

Warrington Adult Health and Wellbeing Survey 2023

Access to Health Services Briefing



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Warrington Borough Council Public Health Team

A comprehensive, large-scale survey of adults aged 18 years and above in Warrington was undertaken during April-June 2023. The survey was sent to a stratified sample of the Warrington population to explore a wide range of factors that are known to impact on an individual's health and wellbeing. A total of 4,932 respondents completed the survey. The Access to Health Services report provides information on the methods and experience of accessing GP appointments, use of GP online services, methods of accessing advice for minor ailments and immediate medical attention, dental provision, and hearing problems. The results will inform system planning to effectively target services, programmes, and interventions to the population groups experiencing the greatest need and inequality. The full report is available via the JSNA webpage: [Joint Strategic Needs Assessment \(JSNA\) | warrington.gov.uk](https://warrington.gov.uk/jсна) This briefing outlines the key findings.

Primary care services are often the first point of contact for individuals who are seeking healthcare. Ensuring there is good access to GP services is essential and indicates a responsive and timely healthcare systemⁱ. Respondents to the Health and Wellbeing Survey were asked questions relating to their methods and experience of accessing healthcare services, including GP practice, A&E, dentistry, and hearing services, as well as where they turn to for advice regarding minor ailments, and for immediate medical attention.

Access to GP services

Nearly four-fifths of respondents (77.4%) reported having used GP services in the last 12 months, whilst 22.6% had not. Men (28.9%) were more likely to report not having used GP services than women (16.5%). This was also more commonly reported by younger respondents aged 18-39 (33.2%) compared to those aged 40-64 years (19.0%) and 65+ (14.3%).

Booking GP appointments

Respondents who had made a GP appointment in the last 12 months were most likely to have done so: by telephone (68.2%), through an online booking system (37.5%) and in person (27.0%). Respondents were much less likely to report booking via another route such as NHS 111 (5.4%), via an App (4.6%) or by automated telephone booking (1.3%).

Older respondents aged 65+ were more likely to report booking GP appointments in person (33.2%) or by telephone (75.3%), whilst younger respondents aged 18-39 were more likely to book online (45.9%), via NHS 111 (7.4%) or an App (5.6%).

Almost half (45.4%) of respondents reported having a good or very good experience booking their GP appointment, whilst more than a third (37.2%) reported a fairly or very poor experience. Respondents aged 40-64 (40.0%) were slightly more likely to report a fairly or very poor experience than those aged 18-39 or 65+ (around 35%).

When asked about the difficulties faced when trying to make a GP appointment, over third (37.4%) of respondents reported not having faced any problems. Men (41.9%) and younger respondents aged 18-39 (44.8%) were most likely to report this, however they were also more likely to report not having needed to access GP services in the last 12 months.



For each population sub-group (age, gender, and deprivation quintile), the most commonly reported barriers were appointments being taken first thing in the morning (40.3%), followed by not being able to get through on the phone (31.0%). During the COVID-19 pandemic, patients were encouraged to stay at home, and GP practices implemented triage models and adopted telephone and video consultations where possible. Since the pandemic, many practices have maintained these changes with some appointments still taking place remotely¹. Notably, 1 in 5 respondents (19.5%) reported not being able to get a face-to-face appointment as a difficulty.

Experience of appointments at GP practice with health professionals/clinicians

Nearly three-quarters (72.0%) of respondents reported having an appointment with a GP/doctor in the past 12 months, two-thirds (69.0%) with a nurse, practice nurse or nursing associate, 42.0% with a pharmacist, 19.0% with a mental health professional, 15.0% with a social prescribing link worker, 15.0% with a health and wellbeing coach, 19.0% with a physiotherapist, and 13.0% with a paramedic.

Three quarters (75%) of respondents who had an appointment with a GP/doctor were satisfied and 12% were dissatisfied. Whilst 83% of respondents who had an appointment with a nurse were satisfied and 7% were dissatisfied. Dissatisfaction with appointments for both doctors and nurses was highest amongst respondents living in the most deprived areas of Warrington (16.3% and 10.8% respectively), and in younger respondents aged 18-39 (14.1% and 9.8% respectively). Men aged 18-39 were more likely to report their dissatisfaction with their doctor and nurse appointments (17.2% and 13.5% respectively) compared to women of the same age (11.4% and 7.1% respectively).

