



Warrington Health & Wellbeing Survey 2023

Access to Health Services



WARRINGTON
Borough Council

HWB Survey Methodology

- Comprehensive large-scale survey of Warrington's adult population (18+ years).
- Methodology submitted and approved by Health Research Authority and NHS England.
- Invitation letters sent to large sample of named residents selected by age, gender and postcode to reflect Warrington population.
- 4,932 surveys completed – 8% response rate.
- Questionnaire covering range of topics known to impact health and wellbeing – 80+ questions.

Topics Explored

- General health
- Use of health services
- Social connectedness, participation and volunteering
- Activities, amenities and green spaces
- Physical activity (including active travel and cycling)
- Diet
- Smoking/Vaping
- Alcohol consumption
- Gambling
- Emotional health and wellbeing
- Caring responsibilities
- Impact of COVID-19 pandemic
- Digital inclusion
- Financial circumstances

Respondent Profile

Broadly representative of Warrington population

Gender:

- Female - 50%
- Male - 49%
- Non-binary/transgender/other - 0.5%
- Prefer not to say – 0.5%

Age-band:

- 18 to 39 years – 28%
- 40 to 64 years – 42%
- 65+ years – 30%

Socio-economic deprivation:

- 17% Quintile 1 (most deprived)
- 17% Quintile 2
- 9% Quintile 3
- 24% Quintile 4
- 33% Quintile 5 (least deprived)

HWB Survey by Broad Ethnic Groupings

Respondents by broad ethnic group	No. of respondents	Percentage (as a % of all who gave a valid response)	Census 2021
Asian / Asian British	240	6.5%	3.3%
Black, Black British, Caribbean or African	28	0.8%	0.7%
Mixed or Multiple ethnic groups	21	0.6%	1.6%
White English / Welsh / Scottish / Northern Irish / British	3,177	86.6%	88.1%
All other White combined due to very small numbers in some ethnic groups. Includes Census categories 'Irish', 'Gypsy/Irish Traveller', 'Roma', 'Any other white background' and 'White unspecified'.	190	5.2%	5.4%
Other ethnic group	12	0.3%	0.9%
Total known ethnicity	3,668	100%	100%
<i>Unknown: 'Prefer not to say'</i>	43		
<i>Unknown: no response</i>	1,221		

Methods of Booking a GP Appointment

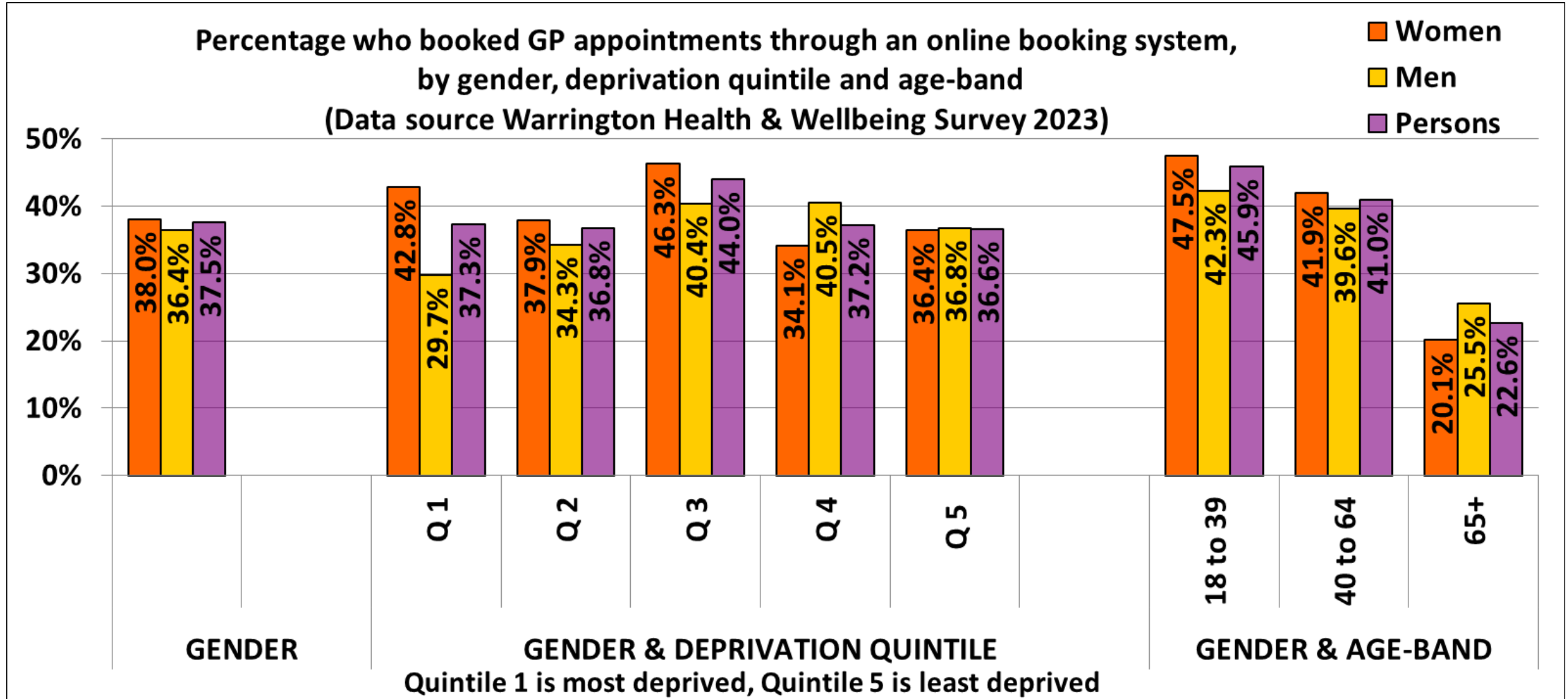
A fifth of respondents (22.6%) reported not having used GP services in the past 12 months.

