

Evolving expectations of GP services

**Gaining insight from the
perspectives of younger adults**



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Introduction

In this short briefing note we explore the experience of younger adults (18-34 years) as consumers of general practice medical (GP) services. The analysis was motivated by two concerns:

- First, in the last five years there has been much debate about a generational divide in decisions made about welfare spending and the design of welfare support. Arguments about intergenerational inequality play out nationally but we also see them locally in our work. For example, younger people are overrepresented in advice queries about key aspects of welfare benefits. We wanted to know if there was a similar risk of younger people being overlooked in decisions about the design and delivery of public services.
- Second, we see daily in our own work at Citizens Advice that the way people access services is changing at great speed. Our own services are shifting rapidly, with digital technologies taking services into new and unexpected territories. Younger people are the vanguard of this change. We wanted to know if public services were facing similar changes in the way people want to use them, and whether they were keeping up.

Our findings suggest both these concerns were well-founded. Overall, younger patients are less satisfied with the service they receive from GPs than people aged 35 years and over. Across a wide range of measures of customer service, from the ability to secure an appointment, to the helpfulness of reception staff, 18-34 year olds have satisfaction levels often half that of older people, and sometimes far worse.

We do not see the results presented here as a criticism of GPs. Instead, we draw three main lessons:

- First, younger adults need new ways to speak up about the service they are receiving, so that public services can respond. This is particularly true for the kind of high-volume but small-scale inconveniences that would not normally prompt a serious complaint or pursuit of redress. We face the same challenge ourselves: 15 - 34 year olds are under-represented among the people coming to us for advice about GP services, with our caseload made up primarily of more serious and complex cases. Services need to provide new, light touch ways for their users to provide feedback on their preferences.
- Second, decision-makers need to ensure funding pressures do not exacerbate the generational divide in GP satisfaction. Younger people far prefer walk-in centres, many of which have closed in recent years. Evidence also suggests younger adults are more likely to turn to A&E when they cannot secure an appointment with the GP. A failure to meet their needs

piles even more pressure on budgets, while responding to younger people's needs could relieve valuable resources for re-allocation elsewhere.

- Third, service is varied rather than poor. Many GPs across Britain are already transforming the way they provide services and embracing new technologies. This good practice needs to be spread to ensure the service as a whole keeps up with changing demands. One particular opportunity presents itself in January, when the rules around GP catchment areas are relaxed, allowing GPs to register patients away from their homes, for example near to a place of work. If these powers are used well they could particularly benefit younger adults who prefer a flexible GP relationship.

Results: Younger adults' expectations of GP services

To understand how younger people are experiencing GP services we analysed data from the NHS GP Patient Survey. The survey, conducted twice a year by Ipsos Mori, asks patients to feedback their experiences of the service provided by their GP practice as well as their preferences for different approaches. The results are validated as Official Statistics. In this instance, we have analysed the data from the GP Patient Survey 2013-2014 published in July 2014, which is an aggregation of the July-September 2013 and January-March 2014 waves of data collection.

