

Prepared for:



**Leicester, Leicestershire  
and Rutland**

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# **Engagement Report:**

Getting NHS Help Fast in  
Leicester, Leicestershire and  
Rutland

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6<sup>th</sup> March 2026

**Produced by JW Research Limited**

# Contents

<b>Executive Summary .....</b>	<b>3</b>
<b>Introduction .....</b>	<b>8</b>
<b>Section 1: Respondent Profile .....</b>	<b>16</b>
<b>Section 2: Experiences of Getting NHS Help Quickly .....</b>	<b>23</b>
2.1 Whether Will Follow These Steps When Same-Day Healthcare is Needed.....	24
2.2 Reasons why would/would not follow steps when next requiring same-day healthcare.....	28
2.3 Potential Barriers to Using Steps in the Future .....	35
2.4 Reasons for Going to Emergency Department for a Non-Emergency in the Last 12 Months .....	43
<b>Section 3: Current Knowledge About Same-Day Healthcare.....</b>	<b>53</b>
3.1 Knowledge Levels About Current Aspects of Same-Day Healthcare .....	54
<b>Section 4: Experiences of GP Practices.....</b>	<b>62</b>
4.1 Whether Noticed Any Improvements at GP Practices in Last Twelve Months .....	63
4.2 Areas of GP Practices Still in Need of Improvement .....	81
<b>Section 5: Experiences of Pharmacy Services .....</b>	<b>98</b>
5.1 Rating of Most Recent Experience of Seeing Pharmacist in Last Twelve Months	99
5.2 Reasons for rating of most recent experience of seeing a pharmacist.....	106
<b>Section 6: Feedback from Other Sources.....</b>	<b>122</b>
6.1 Feedback Received from Other Sources .....	123
<b>Section 7: Use of Findings .....</b>	<b>124</b>
7.1 Use of Findings .....	125
<b>Appendix A: How People Heard About This Engagement .....</b>	<b>126</b>
<b>Appendix B: List of Practices.....</b>	<b>128</b>

# Executive Summary

## Background to Engagement

This report presents the findings from the 'Getting NHS Help Fast in Leicester, Leicestershire and Rutland' engagement survey. The survey was open to the public from Wednesday 10<sup>th</sup> September to Sunday 7<sup>th</sup> December 2025, with respondents able to complete the survey online or via a paper/hard copy. In total, there were 6,188 completed responses to the survey across the Leicester, Leicestershire and Rutland (LLR) area. In addition, a small amount of feedback was also received in relation to the survey via letters and emails.

## Experience of Getting NHS Help Quickly – Key Headline Findings

**It is encouraging that the 'two simple steps for same-day healthcare' message ('Step 1: Try Self Care First' and 'Step 2 – Need More Help?') appears to be reasonably well-received and clear for the wider public, with only a small minority indicating that they would not follow them.**

- *Three-quarters of respondents answering (75%) state that they would follow the steps outlined the next time they needed same-day healthcare. Around a sixth (17%) say they are not sure if they would follow these steps and only 8% indicate that they would not follow these steps.*

**However, some barriers or concerns remain in relation to the 'two simple steps' message and these are largely driven by a previous negative experience of GP practices, NHS 111 and pharmacies, but also by lack of patient confidence in terms of both using online-based services and not having the confidence to treat themselves. Wider and more targeted communication of this message, and the channels by which people can access same-day healthcare, should be the key focus to ensure that awareness of same-day healthcare services in the LLR area is maximised.**

- *Nearly two thirds (65%) feel that there is nothing that would prevent them from using the steps to access same-day healthcare in the future as outlined.*
- *Nearly two fifths (38%) mention at least one potential barrier to them using these steps the next time they need same-day healthcare in the future. The most commonly-cited issue/barrier is a previous negative experience from a GP practice (17% mentioning this theme), while 10% mention a previous negative experience using NHS 111 and 7% recall a previous negative experience with a pharmacy. The other main barrier to using these steps to access same-day healthcare in the future relates to a lack of patient confidence in general - either a lack of access/confidence using the internet (7%) or having the confidence to treat themselves (6%).*

**With around a quarter claiming to have been to an emergency department for a non-emergency in the last twelve months, it is imperative that the 'two simple steps for same-day healthcare' message is communicated as effectively as possible to prevent misuse of emergency departments generally and reduce patient volumes.**

- *More than three quarters of respondents to the survey (76%) have not used the emergency department for a non-emergency in the last twelve months. Of the 24% that have used the emergency department for a non-emergency in the last twelve months, the most common reason for use is that 'I was told to go there by another service' (52% of emergency department users in the last twelve months mention this as a reason). The next most common reasons for emergency department use are 'I couldn't get an appointment elsewhere' (22%), 'I tried another service but they couldn't help' (17%) and 'I was too worried to wait for an appointment anywhere' (12%). Nearly a tenth (9%)*

*chose to use the emergency department because 'I've had a good experience at the emergency department with non-emergency before'*

## **Current Knowledge About Same-Day Healthcare Services – Key Headline Findings**

**Encouragingly, most are aware that emergency departments should only be used for life or limb threatening emergencies or urgent referrals from other services.**

- *The highest awareness recorded for the five statements relating to currently accessing same-day healthcare is for 'You should only go to the emergency department if you think you have a life or limb threatening emergency or another service (like your GP practice or NHS 111) has told you to go there', with 93% saying they are aware of this.*

**Despite this, there is still work to be done around the effectiveness of communications about how and where people can access same-day healthcare in the LLR area. Although the large majority are aware that pharmacies can write prescriptions for some medicines, fewer are aware of the role that NHS 111 plays in access to same-day healthcare and that GP practices can book pharmacy appointments.**

- *Nearly three-quarters (73%) claim to be aware that 'Community pharmacies (chemists), such as those on high streets, can write prescriptions for some medicines'.*
- *Approaching three-fifths (57%) are aware that 'NHS 111 can book GP appointments during evenings, weekends and bank holidays if they decide you urgently need one', while 55% are aware that 'You can book a same-day appointment at an urgent treatment centre yourself via NHS 111 online'.*
- *Less than two-fifths (38%) are aware that 'Your GP practice may book you an appointment at a pharmacy, rather than at the practice'.*

## **Experiences of GP Practices – Key Headline Findings**

**It is encouraging that nearly two-thirds (65%) are feeling positive about their GP practice to some degree, either believing that their GP practice is already performing well in all of the areas tested or that they have noticed some improvement in various aspects over the last twelve months. However, as may be expected, the large majority do indicate that at least one of the aspects tested are still in need of further improvement, even if they express relative satisfaction with the many of the current service levels.**

- *Just over a third (34%) of those who have contacted their GP practice in the last twelve months believe that their GP practice was already performing well in all of the improvement areas listed, although only just under a fifth (18%) believe that no areas of their GP practice need further improvement.*

**The two areas where greatest progress appears to have been made to the GP practice experience for patients over the last twelve months are aspects relating to 'Access' and 'Workforce' as a whole. However, in the case of 'Access', the large majority of GP practice users still feel that further improvements can be made to aspects relating to 'Access' and this is the area in which the highest proportion of service users identify the need for improvements.**

- *Approaching half (48%) say they have noticed at least one improvement relating to the 'Access' aspects tested, with 'Getting through on the phone' mentioned by 29% as an aspect they have noticed an improvement with over the last twelve months.*
- *Approaching half (48%) have noticed at least one improvement relating to the 'Workforce' aspects listed, with the single most noticed GP practice improvement over the last twelve months being 'Helpfulness of the reception team' (37% mentioning improvements in this).*
- *Nearly three-quarters (74%) feel that at least one aspect relating to 'Access' is still in need of improvement in their GP practice, with the individual aspects most commonly mentioned being 'Getting a routine (non-urgent) appointment' (50%) and 'Getting through on the phone' (48%). Meanwhile, 44% feel that 'Getting an urgent appointment' is still in need of improvement and 34% believe that their GP practice needs to improve the 'Range of appointment times available'.*
- *Two-fifths (40%) indicate that at least one aspect relating to 'Workforce' is still in need of improvement in their GP practice, with the individual aspect most commonly mentioned being 'Helpfulness of the reception team' (by 26%).*

**Progress also appears to have been made to 'Digital' aspects of the GP practice experience for patients over the last twelve months.**

- *Two-fifths (40%) say they have noticed at least one improvement relating to the 'Digital' aspects tested, the most notable of these being with the 'NHS app (e.g. for booking appointments, ordering prescriptions)' (33% mentioning improvements with this aspect).*
- *Meanwhile, nearly two-fifths (38%) feel that at least one aspect relating to 'Digital' is still in need of improvement in their GP practice, with the individual aspects most commonly mentioned being the 'NHS app (e.g. for booking appointments, ordering prescriptions)' (by 25%) and 'Ease of using the practice website' (by 20%).*

**Improvements have also been noticed by GP practice users in terms of the GP practice 'Environment' over the last twelve months, although progress in this area appears less marked than for the other aspects. However, this area appears to be of relatively low priority for service users in terms of needing to make further improvement compared to actually accessing their GP practice's services.**

- *More than a quarter (27%) indicate that they have noticed at least one improvement relating to the 'Environment' aspect tested, namely 'Building or facilities (e.g. waiting room, toilets, parking)'.*
- *Only 15% indicate that their GP practice still needs to make improvements to the "Building or facilities (e.g. waiting room, toilets, parking)".*

**However, around a third of GP practice users claim to have not noticed any improvements in their GP practice experience over the last twelve months when they were asked to indicate improvements. In particular, there is still much work to be done in an increasingly-digital world to improve digital and online services provided by GP practices, as well as offering a range of appointment times that enable patients to be able to access healthcare at or through their GP practice.**

- *Just under a third (32%) of those who have contacted their GP practice in the last twelve months state that they haven't seen any improvements in the last twelve months.*
- *Only around a tenth of GP practice users say they have noticed improvements in the 'Ease of using the practice website' over the last twelve months (11% feeling that this has improved) and 'Other online services' (9%).*
- *Only around an eighth of GP practice users say they have noticed improvements in the 'Range of appointment times available' over the last twelve months (13% noticing an improvement).*

## **Experience of Pharmacy Services – Key Headline Findings**

**It is encouraging that the large majority of service user pharmacy experiences over the last twelve months have been positive ones, with only a minority rating their most recent pharmacy experience negatively.**