- Men (28.9%) were more likely 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%).

The most common methods of making GP appointments were by telephone (68.2%), through an online booking system (37.5%) and in person (27.0%).

- Fewer respondents reported booking via an App (4.6%), by automated telephone booking (1.3%) or another route such as NHS 111 (5.4%).
- Older respondents (aged 65+) were more likely to report booking GP appointments in person (33.2%) or by telephone (75.3%).
- Younger respondents aged 18-39 were more likely to report booking through an online booking system (45.9%), NHS 111 (7.4%) or an App (5.6%).

Booking GP Appointments Online



Experience of Booking a GP Appointment

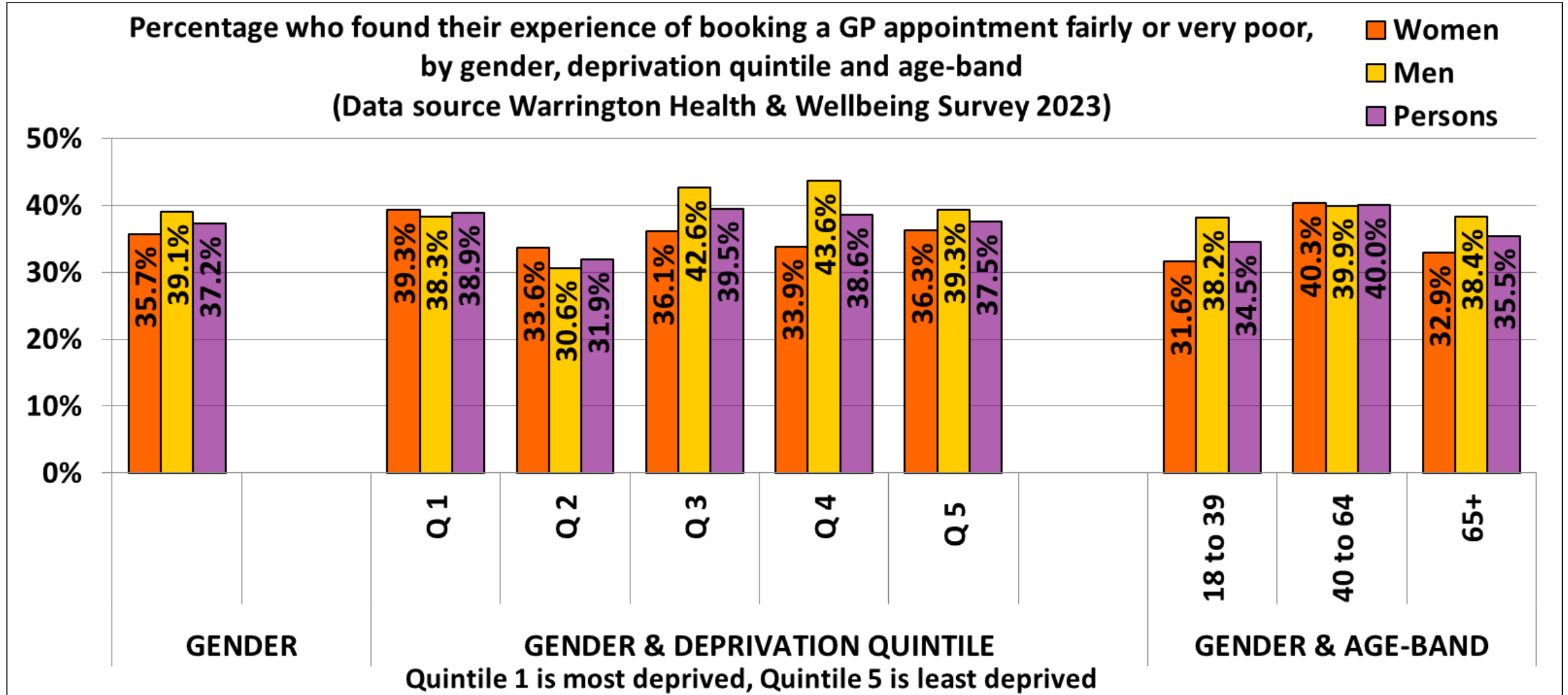
Respondents were asked what their experience of making appointments at their GP practice was in the last 12 months. Response categories were 'very good', 'fairly good', 'neither good nor poor', 'fairly poor', 'very poor' or 'I have not made any appointments at my GP practice'.

Almost half (45.4%) of respondents reported a fairly good or very good experience making a GP appointment.

More than 1 in 3 (37.2%) respondents reported a fairly poor or very poor experience.

- Respondents aged 40-64 (40.0%) were slightly more likely to report a fairly poor or very poor experience than those aged 18-39 or 65+ (around 35%).

