

Access to Primary Care

Patient perspective

January 2024

healthwatch
Sunderland



Contents

About us	3
Executive summary	4
Introduction	5
Methodology	6
Findings	7
Conclusions	46
Next steps	47
Appendices	49

About us

Healthwatch Sunderland is your local health and social care champion.

We make sure NHS leaders and social care decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

Our vision

A world where we can all get the health and care we need.

Our mission

To make sure people's experiences help make health and care better.

Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.



Executive Summary

From October – December 2023 working in collaboration with the North East and North Cumbria Integrated Care Board (NENC ICB) and Sunderland City Council, we designed and conducted a piece of research involving individuals living in some of the most deprived areas of Sunderland (as identified by the Index of Multiple Deprivation), and those who face greater health inequalities.

The focus of the work was to discover barriers individuals might face in accessing Primary Care services, and what could be changed or improved to reduce these barriers.

To support the findings of the work, we also spoke to professionals working and supporting those who live in some of the geographical areas identified as key for the work and/or those with greater health inequalities.

This work is a priority for all organisations involved and follows work we carried out in 2022, which reported on patients access to GP services.

This report covers the findings from the 250 individuals who took the time to speak to us and the information gained via conversations held with 12 professionals from the NHS and the voluntary and community sector.

The main themes identified in the findings are:

- **Access to GP appointments** – Most people continue to struggle to access their GP services due to existing booking systems, and/or due to the lack of available or suitable appointments.
- **Regular screening and health checks** – Most people are happy to attend and would welcome invitations to regular screening and health checkups, however many are not aware that they are now responsible for arranging these themselves.
- **Community based services** – Most people welcome the idea of the introduction of mobile buses, pop up clinics, extended pharmacy services, out of hours appointments, gender specific health clinics and would access them due to their convenience and ease of access.
- **Awareness of primary care services** – Many people informed us that they aren't aware of the range of services available to them when seeking health support and advice, including when they are open, where they are located, the differences between them and when best to use them.



Introduction

In 2022 Healthwatch Sunderland worked in partnership with North East and North Cumbria Integrated Care Board (NENC ICB) to listen to what local people thought about accessing GP practices. There is work ongoing both nationally and locally to respond to the issues raised. However, we know that there are some patients who are still not accessing GP practices, particularly those living in areas of high deprivation. Given these groups face higher health inequalities, further community insight was needed to understand whether a different response would be required to address their needs.

In 2023 additional work was jointly commissioned by NENC ICB and Sunderland City Council and designed collaboratively with Healthwatch Sunderland. The work aimed to focus involvement in areas of Sunderland that fall within the most deprived 20% of areas nationally, as measured by the Index of Multiple Deprivation. This section of the population is often referred to as "Core20". The work mapped a range of groups across Core20 areas to also get the views of some "PLUS" groups. These PLUS groups include a range of population groups which tend to face greater health inequalities.

The aim of concentrating on Core20PLUS groups was to gain a greater understanding of the views of those who experience the greatest health inequalities. Specifically, the work aimed to understand where people currently access health care, if and how they use their GP, whether they access preventative or routine appointments, and what makes it difficult for them to attend. There was also a focus on exploring what could be changed or improved to reduce these barriers.

Methodology

To obtain feedback from individuals across the city a semi structured interview guide (see appendix 1) was co-designed by NENC ICB, Sunderland City Council and Healthwatch Sunderland with questions focusing on several areas including:

- Where people go if they want health support and advice
- Why they use their GP
- Reasons why they may not use their GP
- Use of other types of primary care services
- Preventative screening and health check ups
- Community-based services

The semi structured interview method was used to gather qualitative data and to allow for patients to speak openly (in most instances on a one-to-one basis about their experiences.) The Healthwatch team gathered responses by visiting groups, events and venues within those areas of Sunderland that fall within the identified Core20 areas, these include:

- Pallion/South Hylton
- Hendon and City Centre
- Southwick
- Concord/Sulgrave
- Thorney Close
- Town End Farm

(A breakdown of responses received can be found in appendix 2. Please note numbers are low in some categories when broken down by area. As such, percentages must be treated with caution because a low number of participants can result in a large percentage difference.)

The team also targeted key groups of individuals that were identified to fall within the PLUS groups who include a range of population groups that tend to face greater health inequalities.

Participants were made aware that their responses would be recorded on paper and comments may be included in a report but would be fully anonymised to protect their identity.

Finally, we also spoke to key professionals who work in the key areas of the Core20 or with those who fall into the PLUS groups, as identified above. Professionals were asked to share feedback based on experiences of working with and supporting local people and not on experiences personal to them.

(A breakdown of these professionals can be found in appendix 3).



Findings

We focused on two key areas

As part of the interview discussion people were asked questions that were grouped into two main sections. Section one focused on where people go when seeking health support and advice and any barriers they encounter. (The questions we asked in this part of the survey generated a lot of information regarding a range of services in addition to GP access. Therefore, this has been analysed and presented as part of the report, even though this wasn't the primary focus of the work.)

Section two explored thoughts on what could be changed or improved to reduce these barriers.

We spoke to 250 people in total, and 12 professionals throughout the piece of research.

Section one

To help establish where people go to access some health support or advice the Healthwatch team first discussed with people the range of services available within primary care including GPs, dentists, opticians, pharmacies, Ill service, urgent care and emergency departments. People were also asked to highlight any barriers they encounter when accessing these services.

What we found

While we heard stories about excellent NHS support, accessing this support in the first place remains the biggest challenge people face.

In general, of the individuals we spoke with most were accessing one or more of the services available to them and found some easier to access than others. A breakdown of those services people informed us they would or would not access when seeking health support or advice is given below:

Service	Yes		No	
	Percent	Count	Percent	Count
GP	90%	207	10%	22
Emergency Department	73%	167	27%	62
Pharmacies	70%	160	30%	69
Ill	64%	147	36%	82
Urgent Care	64%	146	36%	83
Opticians	55%	126	45%	103
Dentists	48%	109	52%	120

*Please note not all 250 individuals were asked to access all services.



Access to GP services

GPs are the gateway to the NHS but many people can't access the care they need, especially in the most deprived areas.

In general, 90% of people we heard from continue to use their GP when needed and once accessed, many report how positive visiting the GP can be – especially when it comes to quality of care.

As seen below there are slight differences in the age groups of those who do and don't access their GP, with those aged 25-34 least likely to seek help from their GP and those aged 75 plus most likely.

Age range	Yes		No	
	Percent	Count	Percent	Count
16-24	92%	12	8%	1
25-34	82%	28	18%	6
35-44	94%	33	6%	2
45-54	92%	37	8%	3
55-64	89%	17	11%	2
65-74	93%	41	7%	3
75+	100%	28	0%	0
Prefer not to say	69%	11	31%	5

Gender differences reveal that 96% of females will use their GP compared with 84% of males.

Gender	Yes		No	
	Percent	Count	Percent	Count
Male	84%	70	16%	13
Female	96%	128	4%	5
Prefer not to say	60%	9	40%	4



90%
of people use their GP when seeking health support and advice

Access to GP services

When you consider the geographical areas, the results below show that those most likely to access their GP, are from the Southwick and Thorney Close areas of the city.

Location	Yes		No	
	Percent	Count	Percent	Count
Hendon/Central	88%	59	12%	8
Southwick	100%	3	0%	0
Pallion/South Hylton	97%	35	3%	1
Thorney Close	100%	4	0%	0
Town End Farm	60%	3	40%	2
Concord/Sulgrave	88%	14	12%	2
Non-Core20 areas	91%	89	9%	9



88% of those with a long term physical or mental health condition seek help from a GP when needed, compared with 92% of those without any conditions.

Long term physical or mental health condition	Yes		No	
	Percent	Count	Percent	Count
Yes	88%	108	12%	15
No	92%	66	8%	6
Prefer not to say	97%	33	3%	1

When comparing the ethnic groups of those who took part, the results show that those who identify as other and white are least likely to access their GP, in comparison to other ethnic groups.

Ethnicity	Yes		No	
	Percent	Count	Percent	Count
Asian or Asian British	100%	27	0%	0
Black, Black British Caribbean, African or other Black background	100%	5	0%	0
Mixed or Multiple ethnic groups	100%	3	0%	0
White	90%	167	10%	19
Other	67%	4	33%	2
Prefer not to say	50%	1	50%	1

Access to GP services

As part of the interview process, individuals we spoke to talked at length about some of the barriers they encounter when trying to access GP services.

Main reasons given included:

- **Long waits on the phone and lack of available appointments**

We heard from approximately 20% of people who waited on phone lines, often for long periods or used online booking systems, only to find that there were no appointments available to them or available to suit their needs. These individuals were in the main female, from the Pallion/South Hylton areas of the city, aged 65 plus and of white ethnicity.

“It’s a barrier when you call them, they are fully booked and tell you to call back tomorrow. I am alone here for university so thought I better come to Urgent Care today to get sorted out before I get any worse. The GP surgery only had appointments for next week.”

“At my GP you have to call at 8am and then are 35th in the queue, then there are no appointments left.”

“You can only ring at certain times for certain things and by the time you are supposed to call them you forget and remember the next day at a time that you can’t ring.”

- **Lack of understanding of patient needs**

When speaking to some individuals from the Asian community, those from the homeless community and professionals supporting them, we heard how they feel their ethnicity, language or health conditions can affect their ability to access services. Also, on occasion they feel discriminated against, due to a lack of awareness and understanding of their needs.