- *Nearly four-fifths (79%) of those who have seen a pharmacist for one of the listed conditions in the last twelve months give a positive rating for their most recent pharmacy experience - 54% rating it as 'very good' and 25% giving a 'good' rating. Only a relatively small proportion (12% indicate that their most recent pharmacist experience was a negative one - either 'poor' (7%) or 'very poor' (5%).*

**The key aspects that pharmacies as a whole appear to be performing well on are providing service users with what they require, the knowledgeable service that pharmacy staff provide and the ease and convenience that pharmacies provide.**

- *More than four-fifths (84%) of those who have used a pharmacy for one of the listed issues in the last twelve months provide at least one positive reason for their rating of their most recent experience.*
- *The most commonly selected positive reason given by respondents to explain their pharmacy experience ratings relates to the speed of getting what they required, with 57% selecting 'I got medication/advice quickly' as a reason for giving their experience rating. Respondents also value the service received from pharmacy staff, with 44% mentioning the 'Knowledgeable/helpful staff'. The feeling that the pharmacy was 'Easy and convenient to use' is appreciated by 40% of those who have used a pharmacy for one of the listed complaints in the last twelve months, while 36% state that 'My pharmacy is easy to travel to'.*

**However, work still needs to be done to improve pharmacy standards further to ensure that service users have their medical issue resolved in a satisfactory and timely manner.**

- *More than a third (36%) selected at least one negative reason for why they gave their rating of their most recent pharmacist experience.*
- *The most commonly selected negative reason given by respondents to explain their pharmacy experience ratings relates to service users not having their medical issue solved to an acceptable degree. A fifth (20%) state that 'My problem was not solved/I was referred back to my GP/another service', with relatively small minorities unhappy with specific aspects relating to pharmacy staff, namely that 'Staff were unhelpful/not knowledgeable' (8%) and that 'I received incorrect advice' (6%).*

# Introduction

## Background to the survey

The NHS Integrated Care Board (ICB) for Leicester, Leicestershire and Rutland (LLR) wished to undertake public engagement on access to same-day healthcare across the Leicester, Leicestershire and Rutland areas.

The overarching objectives of the 'Getting NHS Help Fast in Leicester, Leicestershire and Rutland' survey were to:

- Gather feedback on LLR's two-step approach to getting NHS help fast;
- Invite people to share their experiences of their GP practices;
- Invite people to share their experiences of the Pharmacy First service;
- Ask people for their views on improvements to some same-day GP practice appointments within Leicester City.

The ICB and Primary Care Networks (PCNs) also wished to identify where improvements are needed and help inform solutions to raise performance levels.

This report covers the detailed findings from the engagement across the LLR area. A separate report covering the detailed findings in relation to feedback on the proposed new same-day healthcare services in Leicester City can be found at:

<https://leicesterleicestershireandrutland.icb.nhs.uk/be-involved/>.

The survey and engagement was carried out during a period of significant operational challenge for practices associated with winter pressures.

The public engagement took account of the range of legislation that relates to ICB decision making including:

- Equality Act 2010;
- Public Sector Equality Duty Section 149 of the Equality Act 2010;
- Brown and Gunning Principles;
- Human Rights Act 1998;
- NHS Act 2006;
- NHS Constitution; and
- Health and Social Care Act 2012.

## About the engagement approach

The twelve-week public engagement to understand patient experiences of Getting NHS Help Fast in Leicester, Leicestershire and Rutland commenced on 10 September 2025 and ran until 7 December 2025. The LLR ICB has a legal duty to make arrangements to secure that individuals to whom the services are being or may be provided, and their carers and representatives, are involved (whether by being consulted or provided with information or in other ways). This is set out in the Health and Care Act 2022.

The Getting NHS Help Fast in Leicester, Leicestershire and Rutland engagement could be answered by respondents online (using the QuestionPro survey tool, which collected the data from respondents), although in some cases the survey was completed by the respondent using a paper/hard copy and then returned for processing. In the Leicester City area, the vast majority of respondents to the survey completed their questions online, with only 5% (63) of surveys completed using the paper/hard copy. The majority of the questions in the survey were closed questions, although there was one 'open-ended' question where respondents were invited to write in answers in their own words.

All information received via the survey was anonymous and feedback was independently analysed. The results would be shared with PCNs to enable them to help prioritise service areas for improvement.

The questionnaire used for this public engagement and the other key documents are available to view on the LLR ICB website (<https://leicesterleicestershireandrutland.icb.nhs.uk/be-involved/need-help-fast-engagement>).

## Public engagement activities

To maximise the reach of the public engagement and to encourage as many people as possible to participate, a multi-channel approach was used by LLR ICB.

The questionnaire could be answered by respondents online (using the QuestionPro survey tool, which collected the data from respondents) or offline (by completing a printed survey). Most respondents answered the questions online.

In addition, the public engagement used a variety of both online and offline tools and techniques to communicate with the people of Leicester, Leicestershire and Rutland. These included, but were not limited to, the activities detailed in the sections below.

### Toolkits:

- Information was made available both online and in hard-copy formats, including leaflets, booklets, and questionnaires. An Easy Read version of the questionnaire was produced, and a telephone translation service was made available. Contact details were provided should anyone need to request information in another format, such as large print.
- A partner toolkit (comprising articles, web content, and social media materials) was developed and distributed for partner organisations, businesses, and community groups to use on their digital channels. Offline toolkits, including questionnaires, leaflets, posters, and banners (see example), were distributed to many locations across Leicester, Leicestershire and Rutland, as detailed in the offline engagement activities section.



1 Example pull up banner

### Online Engagement Activities:

LLR ICB made use of online technology for stakeholder engagement and to disseminate information, increasing reach across local communities. Online activities included:

- Extensive use of social media, including local NHS-controlled channels and community-targeted groups on platforms such as Facebook (see example), Instagram, and X (Twitter);
- Regular email marketing to over 3,000 voluntary and community sector organisations, schools, key businesses, local authorities, and partners including pharmacies;
- Various online newsletters, sent from the NHS and partner organisations;
- Communication with partner organisations, including (but not limited to):
  - Leicester City Council
  - Local primary care networks and member GP surgeries
  - University Hospitals of Leicester NHS Trust (UHL)
  - Leicestershire Partnership NHS Trust (LPT)
  - DHU (as providers of NHS 111)



2 Example Facebook post

- Community Pharmacy Leicestershire and Rutland
- neighbouring NHS Trusts and ICBs
- Healthwatch Leicester and Leicestershire
- Leicestershire Police
- Leicestershire Fire and Rescue Service
- East Midlands Ambulance Service
- Internal communications to ICB staff, both as potentially affected individuals and to encourage further information dissemination.
- Promotion at various online meetings, including:
  - Leicester, Leicestershire and Rutland Patient Participation Group (PPG) Network
  - Public and Patient Involvement Assurance Group
  - Rutland VCSE Network Meeting
  - Health and Wellbeing Partnership Communications and Engagement Group Meeting
- Regular attendance at webinars with primary care networks and GP practice colleagues.

### Offline Engagement Activities:

To ensure accessibility for individuals not digitally enabled or active, LLR ICB conducted face-to-face engagement across Leicester. Activities included:

- Attendance at the following events/locations to boost visibility, provide hardcopy questionnaires and to support with completion:
  - Know More, Live Well event in Rutland
  - Health and Wellbeing information event at Haymarket Shopping Centre
  - Leicester Communities Together Information and Advice Festival in Leicester
  - Asda Hinckley
  - Asda Thurmaston
  - Tesco Oakham
  - Tesco Hamilton
  - De Montfort University freshers' events
  - University of Leicester freshers' events
  - University of Leicester health fair



3 Leicester Communities Together Information and Advice Festival



4 Asda Thurmaston

- Promotion at the following meetings/events:
  - Better Mental Health for All Network meeting
  - Leicester City Annual Public Health Conference
  - Wellbeing Day and Mental Health Workshop, Comfort Centre Leicester
  - ICB's World Patient Safety Day event

- Men's Health Event, South Asian Health Action
- Mental Health Day at Peepul Centre
- Ready4Winter at Coalville Library
- Belgrave/Spinney Hill networking meeting/coffee morning
- Braunstone Mental Health Network
- PPG meetings including Charnwood, Broom Leys, Burbage, Rutland, North West Leicestershire
- World Alzheimer's Event, South Asian Health Action
- Presentation to the Leicester City Public Health and Health Integration Scrutiny Committee
- Distribution of promotional materials to various venues including, but not limited to:
  - GP practices
  - Pharmacies
  - Leicester Royal Infirmary Emergency Department
  - Rutland Memorial Hospital
  - Hinckley and Bosworth Leisure Centre
  - Community Health Centres
  - Community libraries
  - Many community groups and venues, covering health, well-being and social support; hobbies and leisure; religion and belief; and identity-based community groups
  - Community infrastructures, including notice boards, bus-stops and village halls
  - Local businesses, shops and charity shops



5 Community notice board



6 Shop window



7 Leisure centre reception

In recognition of Rutland's rural geography, older demographic and local feedback, LLR ICB identified the need for a strong local presence. Engagement materials were widely disseminated across in Oakham and the villages of Rutland, in locations including shops, libraries, churches, community centres, businesses, pubs, restaurants, local noticeboards, bus stops and posted through resident's letterboxes.

### Training Sessions:

To support not only this engagement, but also the longer-term aim of helping people access the right care in the right place, a series of train the trainer style sessions were delivered across Leicester, Leicestershire and Rutland. These sessions were designed to equip community leaders, frontline staff, voluntary sector partners and public-facing professionals with the knowledge and tools needed to cascade information confidently to the people and communities they support.

The approach ensured that learning from the engagement had a lasting legacy, extending beyond the engagement period itself by embedding understanding of NHS services (such as GP access, Pharmacy First, NHS 111 and urgent treatment centres) into everyday interactions between staff, volunteers, carers and community groups.

