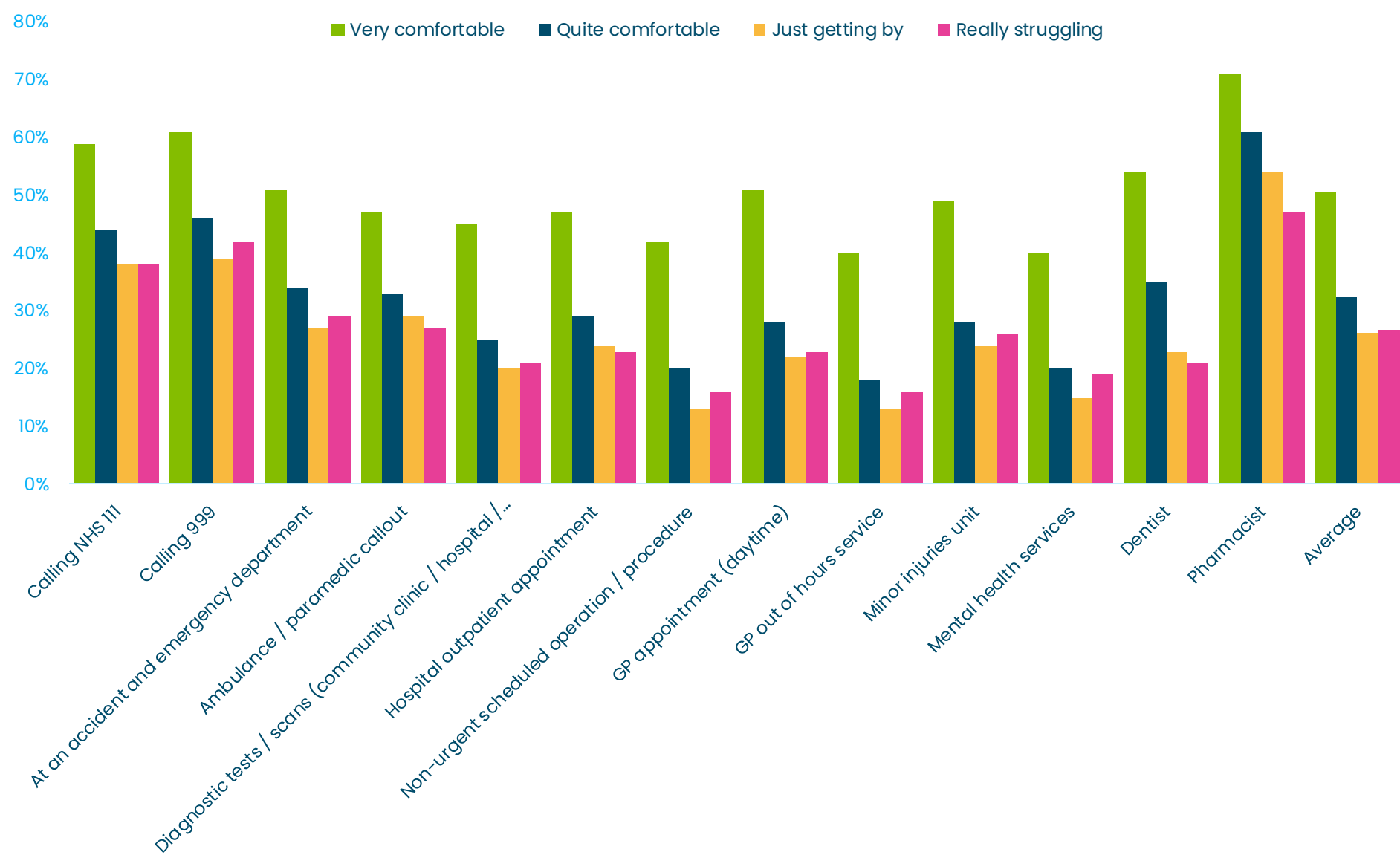
- There is a clear pattern in confidence change by age.
- Compared to people under 35, far more people aged 65 and over say their confidence has decreased this year.
- Likewise, a much smaller number of people over 65 say their confidence as increased than those under 35.
- People aged 35 to 64 sit in between the two.