“We feel discriminated against when using primary care due to our ethnicity and there is a general lack of understanding of our culture. E-consult is also a barrier when you don’t use online services.”

“Language is a barrier; I can’t do phone appointments.”

“People often feel stigmatized. If drink or drugs are mentioned at the point of reception, they feel discriminated.”

Many people reported encountering a range of barriers when trying to access their GP practice



“If you miss calling at dead on 8 am the appointments have gone. I would like that to change and it would make it easier for me to access services.”

“I struggle to get an appointment; I get asked to telephone to book in and I can’t get myself understood due to a language barrier.”

Access to GP services

• Struggles with online technology/technology

Some individuals, mainly living in the South Hylton area of the city and aged 65 plus and professionals working with those in the Sulgrave areas of the city, informed about struggles people have with navigating the online GP access tools, including e-consult and using technology in general.

“People have a lack of suitable IT equipment to access appointments, support and order prescriptions online.”

• Triage questions

An initial review of responses in the first two weeks of the research indicated that some people were finding questions from receptionists difficult. At this point an additional question was added into the interview guide to help establish if triage questions asked by receptionists, were a barrier to access for people.

Approximately 50 individuals reported that the triage questions asked at the point of contact feel intrusive and in general this approach can act as a barrier to access. These individuals were mainly female, between the ages of 35-54 and living in the Hendon area of the city.

“We don't agree with the questions that the receptionists have to ask. That is the job of the GP. It is also not confidential at the desk.”

“I don't like the attitudes of the receptionists – it puts me off going.”

• Lack of trust in services

Finally, a smaller group of approximately 30 individuals talked about how their lack of trust in GPs acts as a barrier to their access. Most of these individuals had long term physical or mental health conditions.

“I have no faith in GPs for my mental health.”

“I would automatically go to hospital rather than contact my GP.”

“I have no trust in GPs anymore due to previous experiences of the care of my son.”

“My GP does not listen or give eye contact.”

RECEPTION



“I don't have a GP, I've been to a few and no longer have any trust in them or other healthcare professionals. They don't listen. Nothing will change my mind.”

“I am registered with a GP but haven't been there for a long time. I gave up asking for mental health support.”

Access to GP services

Professionals supporting those in all Core20 areas who took part in the research agreed with those barriers identified by individuals. In addition, those professionals working in the Pallion area of the city and those supporting individuals who fall in the PLUS groups also informed us that their clients don't access primary care as their health isn't a priority for them due to their health conditions, addictions and/or caring responsibilities.

“Clients definitely wait until they are at crisis point before, they seek health support.”

“Clients wait until they are in a crisis situation, they would rather take a substance to mask their physical or mental health symptoms. Once they are really ill they will go to see their GP.”

“People around here (Pallion) do not prioritise their own health at the moment, life is too busy and getting in the way, they have a job, kids, grandkids, childcare and this all gets in the way. Mental health isn't a priority, some have ended up in hospital as they have ignored how they have been feeling, getting on with the ever day, until they end up in hospital. They ignore the signs that they are ill.”

“People just don't prioritise preventative care. They prioritise their young children's health over their own. There are high levels of learning disabilities in the West of the city and a lot of parent carers who don't prioritise their own health and wellbeing, they don't have the time and definitely don't make time for screening.”

RECEPTION



“If the person has alcoholism, even if they were in absolute health crisis, it still wouldn't be their priority.”

Access to GP services

Having spoke to people about some of the barriers to access to GP services we next explored what could be done to make access easier. People spoke to us about a range of ideas with the most common including:

Suggested improvements	Percent
Increase in the number of available timely appointments	38%
Improvements to contacting surgeries via telephone systems	20%
Less reliance of technology to access appointments i.e. e-consult	16%
Extended opening hours	10%

38% of people stated that if there where more appointments available to them and with shorter wait times then this would help to make access to GP services easier. These individuals were 74% female, mostly from CORE20 areas (85%), 70% white and from varying age groups.

“More appointments would improve access, there is a 3 week wait for an appointment, no same day appointments are available.”

20% of people wanted improvements to be made to telephone booking systems with comments from people relating to long waits on the telephones and only being able to contact the surgery at certain times of the day for certain services. These individuals were mostly female (70%), 67% were under the age of 65 years old and a mix of white (55%) and Asian (39%) ethnicity. 88% were form the CORE20 areas.

“Being able to get through quicker on the phone. When you work you haven't got time to be hanging around.”

16% of people informed us of some of the struggles or dislikes they have with the technology utilised by their surgery. This included e-consult and individuals informed us that instead of being directed to e-consult in the first instance, they instead would prefer to be given a range of options when accessing services. These individuals were 99% from Hendon and Southwick areas, 80% female, of mixed ages and 44% white and 56% other ethnicities.

“If you do an e-consult it can take 48 hours depending on the issue, which can be too long.”



38%
of people
want an
increase in
the number of
available GP
appointments



“Get rid of e-consult – it's too long, asks too many questions they are a nonsense, although they do act on it and call you back.”

“Availability of appointments is the main thing. You wait about 2 weeks and by then you have recovered.”

Access to GP services

10% of people would like more appointments and services available to them either early on a morning, later at night and on weekends to suit theirs and their children’s lifestyles. These individuals are mostly from the CORE20 areas, all of white ethnicity, all 54 years and under and all female.

“Earlier and later appointments would be great”

When speaking to professionals about what could be done to improve access to GP services for people they support, they also identified all the key areas raised by individuals taking part.

“People need and want access to the correct healthcare within good timescales.”

“After school appointments for kids. A dedicated day in the surgery when old people are prioritised and Saturday mornings for those who work.”

“Availability of appointments. People are always being told there are no appointments and to call back early the next day.”

“People in Sulgrave have a lack of suitable IT equipment to access appointments, support and order prescriptions online.”



“The main issue is long waits on the telephone line. I called a surgery for a patient yesterday and was 30th in the queue – I gave up as I am too busy to wait.”

Access to Emergency Departments

Longer waits in the Emergency Department are impacting on people using the service.

73% of people told us that they would access the Emergency Department if they needed to, with some adding that they would have no choice. Several people who said they would use the service and felt confident using it, others told us that they are aware there are long waiting times, and this could be a barrier to them accessing the care they need.

As seen below there was a mixed response when it comes to ages and use of the Emergency Department, in general it was the lower age groups who were less likely to use it.

Age ranges	Yes		No	
	Percent	Count	Percent	Count
16-24	46%	6	54%	7
25-34	62%	21	38%	13
35-44	80%	28	20%	7
45-54	83%	33	17%	7
55-64	79%	15	21%	4
65-74	75%	33	25%	11
75+	100%	28	0%	0
Prefer not to say	19%	3	81%	13

When comparing gender, 85% of females informed they would use the Emergency Department compared to 64% of males.

A mixed response by geographical area was received in likelihood of using the Emergency Department, with highest responses from those living in Concord/Sulgrave and Pallion/South Hylton.

Location	Yes		No		Total	
	Percent	Count	Percent	Count	Percent	Count
Hendon/Central	75%	50	25%	17	100%	67
Southwick	67%	2	33%	1	100%	3
Pallion/South Hylton	81%	29	19%	7	100%	36
Thorney Close	50%	2	50%	2	100%	4
Town End Farm	40%	2	60%	3	100%	5
Concord/Sulgrave	88%	14	12%	2	100%	16
Non-Core20	69%	68	31%	30	100%	98



73%
of people
would
access the
Emergency
Department
if needed



“I’m frightened to go to A&E due to past staff attitudes which made me frightened to go back.”

Access to Emergency Departments

More people without a long term physical or mental health condition were likely to use the Emergency Department compared to those who identified as having a condition.

Long term physical or mental health condition	Yes		No	
	Percent	Count	Percent	Count
Yes	65%	80	35%	43
No	74%	55	26%	17
Prefer not to say	94%	32	6%	2

Those most likely to use the Emergency Department when comparing ethnicity were those who identify as Asian or Asian British.

Ethnicity	Yes		No	
	Percent	Count	Percent	Count
Asian or Asian British	93%	25	7%	2
Black, Black British Caribbean, African or other Black background	80%	4	20%	1
Mixed or Multiple ethnic groups	67%	2	33%	1
White	70%	130	30%	56
Other	83%	5	17%	1
Prefer not to say	50%	1	50%	1

Overall 27% of people told us that they won't access the Emergency Department, with the main reasons given; long waiting times or dissatisfaction with past experiences.

Professionals working in the Pallion/South Hylton area of the city who shared views on the use of the Emergency Department, added that many people they support aren't aware of the differences between Urgent Care and the Emergency Department.

Finally, reinforcing what we found when speaking to individuals, professionals working in the Town End Farm area of the city also shared that in general they feel people of the older age groups are more likely to use the service than those in the younger age groups.



“I have had bad treatment in the past from A&E. I am hard of hearing and couldn't hear the person on reception and she shouted out my issue and everyone could hear.”

“I waited in A&E with an allergic reaction for 5 hours so would put me off going again.”

Access to pharmacy services

Ease of access and familiarity has led to positive experiences of using pharmacies when required.

When speaking to people about using the pharmacy to seek help, we received many positive comments about the service with 70% of people telling us they would use their local pharmacy for health support and advice.