Use of GP Practice Online Services

Over half (52.7%) of respondents ordered repeat prescriptions online, 40.9% booked appointments online, 24.0% sought online medical advice and 18.9% accessed their medical records online. Some respondents said they had not used online services because: they preferred to contact their practice by telephone or in person (14.9%); they didn't know these services were available (5.8%); or they didn't have internet access (0.9%).

Respondents aged 65+ were much more likely to order repeat prescriptions online (63.5%), but much less likely to book appointments (26.1%), seek medical advice (14.9%) or access medical records (16.3%) using GP online services than younger respondents. Those aged 65+ were also much more likely to report preferring to contact their GP practice by phone or in person (22.3%) compared to 18-39 (11.1%) and 40-64 year olds (13.0%).

What does this mean for local Warrington action?

- In April 2024 Warrington place published its latest Primary Care Strategy describing its approach over the next 5 years in developing the 4 components of primary care including General Practice. Informed by both National and Local context, the 'Warrington Primary Care Strategy 2024-2028' incorporates the findings of the Health and Wellbeing survey undertaken in 2023 and is aligned to the 'Warrington Health and Wellbeing Strategy' published earlier this year.
- The NHSE delivery plan for 'Recovering Access to Primary Care' was published in 2023 which sets out plans to support recovery over the next 2 years. The plan for General Practice includes a drive to empower patients to manage their own health through the use of the NHS App, increasing the number of self-referral pathways and an increase in the services offered by Community Pharmacy which we are implementing in Warrington.



- Warrington General Practices continue to develop their Additional Roles Reimbursement Scheme (ARRS), which includes roles such as Clinical Pharmacists, Physician Associates, First Contact Practitioners (Physiotherapists), Social Prescribers (Link Workers) and First Contact Community Paramedics to provide increased capacity within general practice. These roles provide alternative options for patients to access clinical care without the need to see a GP and ensures that patients have access to the right person, providing the right care, in the right place at the right time. Patients will be asked for their preference to wait for a preferred clinician for continuity, if appropriate.

Methods of accessing health services, advice or information

The most common methods for those accessing health services, advice or information in the last 12 months were: a face-to-face appointment with a GP/clinician at a GP practice (59%); a visit to a pharmacy (59%); a telephone consultation with GP/clinician at a GP practice (53%); an App (41%); and an online booking system (32%).

Two-thirds (68.3%) of respondents reported having sought advice on minor ailments for themselves or their family in the last 12 months. Women were much more likely to report this than men (75% compared to 62%).

The most common methods of accessing advice on minor ailments were visiting a pharmacy (54.2%), looking online (37.0%), using e-Consult (23.9%) through a face-to-face appointment (21.1%) or telephone consultation (19.7%) with a GP or clinician at the GP practice. **Notably 1 in 12 (8.5%) respondents reported having attended A&E for advice on minor ailments.**

Young respondents aged 18-39 were more likely to report using e-consult (31.1%), an App (8.5%), looking online (46.7%), visiting a walk-in centre (12.5%) or contacting NHS 111 online (8.9%) or by phone (17.6%) for advice on minor ailments than those aged 65+. Whereas respondents aged 65+ were more likely to report having a telephone (25.2%) or face to face appointment (23.1%) with their GP than younger age groups.

To access immediate medical attention, 40.6% said they visited a pharmacy, 26.9% visited A&E, 22.8% contacted NHS 111 by phone or online, 18.5% visited a walk-in centre and 9.6% reported calling 999, at least once in the last 12 months.

Women were much more likely than men to report accessing each option for immediate medical attention, and respondents aged 18-64 were more likely to report visiting a walk-in centre or a pharmacy than those aged 65+.

A&E Attendance

Two-thirds (69.2%) of respondents reported not having attended A&E in the last 12 months. Younger men aged 18-39 were more likely to report not having attended A&E (73.1%) than men aged 65+ (67.7%), whilst women aged 65+ were more likely to report not having attended A&E (72.9%) than those aged 18-39 (62.5%).

Of those that had used A&E in the previous 12 months, two-fifths (43.6%) reported attending due to a medical emergency requiring immediate treatment, 25.3% were told to attend by 999/NHS 111, 18.5% were told to attend by their GP and 16.7% reported being taken to A&E by ambulance.



1 in 10 (10.0%) respondents reported attending A&E because they couldn't get an appointment with their GP. Men were slightly more likely to report this than women (11.8% versus 8.7%), as were those aged 18-39 (11.2%) and 40-64 (10.9%) than those aged 65+ (6.6%).