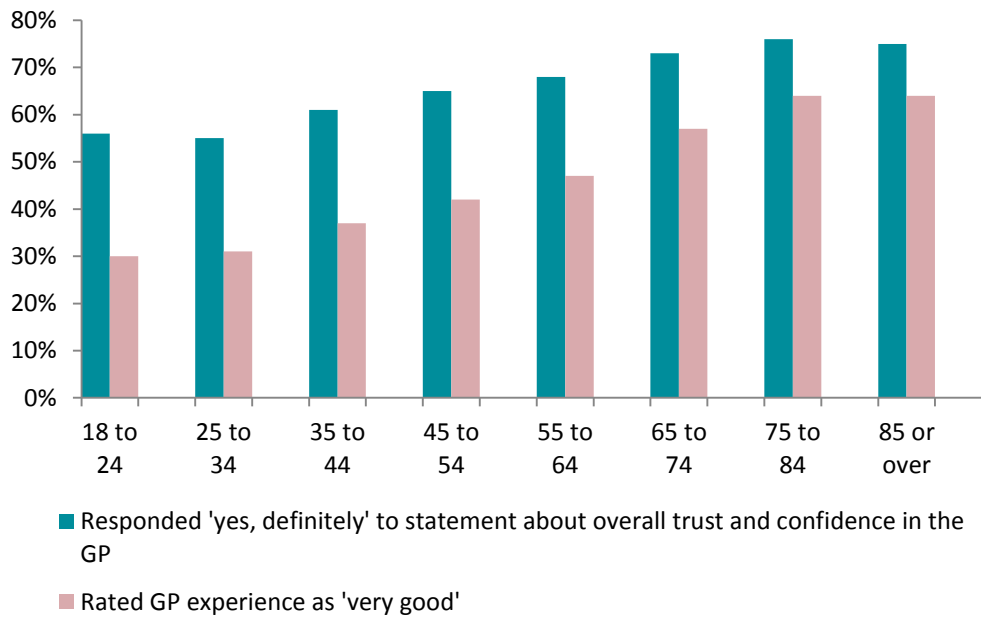
The GP Patient Survey is a quantitative survey in which questionnaires are sent by post to approximately 2.6 million people across England (split across two waves). Just over 900,000 questionnaires were returned, giving a response rate of 34 per cent. Surveys are sent to people who have been registered at the same GP practice for at least six months continuously. The questions asked in the Survey generally refer to the respondents most recent experience of their GP service.¹ The scale of the survey allows for detailed analysis by age, among other variables.

Younger people are less satisfied with their GP service

Figure 1 shows results for patient ratings of their overall experience of their GP services by age. It looks specifically at those who rated the service as 'very good'. Overall, these are positive figures but the results change steeply by age. 30 per cent of respondents aged 18-34 years rated their overall experience of using their GP service as 'very good'. This compares to 64 per cent of people aged 75 and over. 18-34 year olds also rated their confidence and trust in their GP as lower than other age groups, with 57 per cent in the 18-34 group saying they have confidence/trust in their GP compared to over 70 per cent for all people aged 65 and over. Overall satisfaction with GPs is more than twice as high among those of pension age as among younger people.

¹ Ipsos Mori (2014) 'GP Patient Survey Technical Annex Annual Report 2013-14' NHS England http://gp-survey-production.s3.amazonaws.com/archive/2014/July/1301375001_Technical%20Annex%202013-2014_FINAL%20v1.pdf

Figure 1: Proportion of respondents who rated their overall experience of the GP service as 'very good'; respondents who chose 'yes, definitely' to statement about their overall trust and confidence in the GP, by age