When considering age groups of those individuals who seek out support from their pharmacy, findings show the younger age groups 16-34 and 45-54 are less likely in comparison to those aged 55 plus.

Age groups	Yes		No	
	Percent	Count	Percent	Count
16-24	54%	7	46%	6
25-34	53%	16	47%	18
35-44	83%	29	17%	6
45-54	55%	22	45%	18
55-64	84%	16	16%	3
65-74	80%	35	20%	9
75+	96%	27	4%	1
Prefer not to say	50%	8	50%	8

Findings show that 85% of females will seek support from their local pharmacy compared to only 48% of males.

The table below shows that those living in Concord/Sulgrave and Pallion/South Hylton are more likely to use their pharmacist compared to other areas of the city.

Location	Yes		No	
	Percent	Count	Percent	Count
Hendon/Central	54%	36	46%	31
Southwick	66%	2	34%	1
Pallion/South Hylton	89%	32	11%	4
Thorney Close	50%	2	50%	2
Town End Farm	60%	3	40%	2
Concord/Sulgrave	88%	14	22%	2
Non-Core20 areas	72%	71	28%	27



70%
of people use
their
pharmacies
when seeking
health support
and advice



“I use the pharmacy first, before I go to the GP and it's easier than using my GP.”

Access to pharmacy services

82% of those without a long term physical or mental health condition will seek support from their pharmacy compared with only 61% of those with a condition.

A mixed response was received from ethnic groups on use of their local pharmacy for support.

Ethnicity	Yes		No	
	Percent	Count	Percent	Count
Asian or Asian British	66%	18	34%	9
Black, Black British Caribbean, African or other Black background	100%	5	0%	0
Mixed or Multiple ethnic groups	33%	1	67%	2
White	69%	129	31%	57
Other	83%	5	17%	1
Prefer not to say	100%	1	0%	0

Many people talked about knowing and trusting their local pharmacy, with some explaining they would go there as a first point of contact as it's quick and easy to access services.

We received very little feedback regarding barriers linked to pharmacies.

Professionals working across all identified Core20 areas also feedback positively about pharmacies and the service people receive. However, those working in the Pallion/South Hylton areas of the city also added that many of those they support aren't aware of the full range of services that pharmacies can offer and feel people would benefit from having this information.

“Things are getting better at local pharmacies, and I think people have started to access them for more than just their prescriptions. Although we could do with some promotional leaflets around Pharmacy First as there is some confusion.”

“They think they are a service just to collect a prescription. They don't know they can just go to a pharmacist to chat. There needs to be more education about what they can offer. I tell people all the time about the UTI service – they just don't know about these things.”



“I always use the pharmacy for my Flu and COVID jabs – it's quicker and easier.”

“I would go to the pharmacy before I went to see a GP.”

“I use my pharmacy if I need any advice. I have known them a long time and trust them.”

Access to 111 service

Mixed experiences of using the 111 system are impacting on people accessing the services when needed.

When discussing the 111 service, 64% of people informed they would use it, due to previous positive experiences, including using 111 in a dental emergency, to gain a GP appointment or to access Urgent Care.

Those aged 35-44 and 55 plus are the age groups most likely to seek support from the 111 service.

Age groups	Yes		No	
	Percent	Count	Percent	Count
16-24	38%	5	62%	8
25-34	44%	15	56%	19
35-44	82%	29	18%	6
45-54	55%	22	45%	18
55-64	84%	16	16%	3
65-74	80%	35	20%	9
75+	96%	27	4%	1
Prefer not to say	50%	8	50%	8

When comparing males to females and use of the 111 service, slightly more females (54%) compared to males (49%) are likely to access support.

The table below shows the differences of use of 111 for support by locality and highlights those living in Pallion/South Hylton are most likely to access the service compared to other areas.

Location	Yes		No	
	Percent	Count	Percent	Count
Hendon/Central	60%	40	40%	27
Southwick	67%	2	33%	1
Pallion/South Hylton	94%	34	6%	2
Thorney Close	50%	2	50%	2
Town End Farm	40%	2	60%	3
Concord/Sulgrave	44%	7	56%	9
Non-Core20 areas	61%	59	39%	38



64%

of people use the 111 service for health support and advice



“I used 111 and they gave me an appointment at my GP for 8am the next morning.”

“I can't get an NHS dentist but have used 111 when it was an emergency.”

“I would ring them before I would go to GP.”

Access to 111 service

68% of those with a long term physical or mental health condition are likely to access the 111 service in comparison to 56% those without a condition.

When comparing ethnicity, the Asian or Asian British respondents were most likely to use the 111 service in comparison to the other ethnicities.

Ethnicity	Yes		No	
	Percent	Count	Percent	Count
Asian or Asian British	89%	24	11%	3
Black, Black British Caribbean, African or other Black background	20%	1	80%	4
Mixed or Multiple ethnic groups	33%	1	67%	2
White	62%	115	38%	71
Other	66%	4	34%	2
Prefer not to say	100%	2	0%	0

The remaining 40% of people engaged with shared the reasons as to why they would not use 111 to seek advice and support for their health. Reasons included; long waits on the phone resulting in what they termed a slow service or a waste of their time, they would rather use their GP or in some cases people would just go straight to an Emergency Department.

When speaking to those from Asian and mixed ethnic groups, many explained that although they were aware of interpretation services being available, they still felt language was a barrier, when accessing this service.

Professionals who feedback on the 111 service reiterated what we heard from individuals and shared that people have mixed experiences.

“Some use this service, but others would rather use their GP or call 999. Some people say what is the point as they send you to A&E anyway.”

“Some people use it, but never give good feedback and are always unhappy with the outcome.”

“111 seems to be a good service from what our clients say.”



“111 are a waste of time.”

“When using 111 you are on the phone for hours.”

Accessing Urgent Care

Lack of understanding of services available is impacting on people accessing Urgent Care

64% of people we spoke to stated they would use the Urgent Treatment Centre if they needed information or support around their health. However, many people did so after the Healthwatch team explained what the service is, where it is and the differences between it and the Emergency Department. We discovered approximately 30 people had heard about the service but didn't know what it offered, where it is located, or they had used it in the past but didn't realise that was the name of the service. These individuals were a 50/50 split of males to females, mostly between the ages of 25-44 years old, of white ethnicity and 50% were living in the Core20 areas of the city.

The Healthwatch team were able to spend time explaining what the Urgent Treatment Centre is and how services differ from the Emergency Department.

Those age groups most likely to use the Urgent Treatment Centre were either in the 16-24 age group or 75 plus.

Age ranges	Yes		No	
	Percent	Count	Percent	Count
16-24	86%	6	14%	7
25-34	62%	13	38%	21
35-44	71%	25	29%	10
45-54	70%	28	30%	12
55-64	53%	10	47%	9
65-74	68%	30	32%	14
75+	93%	26	7%	2
Prefer not to say	50%	8	50%	8

Gender difference in results show that more females (77%) compared to males (46%) are likely to use the Urgent Treatment Centre.

68% of those who don't have a long term physical or mental health condition are likely to access the Urgent Treatment Centre compared to 49% of those with a condition.



64%

of people stated that they would access the Urgent Treatment Centre



“They were outstanding. I went along with withdrawals and the nurses had had alcohol training the day before. They were so understanding and gave phenomenal care.”

Accessing Urgent Care

The results below show that those living in Southwick and Pallion/South Hylton were most likely to access the Urgent Treatment Centre.

Location	Yes		No	
	Percent	Count	Percent	Count
Hendon/Central	64%	43	36%	24
Southwick	100%	3	0%	0
Pallion/South Hylton	92%	33	8%	3
Thorney Close	50%	2	50%	2
Town End Farm	60%	3	40%	2
Concord/Sulgrave	38%	6	62%	10
Non-Core20 areas	56%	55	44%	42

The table below shows the differences between ethnicity and highlights that those of white and other ethnicities, are least likely to access Urgent Care.

Ethnicity	Yes		No	
	Percent	Count	Percent	Count
Asian or Asian British	89%	24	11%	3
Black, Black British Caribbean, African or other Black background	100%	5	0%	0%
Mixed or Multiple ethnic groups	67%	2	33%	1
White	59%	110	41%	76
Other	50%	3	50%	3
Prefer not to say	100%	2	0%	0

All professionals who took part shared two main issues related to use of Urgent Care by those they support. Firstly, people experience long waits, and this prevent them using it again in the future and secondly, many aren't aware of the differences between A&E and Urgent care.

“I don't think people know what the Urgent Care Centre is and the difference with it and A&E. ”

“I don't know about it and nether do our clients.”



“There is a problem at the point of triage there. Some issues should be quick fixes, but you have to sit around for hours. ”

“One of my daughters had chest pain and we waited for 9 hours for her to be seen. We would think again before going back there.”

“The long waits put people off going. One client told me that he took his elderly father there and waited 7-8 hours.”

Access to opticians

Lack of understanding of preventative eye care and costs associated are impacting on people accessing their optician.

55% of people stated that they would use an optician for information and support, with many of these stating that they go for regular eye tests and check-ups.

Of those who do access an optician most are aged 65 plus and those least likely aged 35-44 years old.

Age	Yes		No	
	Percent	Count	Percent	Count
16-24	38%	5	62%	8
25-34	47%	16	53%	18
35-44	26%	9	74%	26
45-54	35%	14	65%	26
55-64	58%	11	42%	8
65-74	93%	41	7%	3
75+	96%	27	4%	1
Prefer not to say	19%	3	81%	13

65% of females compared to 47% of males are likely to visit their optician.