Respondents who are confident, by financial comfort

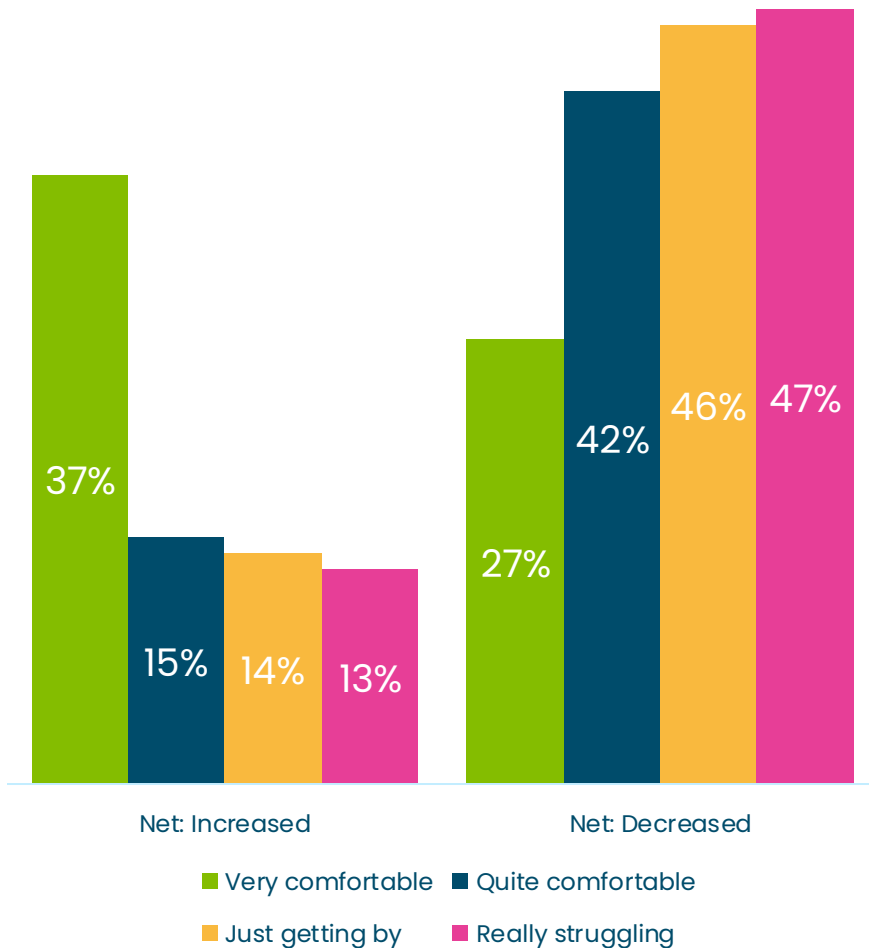
■ NET: Comfortable ■ NET: Not Comfortable