Experience of Booking a GP Appointment



Difficulties Making a GP Appointment

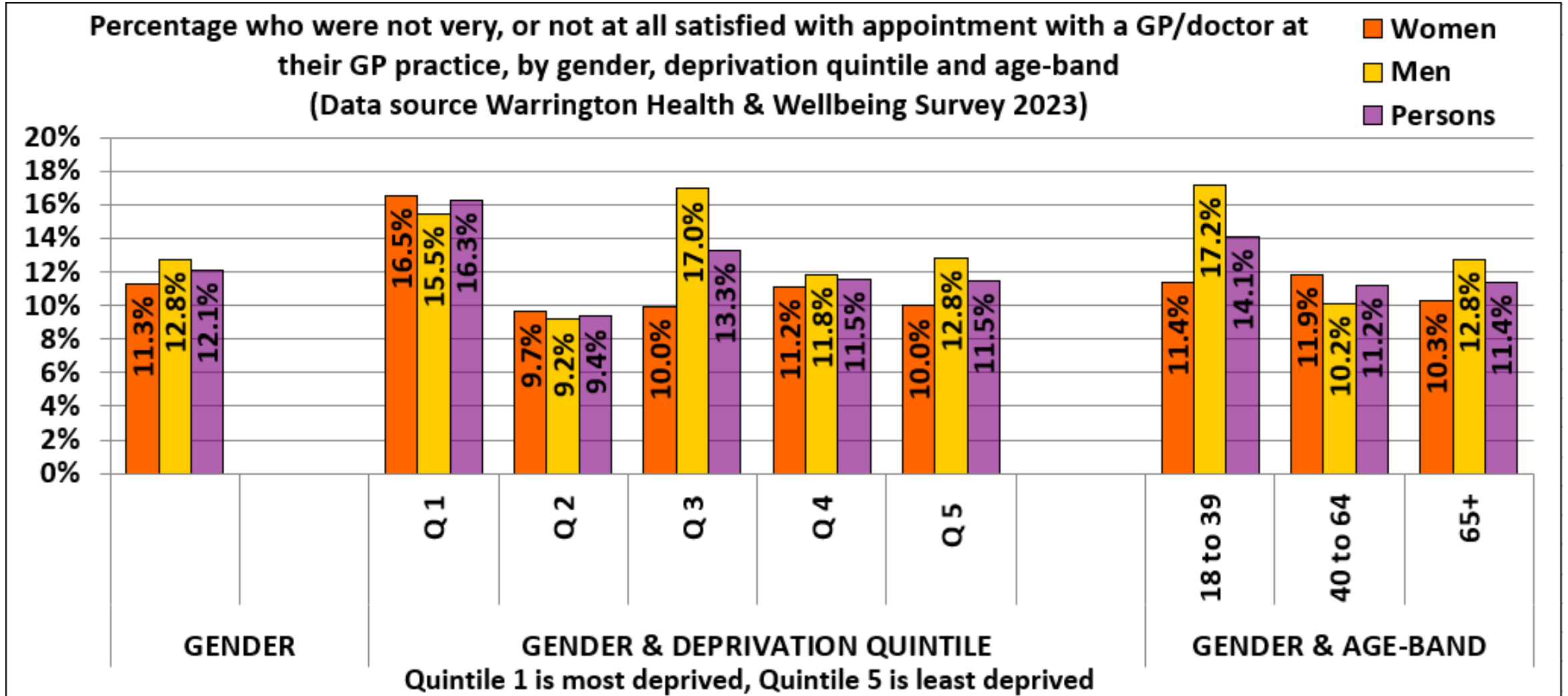
- Respondents were asked if they had experienced any difficulties making a GP appointment in the past 12 months. Overall:
 - 37.4% reported no problems making appointments.
 - 40.3% said all appointments were taken by first thing in the morning.
 - 31.0% reported not being able to get through on the telephone.
 - 19.5% reported not being able to get a face-to-face appointment.
 - 12.1% reported their practice only used an online booking system.
 - 9.3% couldn't get an appointment with the person they wanted to see.
- Women were significantly more likely than men to report difficulties due to:
 - All appointments taken by first thing in the morning.
 - Being unable to get through on the telephone.
 - Being unable to get a face-to-face appointment.
- Respondents aged 65+ were significantly more likely to report difficulties due to:
 - Being unable to get through on the telephone.
 - Unable to have a face-to-face appointment.
 - Being unable to get an appointment with the person they wanted to see.

Experience of Appointments at GP Practice

Respondents were asked about their experience of appointments at their GP practice with a variety of health professionals in the last 12 months.

- Nearly three-quarters (72.0%) of respondents had an appointment with a GP/doctor, of whom 75.0% were satisfied and 12.0% dissatisfied.
- Two-thirds (69.0%) of respondents had an appointment with a nurse, practice nurse or nursing associate, of whom 83.0% were satisfied and 7.0% were dissatisfied.
- Respondents living in the most deprived areas (Quintile 1) were more likely to report dissatisfaction with appointments with a doctor (16.3%) or nurse (10.8%) than those living in other areas (Quintiles 2 to 5)
- Younger men aged 18-39 were more likely to report dissatisfaction with their doctor (17.2%) and nurse (13.5%) appointments compared to women of the same age (11.4% and 7.1% respectively).

Experience of Appointments at GP Practice



Use of GP Practice Online Services

- Around four-fifths of respondents reported needing to use a GP service in the last 12 months.
- Over half of respondents (52.7%) reported ordering repeat prescriptions online.
- Two-fifths (40.9%) used GP online services to book appointments.
- A quarter (24.0%) used online services to seek medical advice.
- 1 in 5 (18.9%) used online services to access medical records.

The proportion of respondents reporting using online services to order repeat prescriptions increased with age. For other online services, the proportions decreased with age.