Those living in Pallion/South Hylton areas are most likely to visit their optician and those least likely living in Town End Farm or Hendon/Central.

Location	Yes		No	
	Percent	Count	Percent	Count
Hendon/Central	27%	18	73%	49
Southwick	67%	2	33%	1
Pallion/South Hylton	81%	29	19%	7
Thorney Close	50%	2	50%	2
Town End Farm	20%	1	80%	4
Concord/Sulgrave	69%	11	31%	5
Non-Core20 areas	64%	63	36%	35



55%
of people
access
support from
their optician



“I go regularly to Vision Express who are spot on.”

“I get a reminder every 2 years and always go.”

Access to opticians

Those without a long term physical or mental health condition (73%) are more likely to access support from an optician than those with a condition (56%).

When comparing ethnic groups, the table shows Asian or Asian British, other and Black ethnic groups, are least likely to access an optician.

Ethnicity	Yes		No	
	Percent	Count	Percent	Count
Asian or Asian British	4%	1	96%	26
Black, Black British Caribbean, African or other Black background	0%	0	100%	5
Mixed or Multiple ethnic groups	66%	2	33%	1
White	65%	121	35%	65
Other	0%	0	100%	6
Prefer not to say	100%	2	0%	0

Just under half (45%) of those interviewed stated that they would not go to their optician to access support or information. The two main reasons given for this included financial implications and lack of awareness of eye health checks. People explained that although they received eye checks for free, they can't get financial support with glasses, and they are too costly. Or they didn't know about the importance of eye health checks and thought the optician simply was there if your eyesight had deteriorated. The Healthwatch Team were able to spend time explaining the importance of eye health checks with them.

“The last eye test was 43 years ago. Money is a barrier as although I get free eye tests, I can't afford the glasses.”

A professional working in the Sulgrave area of the city explained about travel being an issue for those they support.

“Most I work with don't use an optician, they don't see the benefit. People here don't leave Sulgrave and there isn't an optician here.”

A professional working in Pallion also added the following:

“People don't go because of the time, the cost, long waits for appointments (then it's no longer convenient) and due to not being educated around the importance of eye health.”



“The last eye check I had was back in 2019 as cost is an issue and glasses are so expensive. My partner goes as she needs glasses but I just can't afford it.”

“Our clients don't think about their eye health or even if they can't see properly, it's not their priority.”

Access to dental treatment

It's getting harder to find affordable, accessible dental treatment, with serious consequences to health and wellbeing.

44% of people told us they use their dentist for relevant health support and advice.

The ages of those accessing a dentist, as shown below, highlight that quite low numbers appear in many age groups due to inability to access a dentist, except for those aged 65 and over.

Age ranges	Yes		No	
	Percent	Count	Percent	Count
16-24	54%	7	46%	6
25-34	35%	12	65%	22
35-44	29%	10	71%	25
45-54	28%	11	72%	29
55-64	42%	8	58%	11
65-74	84%	37	16%	7
75+	75%	21	25%	7
Prefer not to say	19%	3	81%	13

When comparing gender and accessing dentist more females (55%) are using their dentists compared with males (42%).

As seen in the table below those least likely to access a dentist live in the Town End Farm area of the city and those in most likely are live in Pallion/South Hylton.

Locality	Yes		No		Total	
	Percent	Count	Percent	Count	Percent	Count
Hendon/Central	24%	16	76%	51	100%	67
Southwick	67%	2	33%	1	100%	3
Pallion/South Hylton	72%	26	28%	10	100%	36
Thorney Close	50%	2	50%	2	100%	4
Town End Farm	20%	1	80%	4	100%	5
Concord/Sulgrave	50%	8	50%	8	100%	16
Non-Core20 areas	54%	54	46%	44	100%	98



Many people are experiencing difficulties accessing NHS dentists



"I haven't got an NHS dentist and can't afford to go private."

"It's been a long time since I went to the dentist. "

Access to dental treatment

70% of those who don't have a long term physical or mental health condition are likely to access dental services compared to 40% of those with a condition.

When comparing ethnic groups those most likely to access dental treatment are those in the mixed or multiple ethnic groups and least likely from black or other groups.

Ethnicity	Yes		No	
	Percent	Count	Percent	Count
Asian or Asian British	37%	1	63%	26
Black, Black British Caribbean, African or other Black background	0%	0	100%	5
Mixed or Multiple ethnic groups	67%	2	33%	1
White	55%	103	45%	83
Other	17%	1	83%	5
Prefer not to say	100%	2	0%	0

Many people told us that they would not or could not use a local dentist service, with the majority adding that this was because they could not find an NHS dentist and/or were being asked to pay privately and finances would be a barrier to this.

Most people didn't know what they would do if they or a family member suffered a dental emergency. The Healthwatch team informed these individuals of the process related to this.

When speaking with professionals all reiterated that most individuals, they support are struggling to find an NHS dentist and don't have the money to pay for private treatment.

“Clients are reporting that they don't have an NHS dentist and they just don't have the determination to call around to find one or the money to go private.”



“I can't get a dentist. I haven't been seen for 12 years as I am afraid and need treatment.”

“My dentist closed and I haven't been able to find another.”

Prevention

The interviews also explored reasons for attending their GP and whether people attend their GP, when necessary, to prevent future ill health or to maintain good health.

Approximately 48% of individuals in response stated that unless they had a long-term illness or health condition, they tend to only access their GP when they feel very ill.

A further 45% stated that they attend for their regular health reviews and checks ups, including for their diabetes and blood pressure checks and annual reviews etc.

We also heard from approximately 6% of people who use their GP as their first point of contact for health support and advice.

For those individuals who don't attend their GP for preventative reasons we explored with them why was this. Responses received reiterated what we heard early in the interview and people again talked about some of the barriers they encounter including difficulty accessing appointments in a timely manner and struggles with technology.

We also heard from a group of individuals who informed us that they no longer receive invites for MOTs /health checks or are given the opportunity to access preventative appointments.

All professionals we spoke to also stated that those they support in those Core20PLUS areas of the city don't always see prevention as a priority.

“People tend to go to the GP practice if it is an emergency, but don't see the point of any appointments for prevention, screening etc.”

“There really needs to be education around health prevention and screening in this area. Their family members don't see the importance so don't instill this into their children.”

“I think our clients can't be bothered to go for health-related appointments. I don't feel they understand or are bothered about the importance of check-ups and reviews or even that they can request them. Clients say they are fine when they are not.”



Many people utilise GPs for regular health reviews and check ups



“I get annual health checks and I am pre-diabetic so also go for eye and foot screening.”

“I go when I am ill but also for regular check ups as I have fits. I have recently had an annual health check.”

Invites to health checkups

The interviewers asked individuals if invited to an appointment to discuss their health or for routine appointments, would they be likely to attend. Almost 80% of people agreed that they would.

Many people of varying ages also stated that they had been invited for these types of appointments in the past but no longer receive them. The Healthwatch team were able to explain that the responsibility now lies with the patient to book these types of appointments and they should not wait for their surgery to contact them. Many informed us that knowing this they would now make an appointment.

"I'm 66 years old and never been invited in for any kind of check-up or health check."

"I went for a health check when I turned 40 but haven't been invited to go back again."

A few women also stated that they would use these appointments and opportunities to discuss the menopause.

"I would use it for information and support around the menopause."

Of those few individuals who informed they wouldn't attend appointments for health checks or MOTs we explored why. People explained some of the reasons including lack of trust in GPs, they move around too much due to being homeless or have a fear of attending medical appointments. Finally, some mentioned they won't accept vaccines.

High levels of respondents indicated through their responses when asked that they didn't foresee any barriers to attending such appointments.

Professionals' responses to this section differed slightly to those of the individuals. Some working in the Pallion/South Hylton area of the city shared that people would need either a bit more support to attend appointments of this kind and more information on the importance of such appointments.

"People would but they would need to be told the Dr or the nurse needs to see them before they act. Some would even need an appointment made for them, so they don't have to call and wait in the que to speak to someone to book in. "

Professionals working in Town End Farm and Pallion areas also stated people are prevented from attending due to fear.

"There is a fear of screening; breast, smear and prostate."

Almost
80%
of people
would attend
an
appointment
for a health
check or MOT
if invited



"I always went for health checks in the past, but they don't ask me to go anymore. I never refuse anything to do with health so would go, especially as I have been so unwell lately."

Section 2

The second section of the interviews explored what could be changed or improved to better support individuals and reduce barriers identified

As part of the interview, the Healthwatch team discussed with people what would make it easier for people to access GP services. To support this conversation several potential ideas were used as prompts and people were asked, if available would they be likely to access them and if they could foresee any potential barriers. People were also given the opportunity to talk about other ideas they had that didn't link with any of the prompts given.

A count of people's responses to the prompts is given below:

Community based services	Yes		No		Don't know / not sure	
	Percent	Count	Percent	Count	Percent	Count
Pop up clinics	80%	199	12%	29	9%	22
Services in pharmacies	78%	195	13%	33	9%	22
Mobile bus	78%	195	13%	33	9%	22
Home visits	76%	190	15%	38	9%	22
Clinics focussed specifically on women's / men's health	76%	189	16%	39	9%	22
Wider opening hours	74%	186	17%	42	9%	22

Pop up clinics

80% of people stated they would likely use pop up clinics and welcomed the idea.