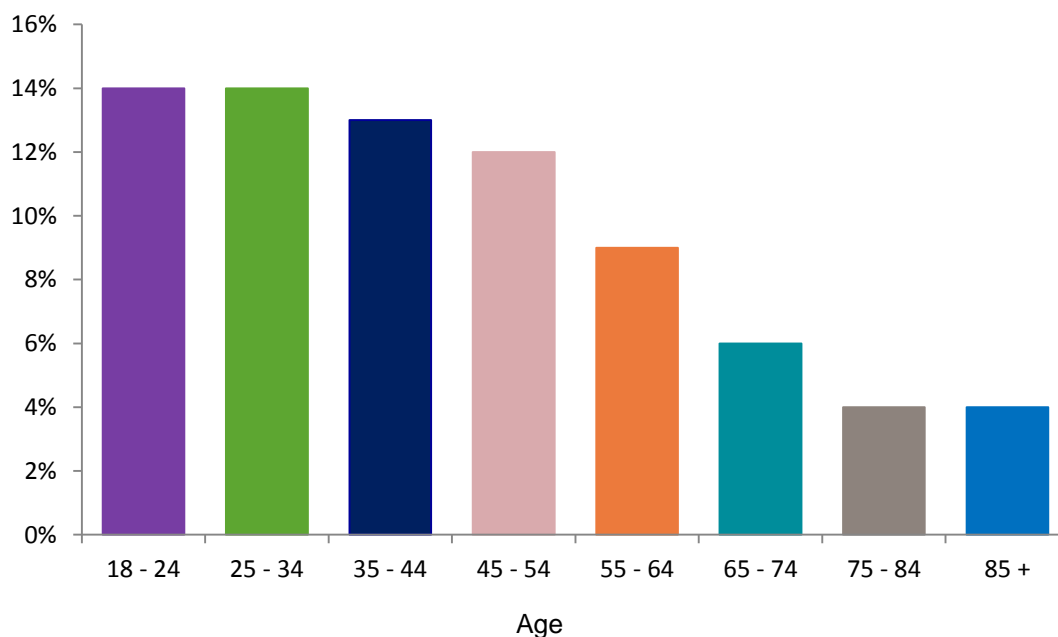


Source: Citizens Advice analysis of the GP Patient Survey Ipsos MORI for NHS England July

Younger people find it harder to get an appointment

What is driving these overall figures? The Patient Survey also asks a number of questions that allow us to explore the drivers of the overall satisfaction results.

Figure 2: Proportion of respondents who said they were unable to get an appointment to see or speak to a healthcare professional, by age

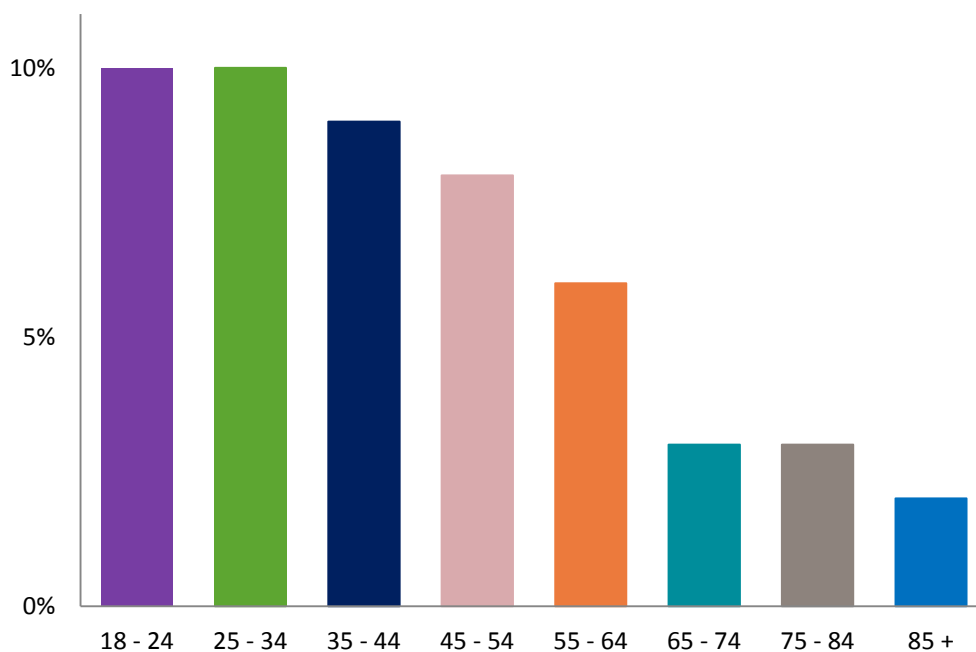


Source: Citizens Advice analysis of the GP Patient Survey Ipsos MORI for NHS England July 2014

Figure 2 shows analysis by age group of patients who report being unable to get an appointment with their GP. The youngest age group is more than twice as likely to be unable to secure an appointment than all groups of pension age.

Figure 3 suggests people in the younger age groups who do secure appointments also find the time less convenient. This analysis shows an even steeper gradient by age, with younger people three to five times more likely than people of retirement age finding their appointment time not very convenient. Perhaps related to these figures, we also find that 18 - 34 year olds describe the GP receptionist as 'not very helpful' at significantly higher rates than older respondents. It seems likely that difficulty with appointments and booking times affects the overall customer experience.