Training was delivered to a broad range of partners, including:

- Loughborough University warden training
- Leicester City Council Adult Education staff training
- Charnwood PPG Forum – training session
- Right Care, Right Place training workshops for PPGs across LLR
- Local Area Coordinators training
- Bangladeshi Youth & Cultural Shomiti workshops
- Youth groups, women’s groups and ESOL tutors receiving training
- Enablement Team at Leicester City Council
- Social Prescribers briefing
- Multiple VCSE networks receiving presentations
- North West Leicestershire District Council Customer Services staff training session

These sessions focused on:

- Understanding the two step “Get NHS Help Fast” model
- Explaining same day access and how appointments are now arranged
- Increasing confidence in NHS 111, pharmacy services and self-care
- Supporting people to understand where to go for different health needs
- Enabling staff and volunteers to signpost effectively and respond to common questions
- Providing materials and resources (posters, wallet cards, guides, digital content) that could be shared and re used with service users, community groups, families and staff teams

This ‘train the trainer’ model significantly amplified the reach of engagement messages. By equipping trusted professionals, volunteers and community leaders with the knowledge and confidence to disseminate key information, the programme ensured sustainable, embedded awareness throughout diverse communities and networks.

### **Protected characteristics and support from the voluntary, community and social enterprise (VCSE) sector:**

LLR ICB worked with voluntary and community sector organisations to increase participation among seldom heard and underserved groups, focusing on protected characteristics such as age, race, disability, pregnancy and maternity, and sexual orientation. Throughout the engagement period, equality demographics of respondents were monitored against 2021 Census data. This analysis was reviewed at the midway point, enabling the Engagement and Insights Team to identify underrepresented groups and adjust communications and outreach activity to ensure the engagement sample more closely reflected the local population.

To further strengthen inclusion, LLR ICB partnered with the voluntary, community and social enterprise (VCSE) sector through a targeted small grants programme. A total of **22 VCSE organisations** were commissioned to deliver hyperlocal community engagement, supported by a programme budget of **£45,000**. These organisations played a crucial role in enabling people with protected characteristics, as well as seldom heard and marginalised communities, to participate fully in the engagement.

Activities delivered through VCSE partners focused on reaching communities that often experience barriers to engagement, including:

- **Ethnic minority and racialised communities** (e.g. African Heritage Alliance, Somali Development Services, ACAA)
- **Disabled people and those with sensory or cognitive conditions** (e.g. Neurodiversity Support CIC; work with visually impaired people through partners such as Vista)
- **Older people and those with long term conditions**
- **Parents and families with young children**, including those facing socio economic disadvantage
- **People experiencing homelessness (Action Homeless, Inclusion Healthcare, Raising Health)**
- **Refugees and asylum seekers** (After18, Leicester City of Sanctuary)

VCSE partners provided a wide range of tailored support, including:

- **Culturally sensitive and language specific communication**, ensuring people with limited English could meaningfully participate.
- **One to one assistance** for digitally excluded residents to complete the survey or understand engagement materials.
- **Delivery of outreach in trusted, familiar community spaces**, including food banks, temples, mosques, community cafés, youth groups, veterans' groups, learning disability forums, women's groups, and mental health cafés.
- **Behaviour change conversations** in communities with high avoidable A&E usage, particularly within 1 mile of the Leicester Royal Infirmary and along key arterial routes into the city.
- **Targeted small group workshops and interactive sessions**, which were shown through evaluation feedback to be the most effective formats for supporting understanding and generating high quality engagement.

Through this partnership model, VCSE organisations supported the engagement of **20,833 individuals**, delivered **299 events**, and **helped many residents complete a questionnaire**, including individuals who may not have taken part without personalised assistance. VCSE-led outreach was especially effective in creating safe, trusted spaces for discussions, enabling participants with protected characteristics to ask questions, share lived experiences, and understand changes.

### **Children and Young People:**

Outreach to children, young people, and their families was achieved through email correspondence to local preschools, state and private schools, sixth forms, and community groups, as well as sports clubs and the Young Farmers network. These efforts resulted in information being circulated via school and nursery newsletters, in-class promotions, youth clubs, sports activities, WhatsApp groups, and other relevant channels, ensuring broad and effective dissemination.

We were invited to attend two school assemblies to deliver an information and education session. Local authority colleagues also arrange for materials to be displayed at three school fun days.

### **Partnership Working:**

Collaboration across the local health and care system underpinned all engagement activity. Local authorities, NHS providers, primary care networks, voluntary and community organisations, parish councils, Healthwatch bodies and elected representatives all supported promotion and delivery of engagement opportunities. Their involvement ensured consistent messaging across the system and helped extend reach into diverse communities.

## Media Coverage:

Media coverage of the engagement included:

- A radio segment on Soar Sound Radio
- Articles from:
  - Leicester Mercury
  - National Farmers Union
  - Healthwatch Leicester and Leicestershire
  - Ashby News Hub
  - Oakham News Hub
  - Melton Times
  - Kibworth & District Chronical
  - Lincolnshire Online

## Engagement response

Overall, LLR ICB is confident that their activities during the public engagement allowed them to meet both their statutory and common law duties.

There has been a high level of interest in the Getting NHS Help Fast engagement and a good response. A total of 6,188 completed/usable responses are included in the analysis, comprising of 5,998 online responses and 190 hard copy responses.

Before completing the questionnaire, respondents selected which version they wished to complete (Leicester City, Leicestershire, or Rutland). In total, 1,338 respondents (22%) completed the Leicester City version, 4,631 respondents (75%) completed the Leicestershire version, and 131 respondents (2%) completed the Rutland version.

In addition to the responses received via the engagement questionnaire, further formal feedback was submitted through other channels, as detailed in section 6 of this report.

A full profile (by respondent type and demographics) of who responded to the survey is provided in Section 1 of this report.

## About this report

JW Research Limited, an independent market research company, was commissioned to provide an independent analysis of the survey findings.

The survey asked respondents a series of questions, which were mostly closed ('tick-box') questions but also included two open questions and some 'other specify' options where respondents could type in comments.

In addition to analysing the closed questions, JW Research Limited carried out thematic analysis of the open comments from the online survey on a question-by-question basis, coding them into themes so that these could be quantified.

This document summarises the findings from the independent analysis.

# Section 1: Respondent Profile

## Respondent profile

In total, 6,188 usable responses to the survey were received. A profile of the respondents to the survey is provided below (tables 1 to 12).

**Table 1: Q2. In what capacity are you completing this questionnaire? Q4: As an interested partner or stakeholder, where do you work or volunteer?** (Please select the one that best reflects the hat you're wearing for this response).

**OVERALL RESULTS** (all respondents answering: n=6,188)

Respondent type	No. responses	% responses
In a personal capacity, as a patient/member of the public	6,139	99%
In a professional capacity, as an interested partner or stakeholder	49	1%
<i>A GP practice or Primary Care Network</i>	12	-
<i>Local authority</i>	7	-
<i>University Hospitals of Leicester NHS Trust</i>	4	-
<i>Leicestershire Partnership NHS Trust</i>	2	-
<i>Leicester, Leicestershire and Rutland Integrated Care Board</i>	1	-
<i>The voluntary sector (please specify)</i>	10	-
<i>Other (please specify)</i>	11	-
No information	0	0%

**Table 2: Q24. What is your age?**

**OVERALL RESULTS** (all respondents answering: n=6,021)

Respondent type	No. responses	% responses
16-19	72	1%
20-24	102	2%
25-34	304	5%
35-49	977	16%
50-64	1,930	32%
65-74	1,538	26%
75-84	853	14%
85+	126	2%
Prefer not to say	119	2%

Older age groups are well represented, although only 8% of respondents are aged under 35 and only 24% of respondents are under 50 years of age. It should be noted that 2% (119 respondents) selected the 'prefer not to say' option for this question.

### Table 3: Q22. What is your sex?

**OVERALL RESULTS** (all respondents answering: n=5,730).

Respondent type	No. responses	% responses
Male	1,988	35%
Female	3,616	63%
Prefer not to say	126	2%

The majority of responses received are from females. It should be noted that 2% (126 respondents) selected the 'prefer not to say' option.

### Table 4: Q23. Do you identify as the gender you were assigned at birth?

**OVERALL RESULTS** (all respondents answering: n=5,796).

Respondent type	No. responses	% responses
Yes	5,623	97%
No (please tell us your gender identity)	40	1%
Prefer not to say	133	2%

### Table 5: Q26. What is your ethnicity? Please tick one box only.

**OVERALL GROUPEd RESULTS** (all respondents answering: n=5,993).

Respondent type	No. responses	% responses
White (i.e. British, Irish, any other white background)	4,909	82%
Asian or Asian British (i.e. Indian, Pakistani, Bangladeshi, any other Asian background)	708	12%
Black or Black British (i.e. Caribbean, African, or any other Black background)	114	2%
Mixed (i.e. White & Black Caribbean, White & Black African, White & Asian and any other Mixed background)	74	1%
Other (i.e. Arab and any other ethnicity)	28	<0.5%
Prefer not to say	160	3%

More than four-fifths of respondents (82% – 4,909 individuals) are White, while 12% (708 individuals) are Asian or Asian British and 2% (114 individuals) are Black or Black British. A further 3% (160 respondents) prefer not to state their ethnic origin.

It should be noted that the ethnic profile of respondents in the Leicester City area contains a much lower proportion of White respondents than that seen for Leicestershire and Rutland, with 48% (620 individuals) of White respondents in Leicester City, compared to 91% (4,117 respondents) in Leicestershire and 98% (123 respondents) in Rutland.

**Table 6: Q25. What is your religion or belief?** *Please tick one box only.*

**OVERALL RESULTS** (all respondents answering: n=5,975).

Respondent type	No. responses	% responses
Christian	2,972	50%
Muslim	308	5%
Hindu	281	5%
Sikh	62	1%
Buddhist	25	<0.5%
Jewish	7	<0.5%
Jain	3	<0.5%
Baha'i	0	0%
Any other religion	92	2%
No religion	1,932	32%
Prefer not to say	293	5%

Half (50% – 2,972 individuals) are Christian, while almost a third (32% – 1,932 individuals) do not have a religion. A further 5% (293 respondents) prefer not to state their religion.

**Table 7: Q27. Are you pregnant or have you given birth in the last 26 weeks?** *Please tick one box only.*

**OVERALL RESULTS** (all respondents answering: n=5,817).

Respondent type	No. responses	% responses
Yes	84	1%
No	5,625	97%
Prefer not to say	108	2%

Only a very small minority (1% - 84 respondents) are currently pregnant or have given birth in the last 26 weeks – although it should be noted that 2% (108 respondents) prefer not to say whether they are pregnant or have given birth in the last 26 weeks.