1 in 11 (9.3%) respondents reported attending A&E because they knew they would be treated there. This was more likely to be reported by men than women (11.8% versus 7.2%).

1 in 14 (6.8%) respondents reported attending A&E because they didn't know where else to go. Respondents living in the most deprived areas (13.2%) were more likely to report attending A&E because they didn't know where else to go than those living in other areas (ranging from 3.2-6.9%).

What does this mean for local Warrington action?

- Primary Care is embracing technology which extends access to services beyond the physical Primary Care estate and eases the flow for patients throughout their Primary Care journey. This year cloud-based telephony has been adopted across general practice to improve the patient experience and address the 8am rush. All practices will enable a call back facility during the course of this year, patients will be able to receive a call back without losing their place in the queue.
- We will continue to implement new ways of consulting, including the use of video, telephone, and electronic consulting so that patients can access Primary Care without the need to travel to a surgery unnecessarily. We will increase the ability of patients to do things for themselves by introducing online access and services which will enable patients to access their own records, have prescription queries addressed and, provide clear signposting to NHS services that may better suit their needs.
- The 'Warrington Primary Care Strategy' details our plans to improve access to General Practice, with a considerable focus on access to services. Between January to May 2024 53.4% of Warrington patients accessed a same day appointment within General Practice with almost half of total appointments delivered by a GP.
- General Practice are being encouraged to utilise care navigation [NHS England » How to improve care navigation in general practice](#) via a training programme which is being rolled out across all Practices by the end of this year. The aim of more effective care navigation is to ensure that patients are directed to the most appropriate team that could better help them e.g. self-care, community pharmacy or another local service, releasing capacity for GPs to see patients with more complex needs. It will also result in a more robust collection of structured information across all forms of consultation.



- Warrington Community Pharmacies have adopted the 'Pharmacy First' programme which now provides advice and treatment for 7 minor illnesses; Community Pharmacy has also expanded its Hypertension case finding service and Contraceptive service, providing our residents with more choice.
- Across the wider system we have a new Urgent and Emergency Care Improvement Programme. There are a number of workstreams attached to the programme, one of which is concentrated on Attendance and Admission Avoidance. Whilst the focus is ensuring that our most vulnerable population are treated at home and in the community wherever possible rather than being admitted, the group is also working through alternatives to Accident and Emergency (A&E) attendance using the learning from reviews that have recently taken place, which will look to ensure patients are aware of and have access to services in the community that can meet their needs rather than attending A&E.

Dental care arrangements

Access to dental services, and the difficulties surrounding accessing NHS dental care has been widely discussed in recent yearsⁱⁱ. In February 2024, the government released 'Faster, simpler and fairer: our plan to recover and reform NHS dentistry,' which outlined their commitment to improve access to NHS dental care for those who need itⁱⁱⁱ.

Respondents were asked about their current dental care arrangements, and how long it had been since their last dental check-up. Three-quarters (77.6%) of respondents reported having some form of dental provision, with over half (53.8%) being registered with an NHS dentist, 13.6% with a private dentist through choice and 9.7% with a private dentist because they were unable to find an NHS dentist.

Women (55.5%) were more likely to be registered with an NHS dentist than men (52.0%) as were respondents aged 65+ (57.5%) compared with those aged 18-39 (50.0%). **Young respondents aged 18-39 living in the two most deprived areas (Quintiles 1 and 2) of Warrington were significantly less likely to be registered with an NHS dentist (46.5% and 44.2% respectively) than Warrington overall (53.8%).**

1 in 7 (13.6%) respondents were registered with a private dentist through choice. Respondents aged 65+ (17.2%) were more likely to report this than those aged 18-39 years (11.2%) as were those living in the least deprived areas (18.1%) compared with the most deprived (5.2%).

1 in 10 (9.7%) respondents were registered with a private dentist because they were unable to find an NHS dentist. **Respondents living in the most deprived areas were less likely to report this than those in the least deprived areas (6.9% versus 13.6%).**

Overall, **nearly a quarter (22.8%) of respondents reported not having any form of dental provision.** Men were more likely to report not having a form of dental provision than women (25.1% versus 19.6%). Respondents living in the two most deprived Quintiles (1 and 2) were also more likely to not to have dental provision than all other areas (34.5% and 31.1% respectively), and younger respondents aged 18-39 were more likely (28.9%) than respondents aged 40-64 (21.2%) and 65+ (15.4%).