Figure 3: Proportion of respondents who described the appointment time offered as 'not very convenient'

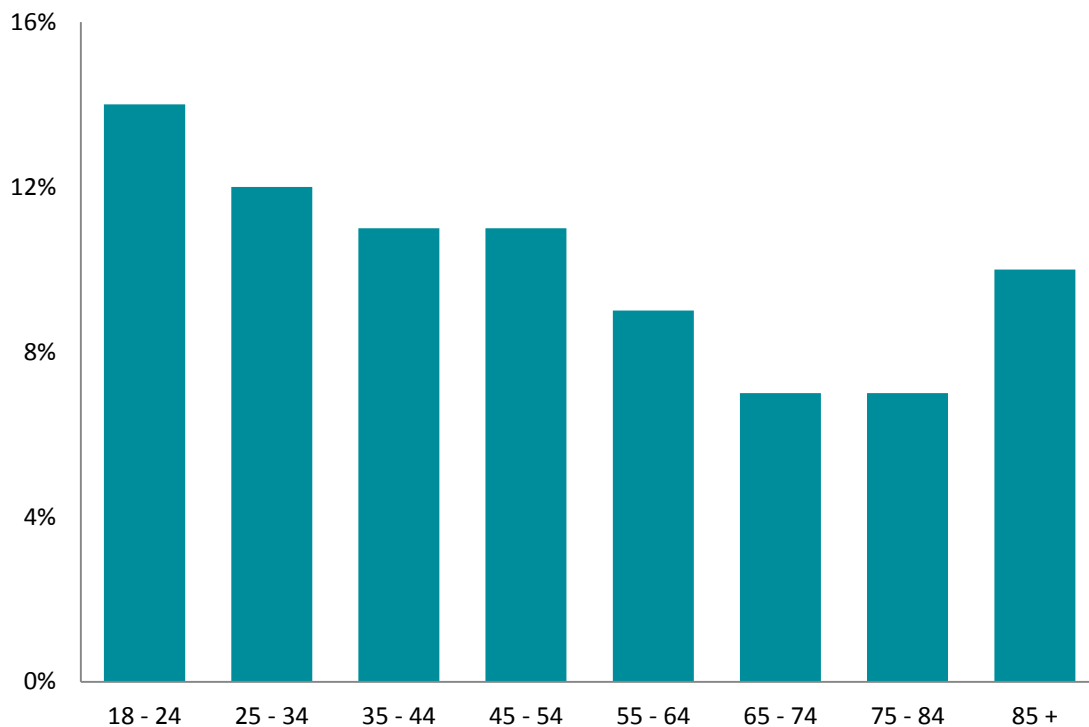


Source: Citizens Advice analysis of the GP Patient Survey Ipsos MORI for NHS England July 2014

Younger people less likely to see a health professional and more likely to attend A&E if they cannot secure an appointment