- Overall, 1 in 17 (5.8%) respondents reported not using online services as they didn't know they were available. This **decreased** with age from 8.9% of 18–39-year-olds to 2.4% of those aged 65+.
- **Almost 1 in 6 (14.9%) respondents reported not using online services**, as they preferred to contact their GP by telephone or in person.

What Does This Suggest for Local Action on GP Services

- 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

Amongst respondents who reported having accessed health services, advice or information in the last 12 months:

- 59% had a face-to-face appointment with a GP/clinician at a GP practice.
- 59% went to a pharmacy.
- 53% had a telephone consultation with a GP/clinician at a GP practice.
- 41% used an App.
- 32% used an online booking system.
- 21% used NHS 111 by telephone.
- 13% used NHS 111 online.
- 4% had a video consultation with a GP/clinician at a GP practice.

Advice on Minor Ailments

Respondents were asked when they or a family member had needed advice on a minor ailment (cold, sore throat, upset stomach), where they had gone to for advice in the last 12 months.

- Around two-thirds (68.3%) of respondents reported seeking advice for minor ailments in the last 12 months. **Women (75%) were much more likely to report this than men (62%).**
- **The most commonly reported methods for seeking advice were:**
 - 54.2% had visited a pharmacy.
 - 37.0% went online.
 - 23.9% used e-Consult.
 - 21.1% had a face-to-face appointment with a GP or clinician.
 - 19.7% had a telephone consultation with a GP or clinician.
 - **1 in 12 respondents (8.5%) said they visited A&E for advice on minor ailments.**
- 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.
- Those aged 18-39 years 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 by phone (17.6%) or online (8.9%) than those aged 65+.

Immediate Medical Attention

- Respondents reported seeking immediate medical attention at least once in the previous 12 months through:
 - Visiting a pharmacy (40.6%)
 - Visiting A&E (26.9%)
 - Contacting NHS 111 online or by telephone (22.8%)
 - Visiting a walk-in centre (18.5%)
 - Calling 999 (9.6%)

Women were more likely to report accessing each option for immediate medical attention than men.

- Respondents aged 18-39 were much more likely to report visiting a pharmacy (46.7%), contacting NHS 111 online/by phone (28.3%) and visiting a walk-in centre (20.8%) than those aged 65+.

A&E Attendance

- **Nearly a third (30.8%) of respondents reported attending A&E at least once in the last 12 months.**
- Two-fifths (43.6%) reported attending A&E 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%) compared with 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 this than those living in other areas (ranging from 3.2-6.9%).

What Does This Suggest for Local Action on Health Services

- 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 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

- Over half (53.8%) of respondents were registered with an NHS dentist. **Respondents aged 18-39 living in the two most deprived Quintiles were significantly less likely to be registered with an NHS dentist (46.5% and 44.2% respectively).**
- 1 in 7 (13.6%) 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%) 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%).**
- In total, three quarters (77.6%) of respondents had some form of dental provision. Of these:
 - **Men** were less likely than women to have some form of dental provision (74.7% versus 80.4%).
 - **Respondents living in the most deprived areas** were less likely to have dental provision than those in the least deprived (65.3% versus 84.2%)
 - **Younger respondents** were less likely to have some form of dental provision than older respondents; 70.9% of 18–39-year-olds compared to 84.5% of those aged 65+.