When considering the ages of those who said they would likely use the pop up clinics, most were aged 35 and over, the least likely were those aged 16-24.

Age ranges	Yes		No		Don't know/not sure	
	Percent	Count	Percent	Count	Percent	Count
16-24	50%	6	50%	6	0%	0
25-34	68%	23	32%	11	0%	0
35-44	91%	32	9%	3	0%	0
45-54	90%	37	8%	3	2%	1
55-64	89%	17	11%	2	0%	0
65-74	79%	41	6%	3	15%	8
75+	70%	28	30%	12	0%	0
Prefer not to say	94%	15	0%	0	6%	1

87% of females, 61% of males said they would use a pop-up clinic if they had the opportunity.

When considering the locations, those living in the Core20 areas are more likely than people living in other areas of the city to access pop up clinics, except for those living in Thorney Close and Southwick.

Location	Yes		No		Don't know/not sure	
	Percent	Count	Percent	Count	Percent	Count
Hendon/Central	87%	55	13%	9	0%	0
Southwick	13%	3	0%	0	88%	21
Pallion/South Hylton	97%	35	3%	1	0%	0
Thorney Close	33%	1	67%	2	0%	0
Town End Farm	100%	5	0%	0	0%	0
Concord/Sulgrave	94%	15	6%	1	0%	0
Non-Core20 areas	84%	82	16%	16	0%	0



“The pop up clinic would be a great idea. If it was here at NERAF* I would definitely pop in and get checked out.”

“Drop in would be good for things I put off such as a smear.”

“They focus too much on the Sunderland Royal A&E and the Urgent Treatment Centre being one hub, but they need to spread resources across the community.”

*Northern Engagement into Recovery from Addiction Foundation

Pop up clinics

People with long term physical and mental health conditions (76%) are more likely to use pop up clinics than those without long term conditions (10%).

76% of people who identified as white and 83% who selected other ethnicity on the survey told us that they would like the idea of pop up clinics. 100% of all other ethnicities listed stated that they would use pop up clinics.

Ethnicity	Yes		No		Don't know/ not sure	
	Percent	Count	Percent	Count	Percent	Count
Asian or Asian British	100%	27	0%	0	0%	0
Black, Black British Caribbean, African or other Black background	100%	5	0%	0	0%	0
Mixed or Multiple ethnic groups	100%	3	0%	0	0%	0
White	76%	158	13%	27	11%	22
Other	83%	5	17%	1	0%	0
Prefer not to say	50%	1	50%	1	0%	0

When asked about where these clinics would be best located, many people said this would need to be in a place they already visit and in a venue they trust such as, Mikey's place located in Sulgrave, NERAF in the city centre or the Bangladeshi Centre based in Hendon etc.

Professionals working within all Core20 areas also agreed that pop up clinics would support those individuals they work with to access services and help overcome some of the barriers they are informed of.

“Pop up clinics would be a great idea - clinicians need to go to the people and not expect the people to go to them.”

“Pop up clinics are a good idea in trusted venues. For example, if people knew when they came to NERAF they could get checked out, they would do it. Although how would results and findings be communicated to GPs etc. Services don't seem to talk to each other.”

“Pop up clinics are a good idea as most of our clients live such chaotic lives that their health is the last thing on their minds and if they were given an appointment in advance, they would just forget about it.”



“I think people would use pop up clinics if they came to places that they trust and services may have to offer people incentives such as free food or a shopping voucher etc. to get engagement. Take services to the people!”

Services in pharmacies

78% of people interviewed and professionals working across all Core20 areas agreed that they and those they support would access additional services if based in pharmacies as they are a trusted service and easy to access.

The age groups who responded more positively to accessing additional services in pharmacies were aged 35 years and over.

Age ranges	Yes		No		Don't know/not sure	
	Percent	Count	Percent	Count	Percent	Count
16-24	38%	5	62%	8	0%	0
25-34	65%	22	35%	12	0%	0
35-44	94%	33	6%	2	0%	0
45-54	93%	38	5%	2	2%	1
55-64	84%	16	16%	3	0%	0
65-74	75%	39	10%	5	15%	8
75+	68%	27	2%	1	30%	12
Prefer not to say	94%	15	0%	0	6%	1

When we considered gender differences 87% of females and 62% of males stated that they would use their local pharmacy if they provided additional services.

The people living in Thorney Close (50%) were least likely compared with people living in the other areas, to access their local pharmacy for additional health services.

Location	Yes		No		Don't know/not sure	
	Percent	Count	Percent	Count	Percent	Count
Hendon/Central	88%	59	12%	8	0%	0
Southwick	88%	21	12%	3	0%	0
Pallion/South Hylton	94%	34	3%	1	3%	1
Thorney Close	50%	2	50%	2	0%	0
Town End Farm	80%	4	20%	1	0%	0
Concord/Sulgrave	81%	13	19%	3	0%	0
Non-Core20 areas	82%	80	18%	18	0%	0



“Additional services would be helpful. There are lots of pharmacies around.”

“Brilliant. They offer a familiar face, they are on the doorstep and they are the go-to service for many.”

Services in pharmacies

100% of people from Ethnic Minority Groups stated that they would use their local pharmacy to access additional services compared with 74% of people who identified as white.

Ethnicity	Yes		No		Don't know/ not sure	
	Percent	Count	Percent	Count	Percent	Count
Asian or Asian British	100%	27	0%	0	0%	0
Black, Black British Caribbean, African or other Black background	100%	5	0%	0	0%	0
Mixed or Multiple ethnic groups	100%	3	0%	0	0%	0
White	74%	154	15%	31	11%	22
Other	83%	5	17%	1	0%	0
Prefer not to say	100%	2	0%	0	0%	0

Others agreed that pharmacies should be able to offer more support and provide more services.

“They can only give you certain things and say you need to see the GP, but you can't get an appointment. They should be able to use common sense and their discretion.”

We did hear from some individuals that accessing such services would depend on the financial implications, as many receive items free when they get a prescription from their GP practice.

“If they want us to use pharmacies more, they will have to give items for free as we can get them free when we go to GP.”

Professionals working in the Pallion/South Hylton areas of the city acknowledged the usefulness of pharmacies for local people but also highlighted that awareness raising on what can be offered would be of further benefit.

“There needs to be more education around what is available. In the west of the city there has been so many pharmacies closed that access is now difficult for many.”

“Depends on if they have a private consultation room, which many in the north of the city do not have.”

“There needs to be community education of what is available.”

A professional working in the north of the city also added that use may be dependent upon levels of privacy offered.

“Depends on if they have a private consultation room, which many in the north do not have.”



“Pharmacies, absolutely. They give a good service. They took my BP and sent it to the Doctors.”

“More services in local pharmacies would be great, as people can just drop in.”

“I think pharmacies are class! I trust my local pharmacy and have nothing but praise for them.”

Mobile bus

77% of people welcomed the idea of a mobile bus they could use to access services in various community venues.

62% of those aged 16-24 years old told us that they would not use a mobile bus to access healthcare, in comparison, people aged 25 and over generally felt this was a good idea.

Age ranges	Yes		No		Don't know / Not sure	
	Percent	Count	Percent	Count	Percent	Count
16-24	38%	5	62%	8	0%	0
25-34	71%	24	29%	10	0%	0
35-44	94%	33	6%	2	0%	0
45-54	88%	36	10%	4	2%	1
55-64	84%	16	16%	3	0%	0
65-74	77%	40	8%	4	15%	8
75+	70%	28	30%	12	0%	0
Prefer not to say	81%	13	13%	2	6%	1

87% of females stated that they would access a mobile bus, in comparison to 65% of men.

Most people from Core20 areas felt the mobile bus would be a good idea. The lowest numbers came from people living outside of the Core20 areas (80%).

Location	Yes		No		Don't know/not sure	
	Percent	Count	Percent	Count	Percent	Count
Hendon/Central	82%	55	18%	12	0%	0
Southwick	88%	21	12%	3	0%	0
Pallion/South Hylton	94%	35	3%	1	3%	1
Thorney Close	100%	3	0%	0	0%	0
Town End Farm	100%	5	0%	0	0%	0
Concord/Sulgrave	94%	15	6%	1	0%	0
Non-Core20 areas	80%	78	20%	20	0%	0

77%
of people
agreed
services
delivered from
a mobile bus
would support
with access



"I wouldn't fancy the mobile bus but it could be good for others. It would need to be accessible to people in wheelchairs too."

Mobile bus

100% of Asian or Asian British respondents stated that they would find a mobile bus to be beneficial compared to those who identified as either mixed or multiple ethnicity (67%) or white (75%).

Ethnicity	Yes		No		Don't know/ not sure	
	Percent	Count	Percent	Count	Percent	Count
Asian or Asian British	100%	27	0%	0	0%	0
Black, Black British Caribbean, African or other Black background	80%	4	20%	1	0%	0
Mixed or Multiple ethnic groups	67%	2	33%	1	0%	0
White	75%	156	14%	29	11%	22
Other	83%	5	17%	1	0%	0
Prefer not to say	50%	1	50%	1	0%	0

Respondents were asked where best to locate mobile buses and which services should be provided etc. When it came to the locations individuals stated that this would be beneficial if the bus was located somewhere they were visiting or passing e.g. at the supermarket, Park Lane bus station, or in the car park of their local community centre etc.