**Table 8: Q28. Do you consider yourself to have a disability or suffer from poor health?** Please tick all that apply. **Q29. If you have selected 'yes', which condition(s) do you have?** Please tick all that apply.

**OVERALL RESULTS** (all respondents answering: n=6,041).

Respondent type	No. responses	% responses
<b>Yes – I have a disability</b>	<b>1,311</b>	<b>22%</b>
<b>Yes – I am in poor health</b>	<b>925</b>	<b>15%</b>
<i>Long standing illness or condition</i>	1,068	18%
<i>Physical</i>	962	16%
<i>Mental health condition</i>	531	9%
<i>Partial or total loss of hearing</i>	265	4%
<i>Learning disability/difficulty</i>	116	2%
<i>Partial or total loss of vision</i>	90	1%
<i>Speech impediment or impairment</i>	36	<0.5%
<i>Other medical condition or impairment</i>	271	4%
<i>Did not specify which condition(s)</i>	95	2%
<b>No (I do not have a disability or suffer from poor health)</b>	<b>3,787</b>	<b>63%</b>
<b>Prefer not to say</b>	<b>378</b>	<b>6%</b>

Just over a quarter (31% - 1,876 respondents) say that they either have a disability or suffer from poor health – the most common disabilities mentioned are a long standing illness or condition (18% - 1,068 respondents) and a physical disability (16% - 962 respondents). More than three-fifths (63% - 3,787 respondents) say they have no disability and do not suffer from poor health.

It should be noted that 6% (378 respondents) prefer not to say whether they have a disability or suffer from poor health.

**Table 9: Q30. Do you provide unpaid care to someone who could not manage without your support? (Please select one box only.) This could be a family member, partner or friend of any age who needs help because of illness, frailty, disability, mental health problems or addiction.? Please tick one box only.**

**OVERALL RESULTS** (all respondents answering: n=6,029).

Respondent type	No. responses	% responses
Yes	1,129	19%
No	4,714	78%
Prefer not to say	186	3%

Just under a fifth (19% - 1,129 respondents) say that they provide care for someone. Approaching four-fifths (78% - 4,714 respondents) say they do not provide care for someone.

A small minority (3% - 186 respondents) prefer not to say whether they provide care for someone.

**Table 10: Q31. What is your relationship status? Please tick one box only.**

**OVERALL RESULTS** (all respondents answering: n=6,022).

Respondent type	No. responses	% responses
Married/civil partnership	3,657	61%
Single	872	14%
Partnered/living with a partner	514	9%
Widowed/surviving civil partner	385	6%
Separated or divorced	379	6%
Prefer not to say	215	4%

Three-fifths (61% - 3,657 respondents) are married or in a civil partnership, while 14% (872 respondents) are single.

A small minority (4% - 215 respondents) prefer not to state their relationship status.

**Table 11: Q32. What is your sexual orientation (preference)?** *Please tick one box only.*

**OVERALL RESULTS** (all respondents answering: n=5,985).

Respondent type	No. responses	% responses
Heterosexual/straight (male to female relationship)	5,185	87%
Bisexual (relationship with any gender/s)	133	2%
Gay or lesbian (male to male relationship)	110	2%
Other – please specify	36	1%
Prefer not to say	521	9%

Only a small minority (less than 5%) of respondents have a sexual orientation that is not heterosexual. However, it should be noted that 9% (521 respondents) prefer not to state their sexual orientation.

**Table 12: Q33. Which of the following applies to you?** *If more than one of these applies to you, please tick the main one only.*

**OVERALL RESULTS** (all respondents answering: n=5,881).

Respondent type	No. responses	% responses
I have previously served in HM Armed Forces (a veteran)	167	3%
I am in an Armed Forces family (a spouse, civil partner or child of serving personnel)	23	<0.5%
I am regular serving personnel in HM Armed Forces	6	<0.5%
I am Ministry of Defence (MoD) employed civilian personnel	6	<0.5%
I am a reserve in HM Armed Forces	5	<0.5%
I have a different connection to HM Armed Forces (please tell us)	76	1%
None of the above (I have no connection to the Armed Forces community)	5,261	89%
Prefer not to say	337	6%

Only a small minority (5% - 283 respondents) indicate that they have ever had some form of involvement with the armed services. However, it should be noted that 6% (337 respondents) prefer not to say whether they have had some form of involvement with the armed services.

In the remainder of this report, where appropriate, analysis has been conducted to determine how views differ by some of the different respondent types and demographic groups outlined above.

# Section 2: Experiences of Getting NHS Help Quickly

Respondents to the survey were shown the following information and asked for their reaction to it.



The NHS in Leicester, Leicestershire and Rutland is making it easier for you to get help when you need it quickly, for situations when it isn't life threatening, with two simple steps.



## Step 1: Try Self Care First

If your problem is minor and you haven't been able to treat it yourself at home, try:

- ✓ The NHS App or nhs.uk
- ✓ NHS 111 online
- ✓ Your local pharmacy.

These services are quick, easy, and often all you need.



## Step 2: Need More Help?

If it's more serious or Step 1 didn't work:

- ✓ Contact your GP practice
- ✓ Or call NHS 111 (when your GP is closed)

They'll help book the right appointment for you.



If it's a life or limb-threatening emergency, go straight to the emergency department or call 999.

In a mental health crisis, call NHS 111 and select the mental health option. This service is open 24 hours a day, seven days a week.

We are introducing this process so that resources are being used in the best way for everyone in Leicester, Leicestershire and Rutland and so we can match every patient to the right care in the right place and help avoid long waits or trips to walk-in services that might not be suitable.

**We know these steps might not be right for everyone in every situation. That's why we'd like to hear from you.**

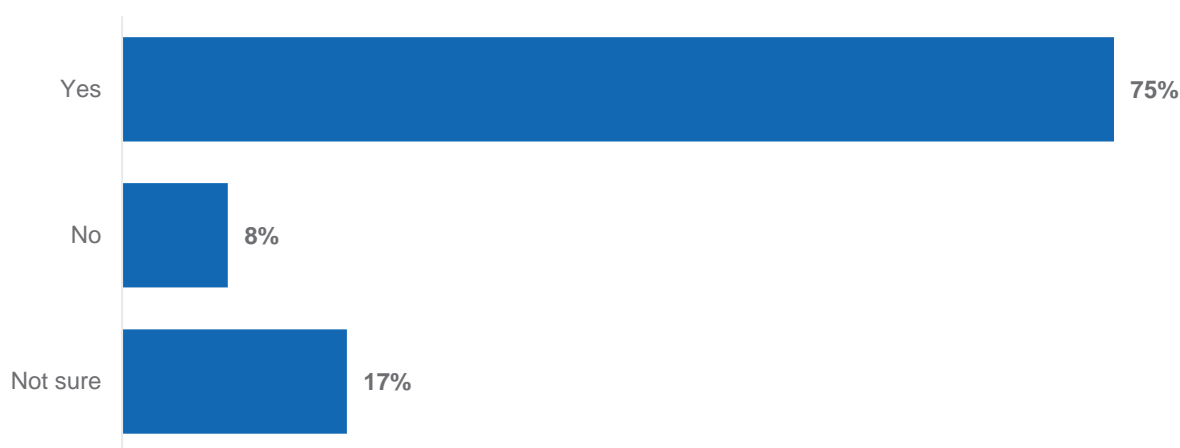
## 2.1 Whether Will Follow These Steps When Same-Day Healthcare is Needed

### Headline findings

Respondents to the survey were asked whether they would follow the steps outlined above ('Step 1: Try Self Care First' and 'Step 2 – Need More Help?') the next time they needed same-day healthcare. The overall results for this question are summarised in Figure 1 below.

**Figure 1: Q5. After reading about these steps, do you think you will follow them the next time you need same-day healthcare? (Select one). NB: If you are answering in a professional capacity (as an interested partner or stakeholder), please tell us whether you think the community you support will follow these steps the next time they need same-day healthcare.**

**OVERALL RESULTS** (all respondents answering: n=5,798).



Overall, three quarters of respondents to the survey who provided an answer (75% - 4,355 respondents) state that they would follow the steps outlined the next time they needed same-day healthcare. However, around a sixth (17% - 980 respondents) say they are not sure if they would follow these steps and 8% (463 respondents) state that they would not follow these steps.

### Results by respondent type

Table 13a, 13b and 13c (overleaf) show how responses to this question vary by PCN geographical area, capacity in which respondents are answering the questionnaire, gender, age and ethnicity, while Table 13d shows responses by general health status, carer status and pregnancy status, Table 13e shows responses by sexual orientation, religion/belief and armed forces involvement and Table 13f shows responses by relationship status and survey participation method (online vs. paper copy).

**Table 13a: Q5. After reading about these steps, do you think you will follow them the next time you need same-day healthcare? RESULTS BY GEOGRAPHICAL AREA & CAPACITY ANSWERING IN** (base sizes in brackets).

Base: All respondents answering	Total (5,798)	Geographical Area:			Capacity Answering In:	
		Leicester City (1,293)	Leicester-shire (4,300)	Rutland (124)	Personal (5,749)	Professional (49)
Yes	<b>75%</b>	72%	76%	74%	75%	53%
No	<b>8%</b>	9%	7%	13%	8%	22%
Not sure	<b>17%</b>	18%	16%	13%	17%	24%

There are no significant differences in the likelihood to follow the two steps ('Step 1: Try Self Care First' and 'Step 2 – Need More Help?') the next time respondents needed same-day healthcare by LLR geographical area.

There is some evidence to suggest that likelihood to follow the two steps the next time they needed same-day healthcare may be slightly lower amongst those answering the survey in a professional capacity than in a personal capacity, with 53% (26 respondents) of those answering in a professional capacity saying they would be likely to follow the steps outlined and 22% (11 respondents) claiming they would not follow these two steps. However, the relatively low base size for this group means that this finding should be treated as indicative rather than statistically significant.

**Table 13b: Q5. After reading about these steps, do you think you will follow them the next time you need same-day healthcare? RESULTS BY GENDER & AGE** (base sizes in brackets).

