ARC KSS Primary and Community Health Services

NIHR | Applied Research Collaboration Kent, Surrey and Sussex

brighton and sussex medical school

Kent Surrey Sussex Academic Health Science Network

Community Priority Setting Excercise

Background

As the service at the front-line of patient care, Primary Care is under immense pressure to manage the complex needs of a growing and aging population. Prolonged under-funding has resulted in inadequate infrastructure to meet Primary Care demands, and growing workloads combined with a lack of resources in Primary Care has challenged the provision of accessible, comprehensive, and person-centred care. The COVID-19 pandemic has placed further pressure on a system which is already under stress, throwing up additional challenges to service provision.

Changes to the provision of standard and routine health services revealed new ways of working, such as digitisation. Digitisation, such as remote consultations, affords convenience, has workforce benefits, the potential to reach some clinically vulnerable patients, and scope to offer alternative approaches to care, which taps into the personalisation agenda (Casey et al., 2017). However, it has also created greater layers of complexity for the Primary Care system and risks worsening the digital divide, creating further barriers to healthcare for those without access to technology.

Purpose of the priority setting excercise

The Primary and Community Health Services (PCHS) theme of the National Institute for Health Research (NIHR) Applied Research Collaboration Kent, Surrey, and Sussex (ARC KSS) recognise a need for contextualised and placed-based approaches to supporting patients and their carers/families within the changing landscape of primary care. The purpose of this exercise was to refine the research priorities of the PCHS theme and to help us operationalise the sub-theme aims. Click here to see the ARC KSS PCHS theme aims.

Objectives

1. **Identify key areas for future research within the PCHS theme**
2. **Develop an understanding of the lived experiences and main concerns of members of the public in KSS**
3. **Determine how the current research activity of the PCHS theme maps onto local needs and concerns**

Methods

Participants: **Participants involved in the focus groups carried out to generate qualitative data for the report were service-user and/or stakeholder members of the public. Participants were recruited in each locality (Kent, Surrey, and Sussex) by the research team and the Public Advisors, who shared study adverts with their networks. All focus group participants were given a £20 gift voucher to compensate them for their participation in the discussions.**

Twenty-seven participants took part across three focus groups, with most being female (n = 11), and of those the most common age range being 46-60 years (n = 7).

Public adviser involvement: **This exercise involved ARC KSS theme public advisors, who prior to the exercise, were briefed and informed that they would be paid for their time via payroll at their standard hourly rate for the ARC KSS. At each phase of the exercise, we tailored our meetings and avenues for engagement to suit to needs of the Public Advisors, such as using a combination of email, video meetings, and phone calls for feedback.**

The Community Priority Setting Excercise was funded by the National Institute for Health and Care Research (NIHR Applied Research Collaboration Kent, Surrey and Sussex) and the Kent, Surrey, Sussex Academic Health Science Network.
The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

Primary and Community Health Services: Community Priority Setting Excercise

Procedure: **To produce the report, we employed a co-production approach and used Public and Community Involvement and Engagement (PCIE) throughout. We involved members of local communities across Kent, Surrey and Sussex across almost all of the research phases to ensure that our planned research activity aligns with local needs and to employ locally appropriate understandings of the best ways deliver on our PCHS theme aims. We held three online focus groups via Zoom with members of the public, one group was held in each region of KSS. The focus groups were facilitated by three members of the research team and the Public Advisors for the PCHS theme. The discussions were semi-structured with questions around three areas relating to Primary Care: The Primary Care services, the users of Primary Care, and the needs of the users who access Primary Care.**

Data analysis: **Following familiarisation with the transcripts, one researcher analysed the data using Thematic Analysis and following Braun & Clarke's (2006) process. A second researcher and the PCHS Public Advisor were involved in the reviewing and defining of the generated themes. The Public Advisors also had the opportunity to review the final report, provide feedback on it and have their suggested changed incorporated in the final report.**

Results

Through an explorative thematic analysis, we identified three primary themes and 3-4 sub-themes for each:

Theme 1: Improving the 'front door' of the NHS

The first theme primary theme is broadly concerned participants' experiences of accessing and obtaining an appointment with their Primary Care provider:
1.1 Accessible and practical booking systems
1.2 Meeting patients physical accessibility needs
1.3 Consider increase in technology on patient access

"In terms of actually having to wait, it affects your quality of life, and... that has knock on effect on other things, in terms of your mental health and your wellbeing" **- Participant quote about Theme 2.2**

Sub-theme 1.1 quote from particpant

"Getting a face-to-face appointment is becoming a real issue, for ... my children as well. I've got a problem that needs to be seen by physical eyes, and if I'm honest, I'm getting quite sick of having to take pictures to send them... it's been hard to get face to face appointments because the wait times are really long..."

Theme 2: Addressing problems in the healthcare system

The second theme included perceived systemic issues within the wider network of health and community services and addressing the impact they had on patients:
2.1 Funding that meets patient need
2.2 Addressing waiting times
2.3 Relations between practitioners and patients

Theme 3: Further developing patient-centred care

The final theme identified ways in which Primary Care and community services can work together and consider patients' individual differences to improve personalised, tailored support and move towards left-shifting models of care.
3.1 Encouraging and improving engagement by reaching out
3.2 Additional support in alternative settings
3.3 Personalised care
3.4 Joined up care with services/family/carers

"It's about reaching into communities and not expecting them necessarily to come to you." **- Participant quote about Theme 3.1**