Respondents who are confident, by financial comfort



Change in confidence, by financial position



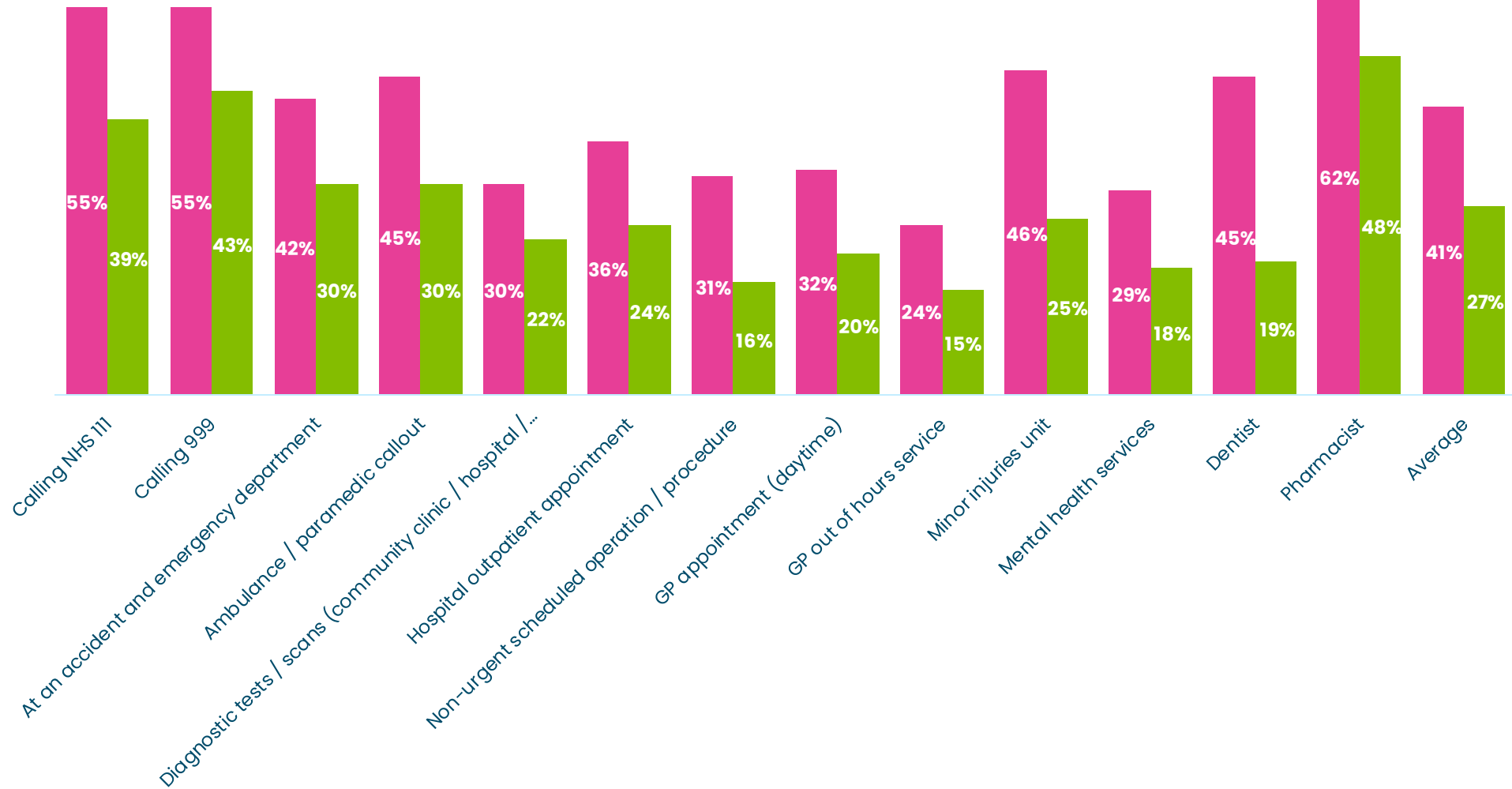
- A higher proportion of those who are financially comfortable feel confident they can access services than those who are not financially comfortable.
- Being confident is particularly prevalent among those who are very comfortably off.
- This graph to the left shows that this pattern is also present in the change in confidence. Financially comfortable people are the only group where more people say their confidence has increased than decreased.

Confidence: recent use of services

- We asked people when they had last used each of the 13 services.
- They could respond: 'in the last 6 months', 'in the last 7 – 12 months', 'more than a year ago and up to two years ago', 'more than two years ago', and 'I have never used the service'.
- We analysed this data to see what impact how recently somebody had used a service had on their confidence in accessing that service.
- The graph on the next slide visualises the results from this, focusing on those who have used a service in the last 6 months compared to those who have used a service over a year ago.
- The data shows that in all services except pharmacy, people who have recent experience of using a service have higher confidence in their ability to access that service than those who have not used it recently.

Respondents who are confident, by use of service

■ Used in past 6 months ■ Not used in past year



What is important to people?

- We asked people: 'Please read the below statements about your health and care from the NHS, and for each of them please rate the importance of them to you on a scale of 1 to 10, where 1 is 'Not important at all' and 10 is 'Vitaly important''
- The results for ratings of 8, 9 and 10 have been combined to make a figure for people saying a statement is 'important'.
- Based on this, the following is a ranking of the statements.

Important issues

- 1) Information about me and my health (e.g. patient records) is accurate. 70%
- 2) Health professionals listen to me when I tell them about my health. 68%
- 3) I can get care, support and/or treatment from healthcare services when I need it. 65%
- 4) I receive any results or new information regarding my health, care and/or treatment in a timely manner. 65%
- 5) I am actively involved in decisions about what sort of care, support and/or treatment I receive. 60%
- 6) I can easily get to any healthcare appointments by my preferred method of travel. 59%

Important issues

- 7) Information about my ongoing healthcare is shared between medical professionals, so there's no need to repeat myself when I go to different NHS settings. 59%
- 8) I can get appointments at times that are convenient for me. 58%
- 9) Healthcare services respect and follow my communication needs and preferences. 57%
- 10) I can access the knowledge and information I need to help me lead a healthy life. 55%
- 11) I can choose the type of healthcare appointment that works best for me (e.g., face to face, over the phone, by video call, etc). 54%
- 12) The NHS will listen to any feedback I give and act on it. 53%

Important issues: top 3

- Finally, after they had scored them all, we asked people: 'Now please select the top three statements which you think are the most important to you in terms of the health and care you receive from the NHS'
 - 42% of people picked 'I can get care, support and/or treatment from healthcare services when I need it'.
 - 36% picked 'health professionals listen to me when I tell them about my health'.
 - 33% picked 'I can get appointments at times that are convenient to me'.
- The first two feature in the top three of the ranking on the previous slides, so it is unsurprising they feature here.
- Interestingly, the third only ranks 8th in the previous ranking, yet features here.