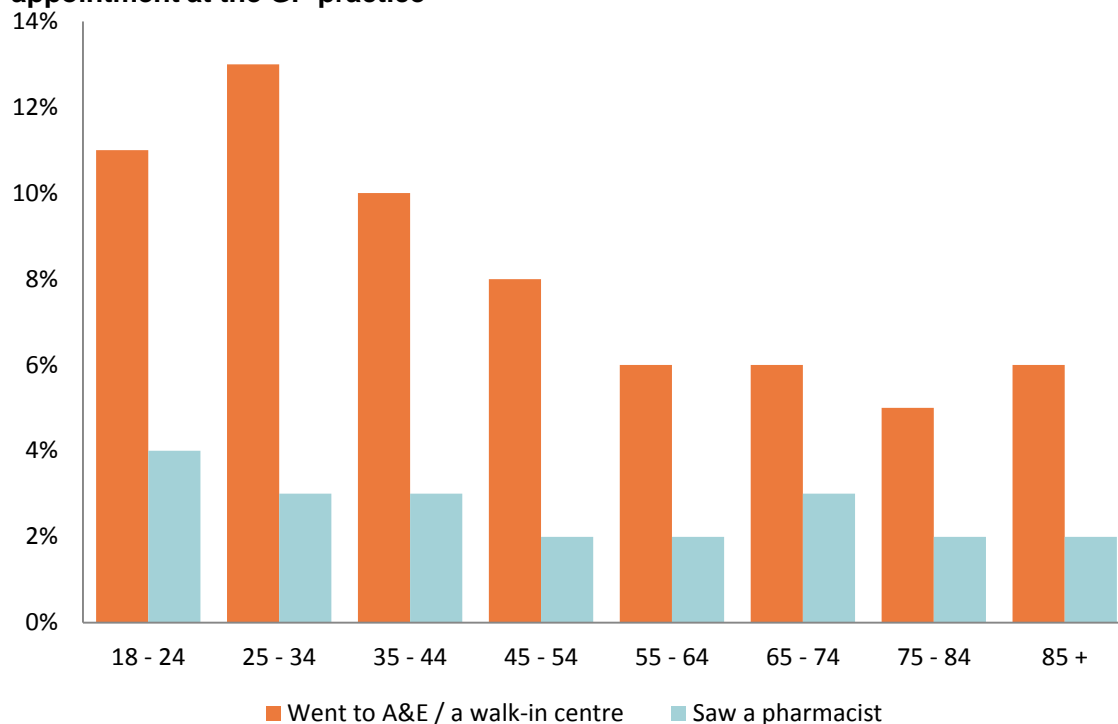
Figures 4 and 5 show what people do when they are unable to get an appointment at the GP surgery. These results, too, vary by age. Figure 4 shows that, compared to other age groups, younger people are far less likely to speak to a health professional at all if they are unable to get an appointment. Here the picture is somewhat more complicated, with patients aged over 85 also tending to go without contact with a health professional, although at lower rates than younger groups.

Figure 4: Proportion of respondents who did not see or speak to a health professional following unavailability of an appointment/ convenient appointment



Source: Citizens Advice analysis of the GP Patient Survey Ipsos MORI for NHS England July 2014

Figure 5: Proportion of respondents who attended A&E/walk-in centre or saw a pharmacist after being unable to secure an appointment at the GP practice



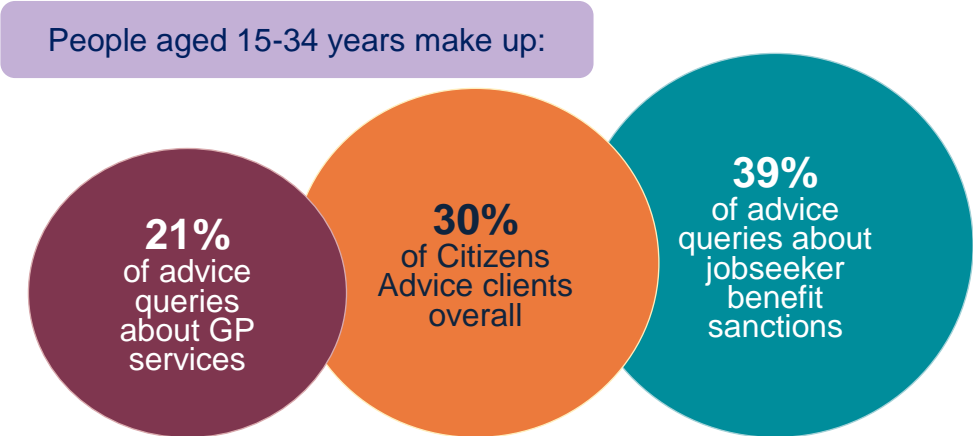
Source: Citizens Advice analysis of the GP Patient Survey Ipsos MORI for NHS England July 2014

Figure 5 shows how patients respond when they cannot secure a GP appointment. The younger age group is far more likely to turn to an accident and emergency department or to a walk-in centre if they cannot secure an appointment with their GP. They are more than twice as likely to do this than those 65+. Unfortunately the GP Patient Survey does not break down results for A&E and walk-in centres separately, so it is difficult to determine the proportion of young people who turn to each. Nonetheless, this result suggests that the failure to meet young people’s needs for GP appointments could be exerting wider funding pressures on other parts of the health service.