Some people informed us that they feel a dedicated NHS mobile dental bus would be valuable to them and people in their community, stating it would help fill the gap in current provision and potentially could be accessed much easier, depending upon locations and appointment systems adopted.

Professionals working in all Core20 areas also stated this approach could potentially help with transport barriers they were aware that people experience, and a provision of this type would be more convenient for people.

“The mobile bus would be a great idea – nice and handy. Take the services to the people!

“I think the mobile bus is a great idea as long as it is cost effective for the NHS.”

“Transport is a real issue reported to us due to the bus links and bus strikes. It can cause a full day of anxiety for people if they know they are going to an appointment and worry about getting there – this is why mobile units would be great.”



“The mobile bus would be a great idea – nice and handy.”

Mobile bus

“A mobile bus parked at the soup kitchen even once a week would be really beneficial to our service users. Many have open wounds that haven't been attended too and some have ended up in hospital with sepsis as they don't access healthcare, but if it was here and we could be around to encourage them it would work well.”

“I think if there was a bus parked at places where people with chaotic lives accumulate e.g., Sunderland Community Soup Kitchen it would be really beneficial. People could access preventative medicine, but also get things dressed and checked over. Staff from other services could also use the bus to see people.”

A professional working in the west area of the city acknowledged the usefulness of such a service but highlighted the importance of communicating its availability.

“There was a cancer truck based at Pennywell and I didn't know it was happening, so how were the general public supposed to know? Communication is a real issue.”



Wider opening hours

74% of people stated that wider opening hours, especially within GP services, would help with ease of access, especially for those requiring appointments either early in a morning, later in the evening and on weekends to suit their lifestyles.

During conversations, it became apparent that many people were unaware of the Enhanced GP Services. The Healthwatch team were able to explain the service to them.

Higher numbers of respondents between the ages of 35-64 years stated that they would benefit from the health services they use having wider opening hours.

Age ranges	Yes		No		Don't know/not sure	
	Percent	Count	Percent	Count	Percent	Count
16-24	46%	6	54%	7	0%	0
25-34	62%	21	38%	13	0%	0
35-44	91%	32	9%	3	0%	0
45-54	83%	34	15%	6	2%	1
55-64	84%	16	16%	3	0%	0
65-74	70%	36	15%	8	15%	8
75+	67%	27	3%	1	30%	12
Prefer not to say	88%	14	6%	1	6%	1

87% of women stated that if services had wider opening hours it would be beneficial to them and they would utilise this, compared to 53% of men.

High levels of people responding positively to wider opening hours came from all areas of the city, except for those living in Concord/Sulgrave.

Location	Yes		No		Don't know/not sure	
	Percent	Count	Percent	Count	Percent	Count
Hendon/Central	79%	53	21%	14	0%	0
Southwick	88%	21	12%	3	0%	0
Pallion/South Hylton	91%	33	6%	2	3%	1
Thorney Close	100%	3	0%	0	0%	0
Town End Farm	100%	5	0%	0	0%	0
Concord/Sulgrave	56%	9	44%	7	0%	0
Non-Core20 areas	81%	79	19%	19	0%	0



74%
of people would welcome the opportunity to have appointments available outside of core hours



“Evening appointments would be good for the kids so they don't have to miss any school. I have already used the Enhanced GP Services - they are great.”

Wider opening hours

66% of people living with a long-term physical or mental health condition stated that wider opening hours would be beneficial to them compared to 81% of people living without a health condition.

People from white (73%) or other (50%) ethnicities said they were less likely to require/use wider opening hours, in comparison to other ethnic groups.

Ethnicity	Yes		No		Don't know/not sure	
	Percent	Count	Percent	Count	Percent	Count
Asian or Asian British	89%	24	11%	3	0%	0
Black, Black British Caribbean, African or other Black background	100%	5	0%	0	0%	0
Mixed or Multiple ethnic groups	67%	2	33%	1	0%	0
White	73%	151	16%	34	11%	22
Other	50%	3	50%	3	0%	0
Prefer not to say	50%	1	50%	1	0%	0

Only one professional working in the west area of the city added comments about wider opening hours and stated that they believed this would be of benefit to people but only if widely advertised.



“Wider opening hours would be useful with a small child and working two jobs.”

I can see why wider opening hours would be beneficial for people that work or are carers.

Dedicated Men’s and Women’s Health Clinics

76% of all people who completed this section of the survey welcomed the idea of having clinics that focused specifically on women’s health.

Dedicated women’s clinics

82% of women welcomed the idea of having clinics that focused specifically on women's health.

Women who were more agreeable to the idea were between the ages of 25-54 years and those aged 75 plus.



Age	Yes		No		Don't know/not sure	
	Percent	Count	Percent	Count	Percent	Count
16-24	67%	3	33%	1	0%	0
25-34	88%	14	13%	2	0%	0
35-44	100%	24	0%	0	0%	0
45-54	96%	24	4%	1	0%	0
55-64	73%	8	27%	3	0%	0
65-74	57%	24	24%	10	19%	8
75+	95%	20	0%	0	5%	1
Prefer not to say	100%	1	0%	0	0%	0

The people who said they were less likely to utilise a dedicated women's health clinic were from the Southwick area (77%). (No women from Town End farm responded to the survey).

Location	Yes		No		Don't know/not sure	
	Percent	Count	Percent	Count	Percent	Count
Hendon/Central	97%	34	3%	1	0%	0
Southwick	77%	10	8%	1	15%	2
Pallion/South Hylton	100%	29	0%	0	0%	0
Thorney Close	100%	2	0%	0	0%	0
Concord/Sulgrave	91%	10	9%	1	0%	0
Non-core20 areas	80%	43	20%	11	0%	0



“A one stop shop would be brilliant, especially if they offered a drop in service.”

Dedicated women’s clinics

77% of women identifying as white would use a dedicated women’s health clinic, compared to 100% of women from other ethnic groups.

Ethnicity	Yes		No		Don't know/ not sure	
	Percent	Count	Percent	Count	Percent	Count
Asian or Asian British	100%	23	0%	0	0%	0
Black, Black British Caribbean, African or other Black background	100%	5	0%	0	0%	0
White	77%	86	14%	16	9%	9
Other	100%	3	0%	0	0%	0

Finally, professionals in the west area of the city believed clinics of this kind to be a good idea.

“Yes, definitely for peri-menopause and menopause. Also, some of the teenage girls we get in here don’t have mams so have no one to explain periods to them, cramps and when they are normal and when they are not.”

“Women’s health clinics are great and working well now for the menopause and for long term contraception.”



“A great idea. A clinic where people could go for dectret sexual health tests and screening would be great.”

“Men and women’s health clinics are a great idea, but where would transgender people go?”

Dedicated men’s clinics

63% of men welcomed the idea of having clinics that focused specifically on men’s health.

Those least receptive to the idea of clinics of this type were between the ages of 16-25 and 75 plus.

Age	Yes		No	
	Percent	Count	Percent	Count
16-24	20%	2	80%	8
25-34	56%	10	44%	8
35-44	64%	7	36%	4
45-54	81%	13	19%	3
55-64	100%	8	0%	0
65-74	100%	10	0%	0
75+	42%	8	58%	11
Prefer not to say	50%	1	50%	1

The areas in the Core20 where men were less likely to use a dedicated men’s health clinic were Thorney Close, Pallion/South Hylton (60%) and Hendon/Central (66%).

Location	Yes		No		Don't know/not sure	
	Percent	Count	Percent	Count	Percent	Count
Hendon/Central	66%	19	34%	10	0%	0
Southwick	100%	11	0%	0	0%	0
Pallion/South Hylton	60%	3	20%	1	20%	1
Thorney Close	0%	0	100%	1	0%	0
Town End Farm	100%	2	0%	0	0%	0
Concord/Sulgrave	100%	5	0%	0	0%	0
Non-Core20 areas	75%	30	25%	10	0%	0



“I get everything done at the GP (including bloods) and they are pretty good, but I would go to a dedicated men’s health clinic.”

Dedicated men’s clinics

Men from a white background (60%) and men from other backgrounds (67%) were less likely to use a dedicated men's health clinic compared with the other groups where 100% would.

Ethnicity	Yes		No		Don't know/not sure	
	Percent	Count	Percent	Count	Percent	Count
Asian or Asian British	100%	4	0%	0	0%	0
Black, Black British Caribbean, African or other Black background	100%	3	0%	0	0%	0
Mixed or Multiple ethnic groups	100%	1	0%	0	0%	0
White	60%	50	25%	21	15%	11
Other	67%	2	33%	1	0%	0
Prefer not to say	100%	1	0%	0	0%	0

Some professionals working in the north area of the city believed it to a good idea and would help to raise awareness of the related health issues.

“Good idea, there needs to be more promotion around men's health issues.”

“Focused clinics – great idea, although location would determine whether people used them or not.”

Finally, a professional working in the Pallion area of the city gave this response:

“I think if men know more about screening, knew it was going to be done by a man and they could talk to a man about things like mental health, they would work really well.”



“I would use a men's health clinic in a heartbeat.”

“I would try a men's health clinic and see what it was like.”

Home Visits

84% of women welcomed the idea of clinicians making home visits in comparison to 66% of men who thought this would be a good idea.

Most age ranges thought this would be a good idea, with the lowest number of people being in the 16-24 year old age bracket. Some respondents thought this was a good idea, but not necessarily for themselves but for the elderly and only when necessary.