Base: All respondents answering	Total (5,798)	Gender:		Age:					
		Male (1,870)	Female (3,406)	16-24 (358)	25-34 (339)	35-49 (339)	50-64 (339)	65-74 (308)	75+ (308)
Yes	<b>75%</b>	73%	78%	77%	80%	76%	76%	74%	78%
No	<b>8%</b>	9%	7%	6%	9%	9%	7%	8%	6%
Not sure	<b>17%</b>	18%	15%	17%	11%	15%	16%	18%	16%

There are no significant differences in the likelihood to follow the two steps ('Step 1: Try Self Care First' and 'Step 2 – Need More Help?') the next time respondents needed same-day healthcare by gender.

Looking at awareness by age group, likelihood to follow the two steps when needing same-day healthcare in the future is slightly higher than average amongst the 25-34 age group, with 80% (235 respondents) indicating they would follow these steps.

**Table 13c: Q5. After reading about these steps, do you think you will follow them the next time you need same-day healthcare? RESULTS BY ETHNICITY** (base sizes in brackets).

<i>Base: All respondents answering</i>	<b>Total</b> (5,798)	<b>White</b> (4,577)	<b>Asian/ Asian British</b> (686)	<b>Black/ Black British</b> (107)	<b>Mixed</b> (71)	<b>Other</b> (21)
Yes	<b>75%</b>	77%	70%	75%	80%	81%
No	<b>8%</b>	7%	10%	8%	7%	10%
Not sure	<b>17%</b>	16%	20%	17%	13%	10%

Likelihood to follow the two steps the next time same-day healthcare is needed is slightly lower among Asian/Asian British respondents than White respondents – 70% (478 respondents) of Asian/Asian British respondents say they would follow the steps, compared with 77% (3,532 individuals) of White respondents.

**Table 13d: Q5. After reading about these steps, do you think you will follow them the next time you need same-day healthcare? RESULTS BY ‘HEALTH STATUS’, ‘CARER STATUS’ AND ‘PREGNANCY STATUS’** (base sizes in brackets).

<i>Base: All respondents answering</i>	<b>Total</b> (5,798)	<b>Disability or Poor Health?</b>		<b>Carer Responsibility?</b>		<b>Pregnant/Given Birth?:</b>	
		<b>Yes</b> (1,749)	<b>No</b> (3,566)	<b>Yes</b> (1,064)	<b>No</b> (4,417)	<b>Yes (79)</b>	<b>No</b> (5,286)
Yes	<b>75%</b>	70%	79%	74%	76%	85%	76%
No	<b>8%</b>	9%	7%	10%	7%	4%	8%
Not sure	<b>17%</b>	20%	14%	16%	16%	11%	16%

Those without a disability or health issue are more likely than those with a disability or poor health to follow the two steps the next time same-day healthcare is needed. Just under four-fifths of those with no disability or health issue (79% - 2,814 respondents) indicate that they would follow the two steps, compared with 70% (1,233 respondents) of those with a disability or health issue.

There are no significant differences in the likelihood to follow the two steps (‘Step 1: Try Self Care First’ and ‘Step 2 – Need More Help?’) the next time same-day healthcare is needed between carers and non-carers.

There is some evidence to suggest that likelihood to follow the two steps the next time same-day healthcare is needed may be slightly higher than average amongst respondents who are/have been pregnant in the last 26 weeks, with 85% (67 respondents) in this group indicating they would follow these steps, compared to the 75% average across all respondents. However, the relatively low base size for this group means that this finding should be treated as indicative rather than statistically significant.

**Table 13e: Q5. After reading about these steps, do you think you will follow them the next time you need same-day healthcare? RESULTS BY SEXUAL ORIENTATION, RELIGION/BELIEF & ARMED FORCES INVOLVEMENT** (base sizes in brackets).

Base: All respondents answering	Total (5,798)	Sexual Orientation:			Religion/Belief:			Armed Forces Involvement?:	
		Hetero (4,854)	Gay/Lesb/Bi (236)	Other (41)	Christian (2,766)	Non-Christian (661)	No religion (1,820)	Yes (262)	No (4,939)
Yes	<b>75%</b>	77%	78%	61%	78%	71%	77%	72%	77%
No	<b>8%</b>	7%	11%	12%	7%	9%	8%	10%	7%
Not sure	<b>17%</b>	16%	11%	27%	15%	20%	15%	18%	16%

There are no significant differences evident in the likelihood to follow the two steps ('Step 1: Try Self Care First' and 'Step 2 – Need More Help?') the next time same-day healthcare is needed by sexual orientation.

Likelihood to follow the two steps is lower among respondents of non-Christian religions, with 71% (467 respondents) saying they are likely to do so, compared with 78% (2,162 respondents) of Christian respondents and 77% (1,406 respondents) of respondents with no religion.

There is some evidence to suggest that likelihood to follow the two steps the next time same-day healthcare is needed is slightly lower amongst respondents who have (or have had) some form of Armed Services involvement, with 72% (188 respondents) of these saying they would follow the two steps in the future, compared with 77% (3,798 respondents) of those who have had no involvement in the Armed Forces.

**Table 13f: Q5. After reading about these steps, do you think you will follow them the next time you need same-day healthcare? RESULTS BY RELATIONSHIP STATUS & SURVEY PARTICIPATION METHOD** (base sizes in brackets).

Base: All respondents answering	Total (5,798)	Relationship Status:			Survey Participation Method:	
		Married/Partner (3,918)	Separated/Divorced/Widowed (694)	Single (830)	Online Survey (5,618)	Printed/Paper Survey (180)
Yes	<b>75%</b>	77%	72%	74%	75%	84%
No	<b>8%</b>	7%	7%	10%	8%	6%
Not sure	<b>17%</b>	15%	20%	16%	17%	9%

There are no significant differences evident in the likelihood to follow the two steps ('Step 1: Try Self Care First' and 'Step 2 – Need More Help?') the next time same-day healthcare is needed by relationship status.

Likelihood to follow the two steps the next time same-day healthcare is needed is slightly higher amongst respondents who completed the printed/paper copy of the survey (84% - 152 respondents) than those who completed the survey online (75% - 4,203 respondents).

## 2.2 Reasons why would/would not follow steps when next requiring same-day healthcare

### Headline findings

Respondents to the survey were asked why they answered Q5 in the way they did and were asked to outline what they like or dislike about the steps ('Step 1: Try Self Care First' and 'Step 2 – Need More Help?') and state any concerns they have about people following the steps. The overall results for this question are summarised in Table 14 below.

**Table 14: Q6. Please tell us why you answered Q5 in the way you did. Please include what you like or don't like about the steps, and any concerns you have about people following the steps.**

**RESULTS** (all respondents answering at Q5: n=5,798).

*NB: Themes mentioned by 5+ respondents.*

Theme of comment	No. responses	% responses
<b>Positive comments made by those answering 'Yes, I will follow the steps' at Q5:</b>		
I am already doing this/I am already aware of this	755	13%
The steps seem sensible/common sense (general comments)	342	6%
The steps are clear/easy to follow	183	3%
I trust these NHS recommendations/no concerns/happy to follow them/to treat myself	104	2%
It will reduce the pressure/burden on local GPs/hospitals/GP surgeries	96	2%
It is important/I will be able to access services/medication quickly	68	1%
Good service from pharmacy	43	1%
Communication channels are good/convenient/good range/positive experience of communication channels	28	1%
Agree with statement (but no specific reason given)	27	<0.5%
Good service from GP surgery	21	<0.5%
Services have worked well when used them (general comments)	20	<0.5%
Good service from NHS 111	16	<0.5%
It makes the best use of available resources/is effective/is efficient	14	<0.5%
Good service from NHS app/website	10	<0.5%
Frees up GP appointments for more serious and urgent conditions/prevents wasted appointments	8	<0.5%

**Table 14: Q6. Please tell us why you answered Q5 in the way you did. Please include what you like or don't like about the steps, and any concerns you have about people following the steps.**

**RESULTS** (all respondents answering at Q5: n=5,798).

*NB: Themes mentioned by 5+ respondents.*

Theme of comment	No. responses	% responses
<b>Comments relating to concerns made by those answering 'Yes, I will follow the steps' at Q5:</b>		
Concern - still hard to get a GP appointment	187	3%
Concern - difficult to make contact with GP surgery	50	1%
Concern - issues with NHS 111 service (e.g. always directs you to a GP or a hospital, long time for callbacks, confidentiality concerns)	46	1%
Concern - not as personal a service (e.g. would still rather speak to a GP/see someone in person)	34	1%
Concern - potential delays in diagnosis/long wait times for NHS help	32	1%
Concern - technology and online-based steps may be hard for some people to use (e.g. older/vulnerable people)	31	1%
Concern - issues with pharmacy service (e.g. conflicting advice, capabilities, capacity)	28	<0.5%
Concern - can take time to explain issues using these steps/ complicated process/time-consuming	24	<0.5%
Concern - steps need to be promoted more	20	<0.5%
Concern - knowing if steps are useful or not/knowing what the illness might be/how to treat themselves	16	<0.5%
Concern - Poor experience of using steps/NHS	15	<0.5%
Concern - poor service/quality of care from GP practice	13	<0.5%
Concern - online systems don't work/complicated NHS website/app	10	<0.5%
Concern - doesn't provide continuity of care (e.g. seeing/speaking with same GP/medical professional)	9	<0.5%
Concern - issues with NHS app (e.g. doesn't always work, confidentiality concerns)	8	<0.5%
Concern - difficult to physically access GP surgery/hospital (e.g. travel issues)	6	<0.5%
Concern - steps not good for treating long-standing/certain conditions	5	<0.5%

**Table 14 (continued): Q6. Please tell us why you answered Q5 in the way you did. Please include what you like or don't like about the steps, and any concerns you have about people following the steps.**

**RESULTS** (all respondents answering at Q5: n=5,798).

*NB: Themes mentioned by 10+ respondents.*

Theme of comment	No. responses	% responses
<b>Comments made by those answering 'Not sure if I will follow the steps' and 'No, I will not follow the steps' at Q5:</b>		
Will still be hard to get a GP appointment	126	2%
Prefer a personal a service/speaking in person with a GP/would phone GP first	125	2%
Issues with NHS 111 service (e.g. potential delays in diagnosis/long wait times for help, lack of specialist advice)	80	1%
Steps/technology are harder/too complicated (e.g. for some/older/vulnerable people)	75	1%
Issues with pharmacy service (e.g. conflicting advice, capabilities, distance, may not be able to assist)	48	1%
It depends on the nature of the illness	48	1%
Steps don't provide help quickly enough/could hinder getting help/lead to misdiagnosis	40	1%
Poor experience of using steps/NHS (general comments)	35	1%
Steps not good for treating long-standing conditions	24	<0.5%
Issues with NHS bureaucracy/making things harder generally/don't trust NHS	24	<0.5%
Difficult to make contact with GP surgery/to get help	22	<0.5%
More communication/information about the steps needed/too complicated	22	<0.5%
Issues with NHS app (e.g. no access, doesn't always work, confidentiality concerns)	21	<0.5%
Would prefer/would use a walk-in option/would go directly to A&E	19	<0.5%
I'm not knowledgeable enough to know if these steps are useful or not/what my illness might be	16	<0.5%
Steps won't work (general comments)	13	<0.5%
I am already doing this/already aware of this/will use the steps/like the steps	12	<0.5%
Doesn't provide continuity of care (e.g. seeing same GP/medical professional)	12	<0.5%
Other	60	1%
Don't know/not sure	18	<0.5%
No information/no comment made	3,032	52%

Reflective of the high likelihood to follow the two steps the next time they need same-day healthcare, the large majority of comments made about the two same-day healthcare steps are positive, although some who say they will follow the steps still express some concerns and caveats relating to the two steps.