Dental Care Provision

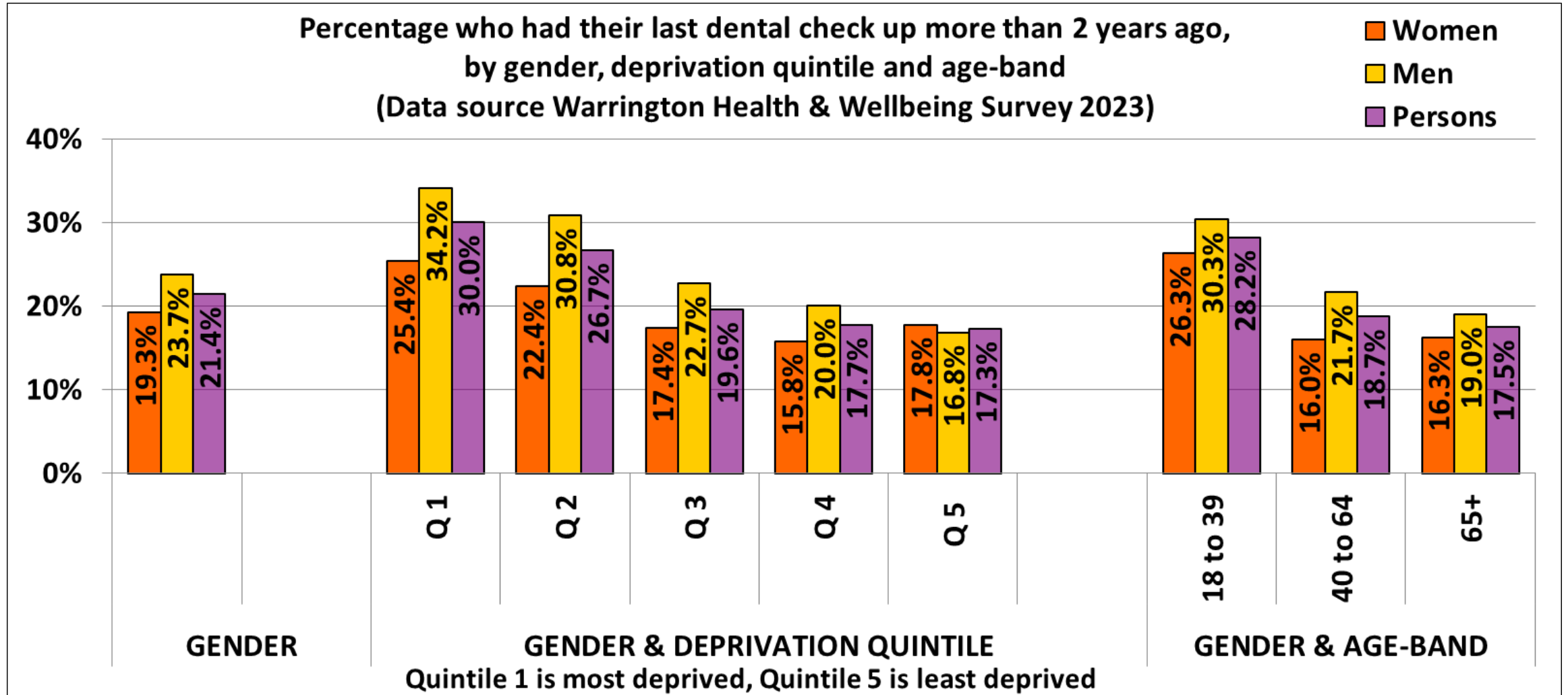
Almost 1 in 4 respondents (22.8%) did not have a form of dental provision. Reasons reported for not having dental provision were:

- Being unable to find an NHS dentist accepting new patients (13.2%). **Young respondents aged 18-39 were three times more likely to report this than those aged 65+ (18.2% versus 6.0%).**
- Not wanting or needing to be registered with a dentist (4.4%). **Respondents aged 65+ were significantly more likely to report this (6.4%) compared to those aged 18-39 (4.2%) and 40-64 (3.4%).**
- Being unable to afford treatment (2.7%). **Respondents living in the most deprived areas were more likely to report this (5.6%) than those living in the least deprived (1.2%).**
- On a waiting list for an NHS dentist (1.2%).

More than 1 in 5 (21.4%) respondents reported it had been more than 2 years since their last dental check-up.

- Men were significantly more likely to report this than women (23.7% versus 19.3%).
- Significantly more respondents aged 18-39 (28.2%) reported this and the proportion decreased with age to 17.5% of those aged 65+.
- **Respondents living in the most deprived areas were almost twice as likely to report this than those living in the least deprived (30% versus 17.3%).**

Dental Check Up More Than 2 Years Ago



What Does This Suggest for Local Action on Dental Services

- Following the Government's publication of the 'Faster, simpler and fairer: our plan to recover and reform NHS 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 Problems