Age ranges	Yes		No		Don't know/not sure	
	Percent	Count	Percent	Count	Percent	Count
16-24	62%	8	38%	5	0%	0
25-34	85%	29	15%	5	0%	0
35-44	86%	30	14%	5	0%	0
45-54	85%	35	13%	5	2%	1
55-64	79%	15	21%	4	0%	0
65-74	71%	37	14%	7	15%	8
75+	68%	27	2%	1	30%	12
Prefer not to say	56%	9	38%	6	6%	1

High numbers of people from the Core20 areas were open to the idea of home visits, apart from those living in Town End Farm (60%) and the Southwick (8%) areas.

Location	Yes		No		Don't know/not sure	
	Percent	Count	Percent	Count	Percent	Count
Hendon/Central	84%	56	16%	11	0%	0
Southwick	8%	2	4%	1	88%	21
Pallion/South Hylton	92%	33	6%	2	3%	1
Thorney Close	100%	3	0%	0	0%	0
Town-End-Farm	60%	3	40%	2	0%	0
Concord/Sulgrave	94%	15	6%	1	0%	0
Non-Core20 areas	78%	80	22%	22	0%	0



“Home visits would be great for older people.”

Home visits

Higher numbers of people without a health condition (79%) told us that they would welcome home visits by clinicians, compared to 69% of people who identified as having a health condition.

People from a white background (72%) were less open to the idea of home visits, compared to other ethnic groups.

Ethnicity	Yes		No		Don't know/not sure	
	Percent	Count	Percent	Count	Percent	Count
Asian or Asian British	100%	27	0%	0	0%	0
Black, Black British Caribbean, African or other Black background	80%	4	20%	1	0%	0
Mixed or Multiple ethnic groups	100%	3	0%	0	0%	0
White	72%	149	17%	36	11%	22
Other	83%	5	17%	1	0%	0
Prefer not to say	100%	2	0%	0	0%	0

A mixed response from professionals was received with regards to home visits.

One professional working in the Hendon area of the city agreed they might support clinicians to have a greater understanding of issues people face.

“Some of our clients are very good at pretending everything is fine, when it's not. This would give clinicians an insight into what is really going on and what life is really like. ”

Two professionals working in the west area of the city gave the following responses:

“Great idea when essential and especially for mental health.”

“Home visits are not always necessary and would get abused.”



“Home visits should be available in cases where the person really can't get out.”

“There should be more home visits, my brother-in-law has serious health conditions and is really unwell. He should be seen at home.”

Other ideas

Individuals who took part in the research were also given the opportunity to share any other ideas they might have in addition to the prompts used in the interviews, which they believe might help to improve access to services in primary care. The few additional ideas received are given below:

Access to interpretation services

30 people from ethnic minority groups informed us that they would like easier access to interpreters and would use culturally appropriate health checks at a venue they trust, where professionals speak their preferred language and where they don't feel any discrimination.

“To access services where we feel we are not discriminated against, again because of our ethnicity or cultural differences by doctors and the receptionist. The access of interpreters to be equal across all services for everyone who needs one.”

Other comments received included the following:

“Telephone calls or a text service.”

“Bring back the Washington Walk-in Centre – the people of Washington really needed it. ”

“Menopause clinics.”

“Better flagging of issues on systems is needed and a helpline would be handy – not like 111.”

“Easy read information, including what is going to happen to you.”

“Communications in easy read, including travel instructions.”

“Online service to try to find out where to go.”

“Free transport, better bus routes.”

Professionals also added some additional suggestions:

“GP appointments should be released in batches so not everyone has to call at 8am.”

“Surgeries need to keep people updated like Dr Stephen's surgery does on Facebook, they say how many appointments there has been, how many have been missed etc. This allows patients to see that the GPs are working, as there has been a misconception since COVID that GPs aren't doing what they used to do.”

“There should be a crisis number where you can find out anything, where to turn for different things, not just health, but housing, neighbourhood worries or concerns, support groups etc. like a signposting line for those without the internet.”



Conclusion

The aim of this evaluation was firstly to discover where people living in areas of high deprivation and those with multiple complexities access health care and advice and to identify any barriers encountered and secondly to explore what could be changed or improved to reduce these barriers. Armed with this intelligence partners in the NENC ICB and Sunderland City Council can address the needs identified to ensure everyone is able to access those services they need whilst encountering limited barriers.

The findings, based on feedback received, have shown that most people turn to their GP when seeking health care support and advice followed by the Emergency Department and pharmacies.

However, most people turning to their GP for support, informed us that they didn't find accessing services easy and encountered numerous barriers including difficulties with booking systems and a lack of suitable appointments being available. In comparison those who seek out help from their pharmacies for their health encounter very few issues and find services trustworthy and easy to access.

It also became apparent when engaging with people on where they would go to seek health support and advice, that most people have a basic understanding of some of the services available within primary care but are not aware of the differences between the services and where best to go for what.

When speaking to people about accessing preventative or routine appointments the research highlighted that many lacked an understanding of the importance of these appointments or simply didn't know how to access them. People informed us that they either wait until very ill before accessing services, don't place importance on these appointments for various reasons or are not aware that they have responsibility to book these appointments themselves.

Finally, most people responded positively to ideas of more innovative or community-based approaches to delivering services and most agreed that they would access them if available, with pop up clinics being the most attractive.



Next steps

The feedback from this report will be shared with NENC ICB, Sunderland City Council and other key partners.

Following this we will be requesting a response from the NENC ICB and Sunderland City Council detailing how the feedback and findings will be used to bring about improvements to access to primary care services over a clear timeframe. The response received will be then communicated to those who took part in the interviews, the wider community and key partners, ensuring all are aware of actions to be taken to continually improve services.

Over a period of six months Healthwatch Sunderland will follow up with key staff within NENC ICB and Sunderland City Council to see how the actions in the response are progressing, as well as to offer any additional support we may be able to give. Throughout this process we will continually update patients and the public on developments.



Acknowledgements

Thank you

This report reflects the time and dedication of many individuals and organisations who kindly took the time to support this research.

We would like to give our particular thanks to:

- All those local people who gave their time to share their experiences with us.
- Our fantastic colleagues within the local voluntary and community sector who opened their doors to us and welcomed us to visit their groups and events.
- The professionals working across the NHS and the voluntary and community sector who spared their time by talking to us about their experiences of working with and supporting local individuals.

Many individuals and professionals provided some anecdotal information about their experiences all of which don't feature in the report due to the high volume. However, these will be fed back to NENC ICB and Sunderland City Council who will use the anonymised feedback to support them to refine future service design and delivery.

Appendix 1

Engagement Document

1. Where do you go if you want to access some health support or advice?

- GP Accident and emergency Pharmacy Dentist
 Ill Opticians Urgent care Other – explain

2. (If they don't access a GP practice) Please tell us **why you don't access a GP**. Explore whether they are registered and if not, what the barriers to getting registered are.

3. (If they do access a GP practice) **Why do you go to the GP?** Explore whether this is when absolutely necessary (crisis), or whether people attend the GP to prevent future ill health or maintain good health.

If they don't go for preventative reasons, why? What are the barriers? (e.g. is their own health a priority and if not why not? Time to attend, availability at times of appointments, convenience, location?)

If the receptionists come up as a barrier, explore reasons (e.g. is it availability of appointments, because they've been red carded, because they're asking triage questions?)

4. **If you were invited to a GP to discuss your health or for routine appointments, do you think you would you be likely to attend?** (E.g. vaccinations, health screening)

- Yes No Maybe Prefer not to say

If yes, do you find it easy to attend the doctors for these types of appointments?

Is there anything that makes it difficult to attend?

Does this change depending on the issue (e.g. women's health, men's health issues)?

If no, why not?

Explore barriers relating to: Other priorities (is their own health a priority and if not why not? E.g. time to attend, availability at times of appointments, convenience, location).

5. **What would make it easier for you to access GP services?**

Prompts: Would services need to be at a specific time? Specific place? Specific times?