The most commonly mentioned reason why respondents say they will follow the two steps is because they are already following them, with 13% (755 respondents) saying that, *'I am already doing this/I am already aware of this'*. There is also a feeling that the two steps make sense to people and are understandable, with 6% (342 respondents) making comments that, *'The steps seem sensible/common sense'* and 3% (183 respondents) saying that, *'The steps are clear/easy to follow'*, while 2% (104 respondents) stating that, *'I trust these NHS recommendations/I have no concerns/happy to follow them/happy to treat myself'*.

The next most commonly mentioned theme amongst those saying they will follow the two steps is an appreciation that using these steps, *'will reduce the pressure/burden on local GP surgeries/hospitals/services'* (2% - 96 respondents – mentioning this), while 1% (68 respondents) indicate that, *'I will be able to access services/medication quickly'*.

A minority of respondents (9%) say that they will follow the two steps the next time they need same-day healthcare but that they do have at least one concern or caveat with this, the most common being a concern about being able to access GP surgeries easily. For 3% (187 respondents), their concern is that it will, *'still be hard to get a GP appointment'*, while (1% - 187 respondents) are concerned that it will still be, *'difficult to make contact with a GP surgery'*. At a much lower level, another caveat mentioned by some respondents relates to the length of time it might take them to get a resolution to their same-day healthcare issues using some of the suggested steps – 1% (46 respondents) who say they will use the two steps have a concern about potential *'issues with the NHS 111 service (e.g. always directs you to a GP or a hospital, long time for callbacks, confidentiality concerns)'*, while 1% (32 respondents) mention that there could be, *'potential delays in diagnosis/long wait times for NHS help'*.

Amongst those who indicate that they will not follow the steps (8%), or don't know whether they will follow the steps (17%), the two main concerns are that it, *'will still be hard to get a GP appointment'* (2% - 126 respondents – mentioning this) and that they would, *'prefer a personal service/speaking in person with a GP/would phone GP first'* (2% - 125 respondents citing this). Slightly smaller proportions also mention the concern that there are or could be, *'issues with the NHS 111 service (e.g. potential delays in diagnosis/long wait times for help/lack of specialist advice)'* (1% - 80 respondents mentioning this issue) and that the *'steps/technology are harder/too complicated (e.g. for some people/older people/vulnerable people)'*, with 1% (75 respondents) citing this as a reason why they would not use the two steps.

In total, 47% (2,747 respondents) who provided an answer to Q5 ('After reading about these steps, do you think you will follow them the next time you need same-day healthcare?') provided a comment of some kind for this question. It should be noted that just over half of respondents (52% - 3,032 respondents) did not provide an answer for this question, despite having provided an answer at Q5.

A few **example comments** illustrating some of the comments made whether the two steps for same-day healthcare would be followed or not are shown in the following tables.

## Example comments (Positive comments relating to ‘Yes I will follow the steps’).

### Comment

#### KEY THEME: ‘I am already doing this/already aware of this’

*“I like self-care first – the pharmacy helps with advice and support – the doctor is the last place I go.”*

*“Good to go to a pharmacy first as sometimes they may have the medicine you need , then if a pharmacy can't help you then try 111.”*

*“Because you have to be your own doctor these days as the help available isn't up to scratch.”*

#### KEY THEME: ‘The steps seem sensible/common sense (general comments)’

*“Common sense and quicker than waiting for a GP appointment.”*

*“I think the steps make good sense and I would always want to try and help myself if I could before contacting my GP.”*

*“It is common sense to try look after myself beforehand. Should the illness get worse, I will seek GP advice via appointment or direct through emergency care, subject to what the matter might be.”*

#### KEY THEME: ‘The steps are clear/easy to follow’

*“It's an obvious process. It's clearly aimed at the people who misuse the system and clog it up unnecessarily.”*

*“It's an easy option to try the Pharmacist first, it allows urgent care personnel to become just that. We should all try and take responsibility for ourselves where we can.”*

*“Excellent clear steps to follow. As long as they're all staffed well and demand for the service doesn't overwhelm.”*

#### KEY THEME: ‘I trust these NHS recommendations/no concerns/happy to follow them/to treat myself’

*“I find they are correct steps to take, they are also the steps I take now and have no problem with continuing.”*

*“I would follow instructions suggested as that is obviously the best way to deal with any situation.”*

*“I am happy to follow the steps suggested. Sometimes the questions aren't that easy to answer but hopefully we can get around that.”*

#### KEY THEME: ‘It will reduce the pressure/burden on local GPs/hospitals/GP surgeries’

*“Anything to improve the availability of appointments to those that need them.”*

*“Because it makes sense to try lower grade options before contacting the GP and taking up appointments that might not be needed.”*

*“As a former Healthcare professional I fully understand the pressures on NHS resources and support preventative and educational measures.”*

**Example comments** (Comments relating to concerns made by those answering ‘Yes I will follow the steps’).

**Comment**

**KEY THEME: ‘Concern - still hard to get a GP appointment’**

*“Because I am not always able to get an appointment when I go online and when I ring I am told all appointments are gone and to ring tomorrow.”*

*“Because it’s very difficult to get an appointment the same day unless you wait in a queue on the phone for over half an hour to then be told there are no appointments available.”*

*“It doesn’t matter which route you take, you will not get to see a doctor I can assure you of that.”*

**KEY THEME: ‘Concern - difficult to make contact with GP surgery’**

*“Contacting the GP is very hard as you have to go online and fill in a multi choice questionnaire (with too many choices). The self-care pharmacy contact and 111 is helpful but contacting a GP is almost impossible through a phone call.”*

*“Contacting the GP is difficult, using WhatsApp is not an efficient way to book an urgent appointment and can be flawed. As I found out when AI made an appointment for me with a retired GP this week at my surgery!”*

*“Contact with GP practice has to be done online and not over the phone - response could be longer than next day. This relies on a patient’s literacy ability to be able to clearly describe their symptoms. Personally it puts me off sorting out a GP appointment but perhaps that is the aim!”*

**KEY THEME: ‘Concern - issues with NHS 111 service (e.g. always directs you to a GP or a hospital, long time for callbacks, confidentiality concerns)’**

*“I used 111 before but they can’t actually see a wound, only by picture, so I had an infection following cryotherapy which was missed.”*

*“From experience, phoning 111 can be time-consuming and involve much repetition. I’ve not always felt that there was a clear understanding of the issue. I should state this was when trying to arrange treatment for my mother.”*

*“111 responses are often slow. When my wife had a fall a few weeks ago we were told ambulance would be 8 hours. Just not good enough.”*

**KEY THEME: ‘Concern - not as personal a service (e.g. would still rather speak to a GP/see someone in person)’**

*“Via phone or in person, not via internet for same day appointments or in general when healthcare professional service required.”*

*“Seeing a human being is what a lot of people prefer. Someone fully trained.”*

*“I don’t think many at my practice will (use the steps) as they want to see the doctor and only the doctor. My concern is after being sent to a hub for a serious problem they couldn’t do anything, including giving medication (I have regularly) as I was not their patient. Hopefully this was not normal practice.”*

**KEY THEME: ‘Concern - potential delays in diagnosis/long wait times for NHS help’**

*“The main problem remains that if I feel I need to speak to a GP or have a face to face appointment, it can take a couple of weeks. I tend to downplay how serious I feel my problem is as I don’t want to bother people or burden an already busy NHS.”*

*“I think the online system is risky and I personally found it contradicting by advising to go A&E but when declined and passed to the surgery they’ve said, ‘no you need to see a doctor’. So it is very concerning that is the opposite to what the system suggested. I think many things will be missed and people who need the GP will not get to see one.”*

*“I think the steps are a good way to use the resources wisely, but there is a problem: sometimes people are really desperate for a GP because treatment is not urgent enough to call an emergency, and they are unable to see a GP for three or four weeks. That’s the issue—finding a way for someone to see a GP in two or three days, not two to three weeks.”*

## Example comments (relating to 'Not sure' and 'No I will not follow the steps').

### Comment

#### KEY THEME: 'Will still be hard to get a GP appointment'

*"After being told there were no GP appointments left in the morning. I urgently called 111 they then emailed my Practice to tell them I'd been referred by 111 and they needed to fit me in. My Practice (GP) secretary told me I still had no chance of getting an appointment as there still weren't any. A waste of everyone's time. Had to call 111 again (another 50 minutes later)."*

*"I have been asked by the hospital's in-house pharmacist to make an appointment. I can't get online or by phone. I took a day off 3 weeks ago so I could attend an appointment. It had been cancelled but I wasn't told. I work 7am to 7pm Monday to Friday and there is never an early or late appointment. I don't even know who my doctor is."*

*"Ridiculous steps stating the obvious. Surely everyone tries 'self-care' first before contacting the GP. Usually the GP is the last resort because of how difficult it is to actually get an appointment."*