Box A: Younger people in Citizens Advice Data

As well as looking at NHS Patient Survey data, we have analysed data from Citizens Advice bureaux across England and Wales. In the year to September 2014, almost 4,500 people came to us with an issue related to GP services. Although younger adults make-up 33 per cent of the overall population (ONS 2011), and 15 - 34 year olds make up around 30 per cent of the people who seek face-to-face advice from Citizens Advice, they comprise only 21 per cent of the people who seek advice about GP services at local Citizens Advice bureaux. We may infer a number of things from this difference; perhaps the problems younger adults experience around GP services are of a lower level than the other issues they bring to Citizens Advice, or, as Figure 4 indicates, when faced with a problem such as getting a GP appointment, younger people are less likely than other age groups to take positive steps to address the problem.

Figure 6: People aged 15-34 years as a proportion of Citizens Advice clients, overall and by selected specific advice areas



Conversely, when we look at an issue like the sanctioning of Jobseeker’s Allowance recipients, people aged 15-34 years make up almost 40 per cent of advice queries received. This reflects both the higher proportion of younger people who experience this issue, and the impact of the issue on their lives.

An analysis of the qualitative data on advice issues about GPs collected by Citizens Advice bureaux suggests that most are complex cases with high levels of detriment. The GP Patient Survey shows younger people facing lower levels of difficulties, albeit in very high volumes, suggesting there may be a need for easier ways of reporting lower level inconveniences and seeking rapid redress.

Dissatisfaction with GP services has been a longstanding issue for younger adults

The GP Patient Survey has been carried out regularly since 2007. While there was a significant change in the questions in the survey two years ago, we can extrapolate from general satisfaction rates to see whether the GP service generational divide has widened or narrowed over time.

In the results of the 2008-09 Survey, respondents rated their satisfaction with their GP service as “very high” as follows:

- 38 per cent of 18-24 year olds
- 72 per cent of 65-84 year olds
- 72 per cent of 85+ year olds

The 2010 report also found older patients to be more satisfied with the care they received at their surgery than younger patients, with the following breakdown by age of those who rated their satisfaction with their GP service as “very high”:

- 36% of 18-24 year olds
- 42% of 25-44 year olds and
- 54% of 45-64 year olds
- 69% of 65-84 year olds
- 70% of 85+ year olds

These data are not directly comparable with the 2013/14 results because of a change in the wording of the overall question about satisfaction. Overall, it seems likely that the generational divide in satisfaction with GP services has been a longstanding issue and has not narrowed markedly over time.