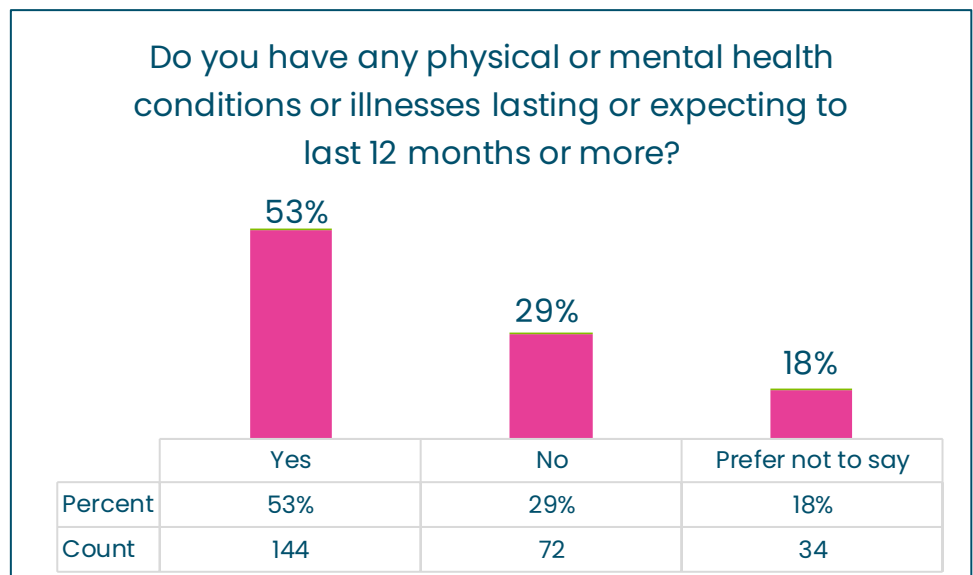
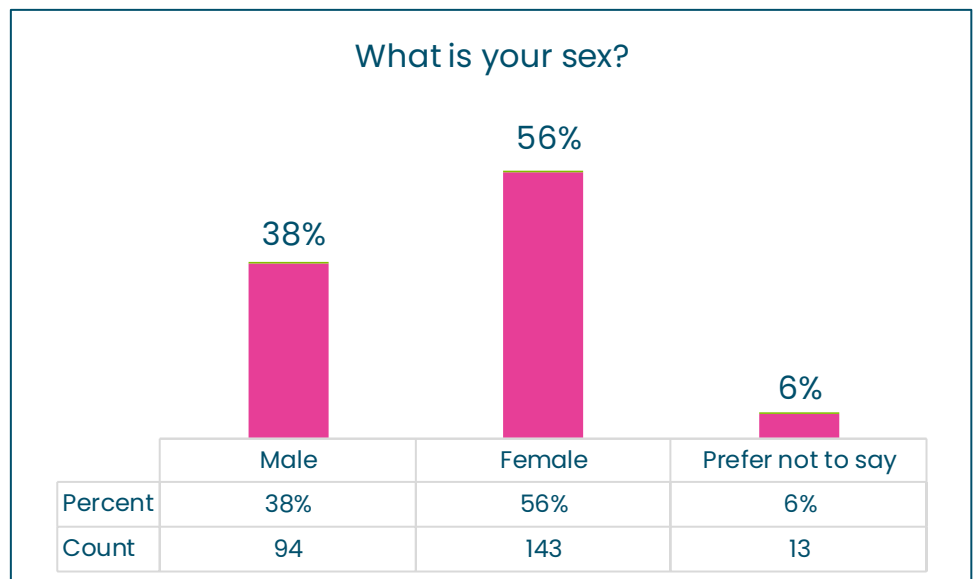
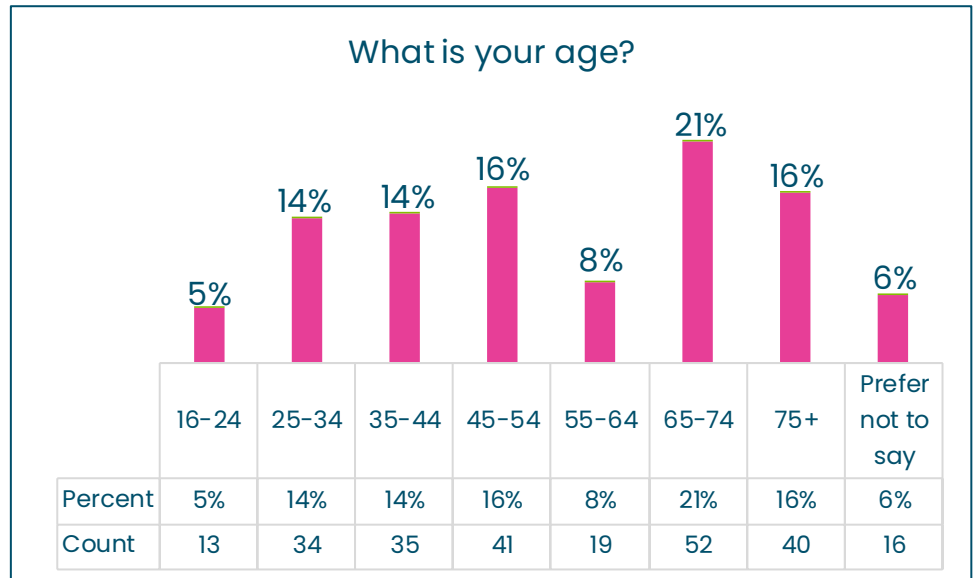
6. **The NHS are exploring different ways of making it easier for people to access GP services and wider health appointments. I'll read out some examples, to give you some ideas of what might be possible. Would any of these encourage you to attend?**

- Services in pharmacies
 Pop up clinics in different parts of communities
 Wider opening hours
 Mobile bus set up to deliver clinical services near you
 Home visits
 Clinics focused specifically on women's / men's health

Do you have any other ideas?

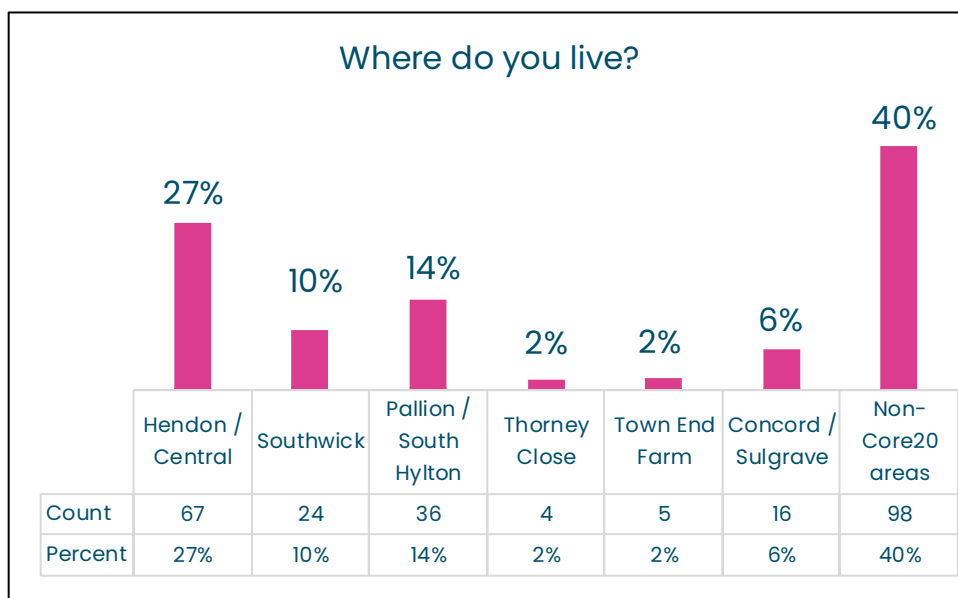
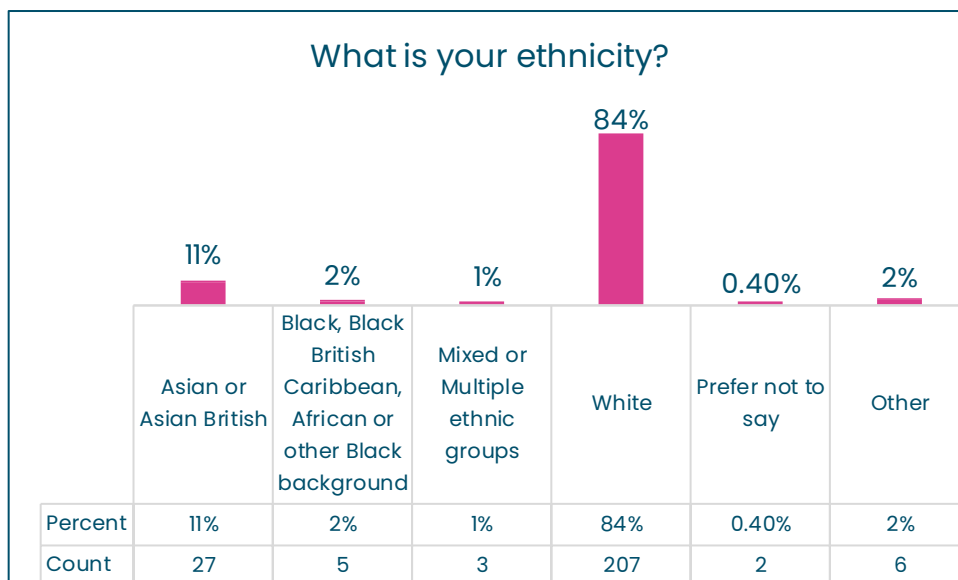
Appendix 2

We spoke to 250 individuals across the city. The demographics of these individuals is given below (please note not all respondents gave this information):



Appendix 2

We spoke to 250 individuals across the city. The demographics of these individuals is given below (please note not all respondents gave this information):



Appendix 3

We spoke to professionals working and supporting individuals across the city. The breakdown of those who contributed to the research is given below:

No of participants	Professional	Focus of work
3	NHS Social Prescriber	Sulgrave/Concord, Town End Farm, Southwick, Thorney Close, Hendon, Pallion/South Hylton
4	NERAF	Substance misuse
1	Pallion Action Group	Pallion
1	Basis	Homeless
1	Sunderland Community Kitchen	Homeless
1	Salvation Army	Southwick
1	WEAR Recovery	Substance misuse



healthwatch
Sunderland

www.healthwatchesunderland.com

t: 0191 5147145

e: healthwatchesunderland@pcp.uk.net

 [@HWSunderland](https://twitter.com/HWSunderland)

 [Facebook.com/HWSunderland](https://www.facebook.com/HWSunderland)

 [Instagram.com/healthwatchesunderland](https://www.instagram.com/healthwatchesunderland)