#### KEY THEME: 'Prefer a personal a service/speaking in person with a GP/would phone GP first'

*"If I am ill and I believe I need medical assistance, I would seek that from my GP, rather than go to some AI algorithm, or a third party non-medical professional telephone assessment working from a script."*

*"If it has got to the point where I feel I need to source medical attention I will consult the local practice. They are friendly and have my records to hand so they know I am not calling unless I feel I need to."*

*"When an appointment is needed I 100% disagree that an appointment should be made via online app. The patient should be given access by contacting the surgery on the phone. A lot of these online apps have a lot of technical issues to access an appointment and I am against the idea."*

#### KEY THEME: 'Issues with NHS 111 service (e.g. potential delays in diagnosis/long wait times for help, lack of specialist advice)'

*"111 can take a very long time to get through to speak someone and my belief is that a telephone service isn't appropriate for certain medical conditions."*

*"111 is pointless. Takes forever to get through, then you have to go through endless questions, then somebody may ring you back in an hour or longer, then they are so risk averse, the answer is go to A&E or walk in, or book to see your GP. They don't tell you anything you don't know, you just waste time and it's just to steer you away from a GP."*

*"Everyone has a horror story about 111 e.g. to someone with osteoporosis who had a fall – "take some paracetamol". Their arm was broken!"*

#### KEY THEME: 'Steps/technology are harder/too complicated (e.g. for some/older/vulnerable people)'

*"Access to smart phones, internet and lack of skills due to digital exclusion will be a challenge to access the self-help. Support services like Falcon Support Services book appointments on behalf of those experiencing homelessness, no access to phones/digital. Often they will only seek help when they can't afford not to seek help and often at crisis point, as health is often not their priority."*

*"I do not use the NHS app (I don't like apps on my phone), I don't have access to a computer all day to be able to contact 111 online so my only option is to call a pharmacy. I should be able to contact my GP surgery for advice."*

*"I work with people who are marginalised due to complex issues and the Gypsy and Traveller community who struggle due to literacy issues."*

#### KEY THEME: 'Issues with pharmacy service (e.g. conflicting advice, capabilities, distance, may not be able to assist)'

*"Having an underlying health condition makes it hard for a pharmacist to assess the issue."*

*"When I tried to use a pharmacy they said I was over 65 and thus they could not prescribe antibiotics. Thus I wasted my time going there and had to then go to the Corby Urgent Care Centre, spending over 2 hours just to get some antibiotics."*

*"I don't think the offer at pharmacies is equal across all pharmacies, nor is the range of things they can help with well known. you can end up going in circles as they send you back to your GP."*

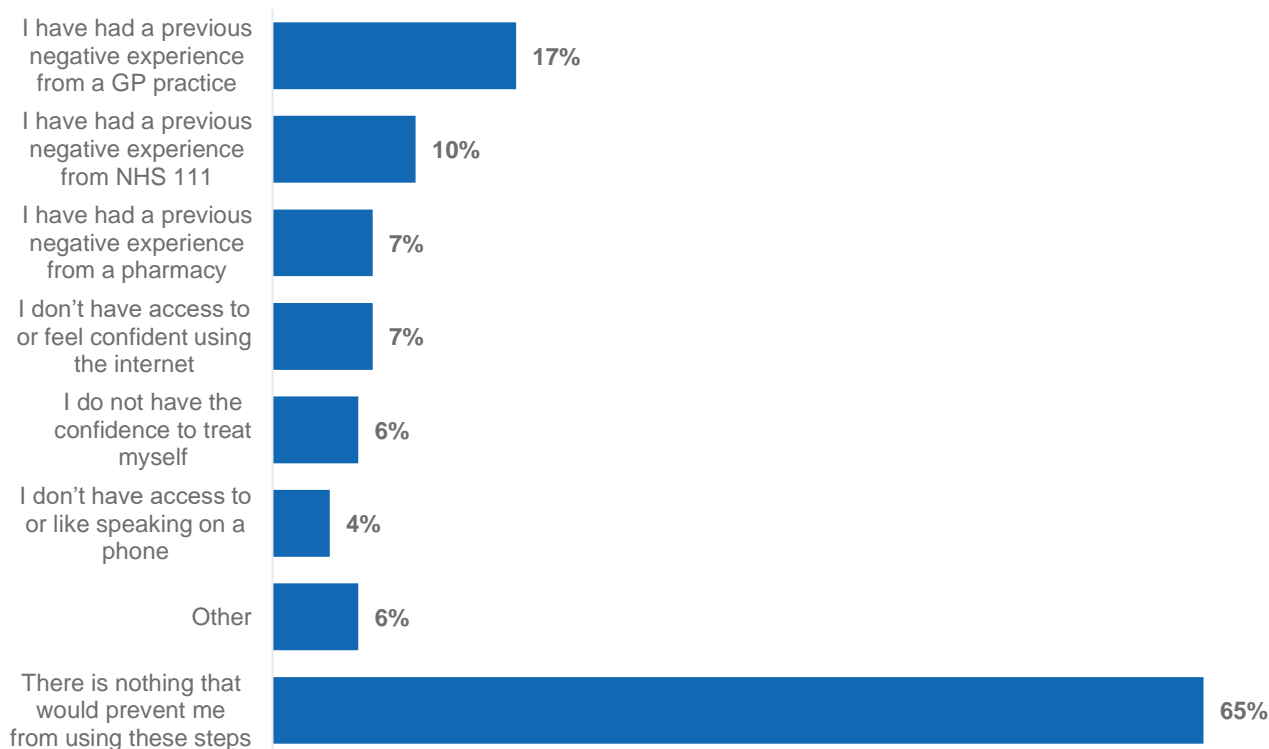
## 2.3 Potential Barriers to Using Steps in the Future

### Headline findings

Respondents to the survey were asked, based on their previous experience of services, what would prevent them from using the steps ('Step 1: Try Self Care First' and 'Step 2 – Need More Help?') in the future. The overall results for this question are summarised in Figure 2 below.

**Figure 2: Q7. Based on your previous experiences of services, what would prevent you from using these steps in the future? (Select all that apply)**

**OVERALL RESULTS** (all respondents answering: n=6,049).



Overall, nearly two thirds (65% - 3,941 respondents) feel that there is nothing that would prevent them from using the steps to access same-day healthcare in the future as outlined.

However, nearly two fifths (38% - 2,284 respondents) mention at least one potential barrier to them using these steps the next time they need same-day healthcare in the future<sup>1</sup>. The most commonly-cited issue that might prevent respondents from using these steps in the future is a previous negative experience from a GP practice (17% - 1,000 respondents), with a tenth (10% - 581 respondents) mentioning a previous negative experience using NHS 111 and 7% (434 respondents) recalling a previous negative experience with a pharmacy. The other main barrier to using these steps to access same-day healthcare in the future relates to a lack of patient

<sup>1</sup> Q7 allowed respondents to select both 'There is nothing that would prevent me from using these steps' and also specific barriers. These responses have been retained because the question referred to multiple steps with different options, and it is reasonable to interpret that respondents may feel nothing prevents them overall while still noting preferences or limitations for certain methods. In retrospect, an exclusive 'None of the above' option would have avoided this ambiguity, and this learning will be considered for future engagement questionnaires.

confidence in general - either a lack of access/confidence using the internet (7% - 411 respondents) or having the confidence to treat themselves (6% - 391 respondents).

Of the 6% writing comments into the 'Other' category, the most commonly mentioned themes are 'it is still hard to get a GP appointment' (1% - 49 respondents), 'I always prefer to speak to someone face to face' (1% - 31 respondents), 'initial steps don't work for some groups of people (e.g. with chronic conditions/with disability/with children)' (<0.5% - 27 respondents) and 'using the steps could cause delay in urgent treatment (e.g. volume of enquiries)' (<0.5% - 24 respondents).

## Results by respondent type

Table 15a, 15b and 15c (overleaf) show how responses to this question vary by PCN geographical area, gender, age and ethnicity, while Table 15d shows responses by general health status, carer status and pregnancy status, Table 15e shows responses by sexual orientation, religion/belief and armed forces involvement and Table 15f shows responses by relationship status and survey participation method (online vs. paper copy).

**Table 15a: Q7. Based on your previous experiences of services, what would prevent you from using these steps in the future? (Select all that apply) RESULTS BY GEOGRAPHICAL AREA** (base sizes in brackets).

	Total (6,049)	Geographical Area:		
		Leicester City (1,288)	Leicestershire (4,547)	Rutland (128)
I have had a previous negative experience from a GP practice	17%	17%	16%	24%
I have had a previous negative experience from NHS 111	10%	7%	10%	28%
I have had a previous negative experience from a pharmacy	7%	8%	7%	14%
I don't have access to or feel confident using the internet	7%	10%	6%	5%
I do not have the confidence to treat myself	6%	11%	5%	5%
I don't have access to or like speaking on a phone	4%	5%	4%	5%
Other (please specify)	6%	8%	5%	8%
There's nothing that would prevent me from using the steps	65%	60%	67%	52%
<b>% Mentioning at Least One Barrier</b>	<b>38%</b>	<b>42%</b>	<b>36%</b>	<b>51%</b>

When looking at the findings by LLR area, the proportion mentioning at least one barrier that would prevent them using these two steps the next time same-day healthcare is needed in the future is highest amongst Rutland respondents, with 52% (67 respondents) of those registered with Rutland GP practice mentioning at least one barrier, compared with 45% (582 respondents) of those registered with a Leicester City GP practice and 37% (1,681 respondents) of those registered with a GP practice in Leicestershire.

The main drivers of this feeling in Rutland are ‘a negative previous experience of NHS 111’, with 28% (36 respondents) mentioning this as a barrier in Rutland compared with only 10% (440 respondents) of those in Leicestershire and 7% (90 respondents) in Leicester City, and ‘a negative previous experience from a GP practice’, with 24% (36 respondents) mentioning this as a barrier in Rutland compared with 16% (739 respondents) of those in Leicestershire and 16% (211 respondents) in Leicester City.

**Table 15b: Q7. Based on your previous experiences of services, what would prevent you from using these steps in the future? (Select all that apply) RESULTS BY GENDER & AGE** (base sizes in brackets).