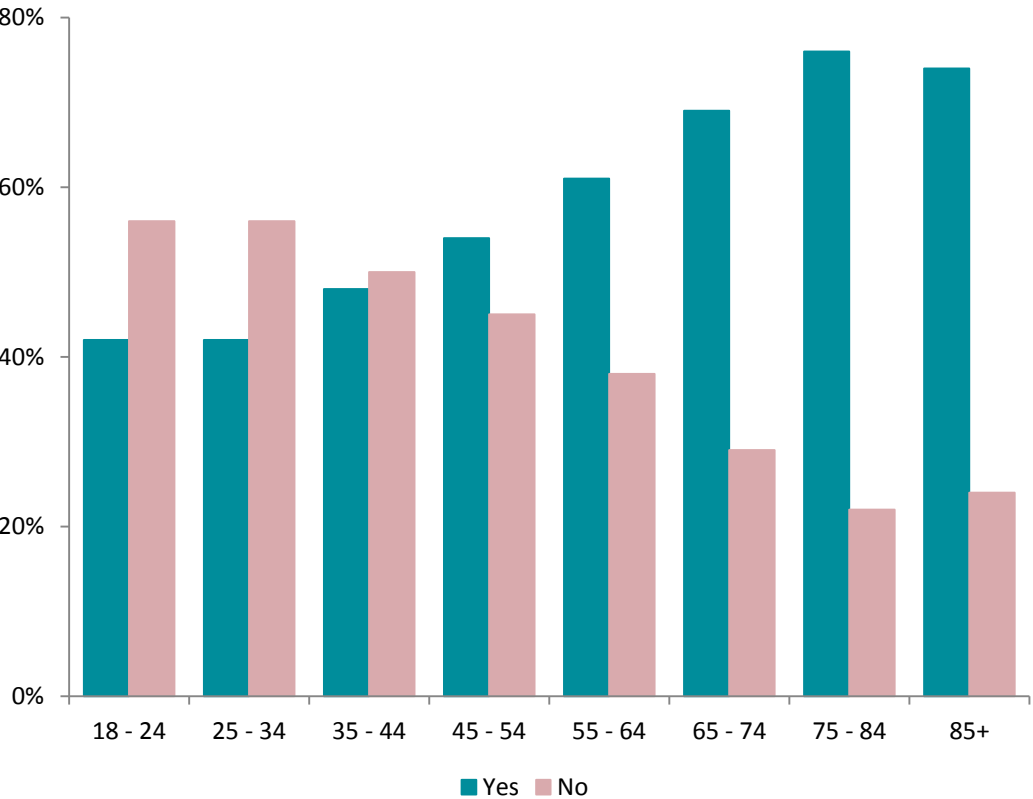
Opportunities

Overall, our results suggest that people’s expectations of GP services differ sharply across generations. As the population ages, these new preferences are likely to take hold more generally, suggesting that it is important services do more to respond to the needs and preferences of today’s young people.

The data also point to a number of specific opportunities to better serve younger age groups. As we might expect, young people are dramatically more likely to want to book appointments online. The deadline to implement Patient Online is fast approaching, placing a contractual obligation on GP practices to provide online appointment booking systems.² It will be important to monitor this reform to understand whether and how it affects access to GP services for younger people.

Perhaps more significantly, as Figure 7 illustrates, younger people are less inclined to have a preferred GP. As the results for walk-in centres also suggest, young people value flexibility and convenience in GP services. This is a timely finding, because from January 2015 GPs will be able to move away from catchment areas as a way of determining whether or not to register a patient. This will allow GPs, for example, to register patients near their place of work rather than near their homes. GPs will have the right, but not the obligation, to use these powers. Our analysis suggests there might be high demand from younger people for them to do so.

Figure 7: Proportion of respondents who identified they had a preferred GP or not, by age



Source: Citizens Advice analysis of the GP Patient Survey Ipsos MORI for NHS England July 2014

² GP practices need to implement Patient Online by March 2015, which will allow online appointment booking and cancellation, repeat prescriptions and access to basic patient records. This requirement is set by General Medical Services Contracts and Personal Medical Services Agreements 2014-15.

The fact that younger people are quick to turn to A&E or walk-in centres shows that there are also pitfalls that need to be avoided in a difficult funding context. Pressure on A&E is high, and our analysis suggests that serving young people better through GPs is one effective way of reducing that pressure. On the other hand, in England, many walk-in-centres are closing. Monitor reports that 50 walk in centres have closed since 2010, some being reconfigured into urgent care and A&E, and some being decommissioned entirely. As at 2014, this leaves just 185 walk in centres in England.³

In their review of walk-in centres, Monitor notes that younger people are the predominant users, and finds that such services also increase engagement with primary health care by 'harder to reach' groups and young to middle-aged men. They identify potential risks in the reduction in walk-in centre provision for a range of groups who may struggle to access more traditional primary care services.⁴ Reducing the availability of walk-in care is unlikely to increase take-up of more traditional service provision.

Box B: Best practice among GP surgeries

Both the NHS as a whole, and specific GP practices, are already taking steps to respond to the changing needs of patients. Across the country there are numerous examples of GP surgeries using new technologies to improve services for all patients.