Recommendations

Part 1/4

Our call	How to implement changes	Why change is needed	Who is responsible
<p>Improve public confidence that the NHS is open for business.</p>	<p>Through national, regional, and local signposting organisations working together to target patients and the public with information about access to NHS services during the winter months.</p> <p>This collaborative campaign should include information on where to go for support, and the different NHS staff who can help.</p> <p>It should also include joint communications welcoming local and national improvements, to build public confidence and encourage the public not to avoid the NHS when they have health needs.</p>	<p>Confidence levels decreasing since the start of 2023 show a perception that access to services is getting more difficult.</p> <p>However, for those who used a service in the last six months, confidence in accessing care again was much higher.</p> <p>So, along with a capacity issue, this is an expectations issue, and those can be changed.</p> <p>It's vital that those who haven't used services recently are given the right messages and know that the NHS is there for them this winter.</p>	<p>NHS England</p> <p>Integrated Care Systems</p> <p>Healthwatch England</p> <p>Local Healthwatch</p>

Recommendations

Part 2/4

Our call	How to implement changes	Why change is needed	Who is responsible
<p>Measure confidence and expectations by developing real-time patient experience measures.</p>	<p>By commissioning a national working group to review where patient experience measures could support current performance measures.</p> <p>Working group members should include senior decision makers, patient groups, IT and systems teams, implementation teams, and the regulator.</p>	<p>Current data collections on access to services focus on activity and numbers through the various NHS front doors. These numbers are going to paint a challenging picture throughout winter and beyond.</p> <p>But by measuring experiences and perceptions of quality, the NHS can understand and develop the right solutions - alongside existing plans aimed at increasing capacity. This includes a better understanding of things like:</p> <ul style="list-style-type: none"> • Patient expectations. • The importance of shared decision making. • The levels of personalisation needed. • Providing the right interim support. • How accessible communications are. • Investment needed in equipment and NHS estates. • Support getting to and from appointments. • The impact of the cost of living on access to healthcare. • The impact of last-minute cancellations. • Where demand can be best managed across the system. 	<p>Department of Health and Social Care</p> <p>NHS England</p> <p>Care Quality Commission</p> <p>Healthwatch England</p> <p>Integrated Care Systems</p>

Recommendations

Part 3/4

Our call	How to implement changes	Why change is needed	Who is responsible
<p>Hire more non-clinical NHS staff.</p>	<p>Through a national plan and recruitment drive for non-clinical staff.</p> <p>These team members can be trained to support implementation of patient communications listed in various recovery and NHS capacity plans.</p> <p>Non-clinical staff can also provide vital single points of contact for a range of patients trying to understand their referral to secondary care, their time on waiting lists, or the process getting discharged from hospital.</p> <p>Staff can also help to address access barriers and inequalities.</p>	<p>Healthwatch research on people's experiences of referral processes and waiting for elective care highlight the need for more proactive, transparent, and accessible patient comms.</p> <p>These reports consistently show that communication issues disproportionately affect certain communities as well.</p> <p>Without personalised comms, patients can feel forgotten and left to try and find answers on their own by trying to get help from various NHS teams.</p> <p>These already busy services, such as GP surgeries or A&E departments, are already incredibly busy and may not even be able to help patients, where proactive communications would have better met their needs.</p>	<p>Department of Health and Social Care</p> <p>NHS England</p> <p>Integrated Care Systems</p>

Recommendations

Part 4/4

Our call	How to implement changes	Why change is needed	Who is responsible
<p>Provide more support for people waiting for NHS care.</p>	<p>By supporting and communicating with NHS teams on the need to get in touch with patients affected by delay so they don't feel forgotten:</p> <ul style="list-style-type: none"> • Provide confirmation of their referral. • Detail their current treatment plan. • Provide information on getting help to manage symptoms or access to mental health support. <p>Communication to patients should follow the Good Patient Communications guide.</p>	<p>The pandemic backlog, combined with staffing and capacity issues mean that long waits and some last-minute delays will be inevitable for some time to come.</p> <p>Patients have been understanding of these challenges facing the NHS, but it is vital their time waiting for care is made as comfortable as possible.</p>	<p>NHS England</p> <p>Clinical leads, managers, admissions teams, administrators, personalised care staff, and care coordinators/ navigators working in:</p> <ul style="list-style-type: none"> • Integrated Care Systems • NHS trusts • NHS community services • GP teams

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