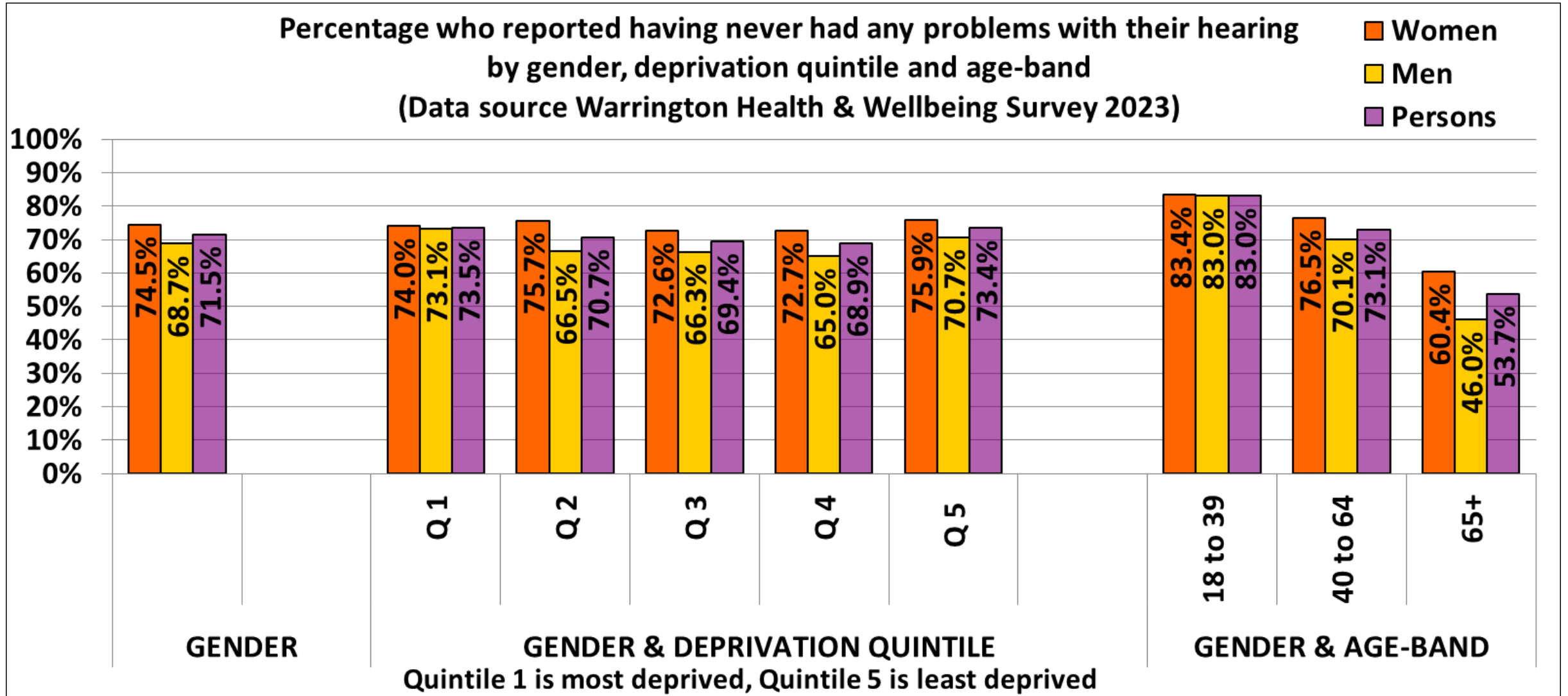
Nearly three quarters (71.5%) of respondents reported having had no problems with their hearing, 1 in 11 (8.8%) had hearing problems that had been treated, and 5.4% had attended an assessment for their hearing problems.

Women were significantly more likely to report not having had any 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%).

Women aged 65+ (60.4%) were significantly less likely to report having had hearing problems than men of the same age (46.0%).

1 in 9 (11%) of respondents reported having had problems with their hearing but not having sought advice or help. This was more common in 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.

Never Had Any Hearing Problems



What Does This Suggest for Local Action on Hearing Services

- 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.

The Access to Health Services report is available via the JSNA webpage: [Joint Strategic Needs Assessment \(JSNA\) | warrington.gov.uk](https://www.warrington.gov.uk/jсна)