Case study 1

The Marple Cottage Surgery near Stockport was an early implementer of online appointment booking and now 15 per cent of the practice's patients use this system. Previously, all patients had to call or attend the surgery in person to obtain an appointment. Many patients found this to be inconvenient and the system often caused a rush of calls to the surgery in the morning. As a result it was not unusual for patients to book an appointment as a precaution, only to cancel or miss the appointment. The online booking system has reduced pressure on phone lines and has reduced the share of appointments being booked as a contingency.⁵

Case study 2

GP surgeries in Tower Hamlets, London, regularly analyse their appointment data to find out more about the appointments being offered and to better understand patterns of patient uptake. By comparing data with other surgeries in the area they are able to look at their data relative to peers, understanding and responding to patient demand more effectively.⁶

³ Monitor (February 2014) Walk-in centre review: final report and recommendations https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283778/WalkInCentreFinalReportFeb14.pdf

⁴ *ibid* pp. 51-57

⁵ NHS Practice Management Network (undated) 'Improving access, responding to patients' p. 33 http://www.practicemanagement.org.uk/uploads/access_guide/090702_improving_access_responding_to_patients_final.pdf

⁶ Department of Health NHS (2009) 'Primary Care & Community Services: Improving GP access and responsiveness' p. 39 http://www.productiveprimarycare.co.uk/Data/Sites/1/dh_accessguide.pdf

Case study 3

In the London borough of Croydon the Brigstock Medical Practice found that patients were often failing to attend booked appointments. This cost staff time and money and reduced access for other patients. The practice found that the patients not attending booked appointments tended to be younger. The practice chose to implement a text messaging system to remind people of their appointment, which led to a reduction of a third in missed appointments. The practice is now using the same system for healthcare campaigns and to send reminders, for example reminding patients not to eat before certain types of tests. Patient responses to the system have been very positive.⁷

These examples show it is possible for practices to modernise the service they offer to patients. The technologies employed in these examples have been available for some time, are thus cost effective to implement, and the benefits have a strong evidence base.

Conclusion

There is no simple way to modernise access to primary healthcare for younger people. At different parts of the system, and at various pressure points, there is a need to identify and address the concerns of 18-34 year olds. The relative good health and adaptability of younger people mean they can be overlooked in debates about healthcare delivery. But failure to engage with young people's needs builds problems for the future. As tomorrow's middle aged patients, young people are likely to give us an insight into how overall patient preferences are likely to change in coming years, for example, as a preference for digital access grows over time.

What would primary health services look like if they better reflected the needs and expectations of younger adults? The data indicates four key features:

- Online/digital appointment booking
- Greater walk-in opportunities
- More accessible health services in the community
- Improve access where people work / study
- More flexible appointment times

Responsibility for delivering these changes is spread widely, with many bodies having a role to play. Local Authorities can exert influence through the Joint Strategic Needs Assessment. The NHS can act by promoting and monitoring take up of the relaxation of GP registration boundaries from January 2015. The Care Quality Commission, in its new approach to inspecting and monitoring GP services, could look at a range of indicators and how they differ by age, particularly accessibility, as well as seeking to understand how the experiences of under-represented patients can be fed back into overall service design. And, of course,

⁷ NHS Practice Management Network op cit p. 41

Clinical Commissioning Groups and GP surgeries themselves have a responsibility to respond to changing patient needs. Taking up the new powers to relax registration boundaries will be just one way to do this in 2015.

Finally, it is important that all parts of the healthcare system, and indeed all public services, actively seek feedback from all ages, recognising in particular that younger people provide a glimpse into the future of how people are likely to interact with public services.



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- To provide the advice people need for the problems they face.
- To improve the policies and practices that affect people's lives.

Our principles

The Citizens Advice service provides free, independent, confidential and impartial advice to everyone on their rights and responsibilities. We value diversity, promote equality and challenge discrimination.



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