Nearly 1 in 8 respondents (13.2%) reported not having dental provision due to not finding an NHS dentist accepting new patients. The proportion was three time higher in 18-39-year-olds (18.2%) compared to those aged 65+ (6.0%). There was also a strong association with deprivation, with 20.0% of respondents



living in the most deprived areas of Warrington (Quintile 1) being unable to find an NHS dentist accepting new patients compared to 9.6-10.5% of those living in less deprived areas (Quintiles 3 to 5).

Overall, 2.7% of respondents reported not being able to afford treatment, the proportion was higher in the more deprived areas, ranging from 5.6% in Quintile 1 to 1.2% in Quintile 5.

More than 1 in 5 respondents (21.4%) reported that their last dental check-up was more than 2 years ago. Men (23.7%), respondents aged 18-39 (28.2%) and those from Quintiles 1 (30.0%) and 2 (26.7%) were more likely to report this.

What does this mean for local Warrington action?

- Following the Government's publication of the 'Faster, simpler and fairer: our plan to recover and reform NHS dentistry,' National dentistry, Cheshire and Merseyside Integrated Care Board (C&M ICB) have published the Primary Care Dental Improvement Plan 2024-2026. The focus in this plan is to increase capacity, improve access and address oral health inequalities and is underpinned by 5 key pathways:

General Access pathways:

- Pathway 1: Access to urgent dental care for those in immediate need of support, such as dental pain, or specific medical/statutory requirement such as looked after children, or for specific cancer or cardiac patients.
- Pathway 2: Urgent Care Plus - Definitive treatment following urgent care for those patients without a dentist.
- Pathway 3: Routine care for patients who require a check-up and any follow up care to make sure they are orally fit.

Targeted Access pathways:

- Pathway 4: Access for children with additional preventative/treatment needs 'Advanced Child Care Dental Practices' which includes the Marmot well principles
 - Pathway 5: Access for "cared for" frail vulnerable adults, proposals include linking dental practices with care homes to support/facilitate oral health plans.
- C&M ICB will continue to fund the advice triage helpline which operates 7 days per week.
 - To complement ICB existing plans we will seek to develop at least 3 Dental Access and Workforce Development Centres across C&M. The impact of the plan will be monitored using a set of performance quality metrics.
 - In Warrington we will need to work closely with local and regional dental teams to ensure we address the access issues that are faced by the people of Warrington.



Hearing

Nearly three-quarters (71.5%) of respondents reported having had no problems with their hearing, 1 in 11 (8.8%) had hearing problems that had been treated, and 5.4% had attended an assessment for their hearing problems.

Women were significantly more likely to report having had no hearing problems compared to men (74.5% versus 68.7%), as were younger respondents aged 18-39 (83.0%) compared with those aged 65+ (53.7%).

Overall, 1 in 9 (11.2%) respondents reported having had problems with their hearing but not having sought advice or help. This was more common amongst men than women (12.5% versus 9.8%), and in those aged 40+; 12.0% in 40–64-year-olds rising to 13.0% in the 65+ age group.

What does this mean for local Warrington action?

- Warrington offer a community-based ear wax removal service as part of NHS commissioned Treatment Room offer provided by Bridgewater Community Healthcare NHS Trust. Additionally, for those patients where ear-irrigation is not an appropriate treatment, Warrington and Halton NHS Foundation Trust are commissioned to provide a micro suction service.
- The delivery of ear wax removal service is amongst a number of clinical policies that is currently being reviewed as part of C&M ICB clinical policy harmonisation programme. This programme aims to harmonise clinical policies across the Cheshire and Merseyside footprint and policies are being reviewed and updated in line with the latest knowledge of what works best so patients will benefit medically from them and provide equity of service across C&M.
- Self-management and self-care combined with self-management advice would support our residents to maintain ear health and advice on this is given when a patient is awaiting support. There is also an acknowledgement that there is an active market around private provision of this service which is well publicised and promoted.

End Notes

ⁱ Nuffield Trust (2023) Access to GP appointments and services. Available at: [Access to GP appointments and services | Nuffield Trust](#) [Accessed 05 June 2024].

ⁱⁱ Health Watch (2021) What people have told us about NHS dentistry. Available at: [What people have told us about NHS dentistry | Healthwatch Data](#) [Accessed 04 June 2024].

ⁱⁱⁱ Gov.uk (2024) Faster, simpler and fairer: our plan to recover and reform NHS dentistry. Available at: [Faster, simpler and fairer: our plan to recover and reform NHS dentistry - GOV.UK \(www.gov.uk\)](#) [Accessed 04 June 2024].