	Total (6,049)	Gender:		Age:					
		Male (1,964)	Female (3,564)	16-24 (173)	25-34 (297)	35-49 (958)	50-64 (1,906)	65-74 (1,521)	75+ (962)
I have had a previous negative experience from a GP practice	17%	15%	17%	20%	20%	20%	16%	15%	14%
I have had a previous negative experience from NHS 111	10%	7%	10%	9%	11%	10%	11%	8%	6%
I have had a previous negative experience from a pharmacy	7%	6%	7%	11%	8%	9%	7%	6%	5%
I don't have access to or feel confident using the internet	7%	7%	7%	2%	2%	4%	6%	8%	12%
I do not have the confidence to treat myself	6%	7%	6%	13%	8%	7%	6%	6%	5%
I don't have access to or like speaking on a phone	4%	4%	4%	17%	11%	5%	3%	3%	3%
Other (please specify)	6%	6%	6%	4%	8%	8%	6%	6%	4%
There's nothing that would prevent me from using the steps	65%	67%	65%	55%	56%	62%	65%	68%	72%
<b>% Mentioning at Least One Barrier</b>	<b>38%</b>	<b>36%</b>	<b>38%</b>	<b>48%</b>	<b>47%</b>	<b>40%</b>	<b>36%</b>	<b>34%</b>	<b>36%</b>

There are no significant differences evident by gender in the proportions mentioning at least one barrier that would prevent them using these two steps the next time same-day healthcare is needed in the future.

Looking at the findings by age group, the proportion mentioning at least one barrier that would prevent them using these two steps the next time same-day healthcare is needed in the future is highest amongst younger age groups and decreases with age. Approaching half of the 16-24 age group (48% - 83 respondents) and the 25-34 age group (47% - 139 respondents) mention at least one barrier, compared with 34% (521 respondents) of those aged 65-74 and 36% (344 respondents) of those aged 75+. The main barriers that younger age groups appear more likely to mention than older respondents are *'I have had a previous negative experience from a GP practice'*, *'I don't have access to or like speaking on a phone'* and *'I do not have the confidence to treat myself'*.

**Table 15c: Q7. Based on your previous experiences of services, what would prevent you from using these steps in the future? (Select all that apply) RESULTS BY ETHNICITY** (base sizes in brackets).

	Total (6,049)	White (4,851)	Asian/ Asian British (687)	Black/ Black British (113)	Mixed (74)	Other (22)
I have had a previous negative experience from a GP practice	17%	17%	13%	12%	18%	5%
I have had a previous negative experience from NHS 111	10%	10%	6%	4%	11%	0%
I have had a previous negative experience from a pharmacy	7%	7%	6%	3%	14%	0%
I don't have access to or feel confident using the internet	7%	6%	11%	13%	5%	5%
I do not have the confidence to treat myself	6%	5%	13%	17%	7%	14%
I don't have access to or like speaking on a phone	4%	4%	4%	5%	8%	0%
Other (please specify)	6%	5%	7%	8%	9%	9%
There's nothing that would prevent me from using the steps	65%	67%	60%	63%	55%	82%
<b>% Mentioning at Least One Barrier</b>	<b>38%</b>	<b>36%</b>	<b>42%</b>	<b>41%</b>	<b>51%</b>	<b>18%</b>

Looking at the findings by ethnicity, the proportion mentioning at least one barrier that would prevent them using these two steps the next time same-day healthcare is needed in the future is higher amongst Asian/Asian British respondents (42% - 288 individuals) and Mixed ethnic respondents (51% - 38 individuals) compared to White respondents (36% - 1,752 respondents).

**Table 15d: Q7. Based on your previous experiences of services, what would prevent you from using these steps in the future? (Select all that apply) RESULTS BY 'HEALTH STATUS', 'CARER STATUS' AND 'PREGNANCY STATUS' (base sizes in brackets).**

	Total (6,049)	Disability or Poor Health?		Carer Responsibility?		Pregnant/Given Birth?:	
		Yes (1,849)	No (3,733)	Yes (1,111)	No (4,651)	Yes (83)	No (5,553)
I have had a previous negative experience from a GP practice	17%	21%	14%	21%	15%	20%	16%
I have had a previous negative experience from NHS 111	10%	12%	8%	14%	9%	12%	9%
I have had a previous negative experience from a pharmacy	7%	9%	6%	9%	6%	8%	7%
I don't have access to or feel confident using the internet	7%	10%	5%	8%	6%	6%	7%
I do not have the confidence to treat myself	6%	9%	5%	6%	6%	10%	6%
I don't have access to or like speaking on a phone	4%	7%	2%	4%	4%	5%	4%
Other (please specify)	6%	8%	5%	5%	6%	4%	6%
There's nothing that would prevent me from using the steps	65%	55%	71%	60%	67%	58%	66%
<b>% Mentioning at Least One Barrier</b>	<b>38%</b>	<b>48%</b>	<b>31%</b>	<b>42%</b>	<b>36%</b>	<b>45%</b>	<b>37%</b>

Those with a disability or health issue are more likely than those without a disability or poor health to mention at least one barrier that would prevent them using these two steps the next time same-day healthcare is needed in the future. Approaching half of those with a disability or health issue (48% - 896 respondents) indicate that there is at least one thing that would prevent them from using these steps in the future, compared with 31% (1,167 respondents) of those with no disability or health issue. The main barrier that those with a disability or poor health are more likely to mention than those in good health is 'I have had a previous negative experience from a GP practice' (21% - 393 respondents – of those with a disability or poor health mention this as a barrier, compared with 14% - 514 respondents – of those in good health). At a lower level, other barriers which are more likely to prevent those with a disability or poor health from using these steps in the future compared with respondents who are in good health are 'I don't

have access to or feel confident using the internet' (10% - 186 respondents - of those with a disability or poor health mention this, compared with 5% - 179 respondents - of those in good health) and 'I don't have access to or like speaking on a phone' (7% - 127 respondents - and 2% - 84 respondents - respectively).

Respondents with carer responsibilities are more likely than non-carers to mention at least one barrier that would prevent them using these two steps the next time same-day healthcare is needed in the future. More than two-fifths of carers (42% - 470 respondents) feel there is at least one thing that would prevent them from using these steps in the future, compared with 36% (1,663 respondents) of non-carers), with the main barriers driving this difference being 'I have had a previous negative experience from a GP practice' (21% - 229 respondents – of carers mention this as a barrier, compared with 15% - 707 respondents – of carers) and 'I have had a previous negative experience from NHS 111' (14% - 155 respondents - and 9% - 396 respondents - respectively).

There is some evidence to suggest that those who are/have been pregnant in the last 26 weeks may be slightly more likely than average to mention a barrier that would prevent them from using these two steps in the future, with 45% (37 respondents) in this group indicating at least one barrier that would stop them from doing so, compared to the 38% average across all respondents. However, the relatively low base size for this group means that this finding should be treated as indicative rather than statistically significant.

**Table 15e: Q7. Based on your previous experiences of services, what would prevent you from using these steps in the future? (Select all that apply) RESULTS BY SEXUAL ORIENTATION, RELIGION/BELIEF & ARMED FORCES INVOLVEMENT** (base sizes in brackets).

	Total (6,049)	Sexual Orientation:			Religion/Belief:			Armed Forces Involvement?:	
		Hetero (5,123)	Gay/ Lesb/Bi (235)	Other (43)	Christian (2,940)	Non- Christian (667)	No religion (1,905)	Yes (281)	No (5,198)
I have had a previous negative experience from a GP practice	17%	16%	21%	16%	15%	14%	18%	17%	16%
I have had a previous negative experience from NHS 111	10%	9%	11%	7%	8%	6%	11%	11%	9%
I have had a previous negative experience from a pharmacy	7%	7%	9%	12%	6%	6%	8%	7%	7%
I don't have access to or feel confident using the internet	7%	6%	4%	7%	7%	11%	4%	7%	6%
I do not have the confidence to treat myself	6%	6%	9%	12%	6%	13%	5%	5%	6%
I don't have access to or like speaking on a phone	4%	3%	11%	26%	3%	4%	4%	3%	4%

Other (please specify)	6%	6%	5%	16%	5%	8%	6%	6%	6%
There's nothing that would prevent me from using the steps	65%	67%	61%	47%	70%	60%	64%	66%	66%
<b>% Mentioning at Least One Barrier</b>	<b>38%</b>	<b>36%</b>	<b>43%</b>	<b>58%</b>	<b>34%</b>	<b>43%</b>	<b>38%</b>	<b>38%</b>	<b>37%</b>

Respondents of a non-heterosexual sexual orientation are more likely than heterosexual respondents to mention at least one barrier that would prevent them using these two steps the next time same-day healthcare is needed in the future, with 43% (100 respondents) of the gay/bisexual/lesbian group and 58% (25 respondents) of other sexual orientations indicating that there is at least one thing that would prevent them from using these steps in the future, compared with 36% (1,822 respondents) of heterosexual respondents.

Non-Christian respondents are more likely than Christian respondents and those of no religion to mention at least one barrier that would prevent them using these two steps (43% - 284 individuals) of non-Christians feel there is at least one thing that would prevent them from using these steps in the future, compared with 34% (989 respondents) of Christians and 38% (721 respondents) of those with no religion.

There are no significant differences evident in these findings by whether respondents are or have been involved in the Armed Services or not.

**Table 16f: Q7. Based on your previous experiences of services, what would prevent you from using these steps in the future? (Select all that apply) RESULTS BY RELATIONSHIP STATUS & SURVEY PARTICIPATION METHOD** (base sizes in brackets).

	Total (6,049)	Relationship Status:			Survey Participation Method:	
		Married/ Partner (4,106)	Separated/ Divorced/ Widowed (755)	Single (864)	Online Survey (5,867)	Printed/ Paper Survey (182)
I have had a previous negative experience from a GP practice	17%	16%	16%	19%	17%	11%
I have had a previous negative experience from NHS 111	10%	9%	8%	10%	10%	7%
I have had a previous negative experience from a pharmacy	7%	7%	7%	8%	7%	10%
I don't have access to or feel confident using the internet	7%	6%	12%	5%	7%	15%

I do not have the confidence to treat myself	6%	6%	6%	9%	6%	16%
I don't have access to or like speaking on a phone	4%	3%	3%	9%	4%	10%
Other (please specify)	6%	5%	6%	8%	6%	6%
There's nothing that would prevent me from using the steps	65%	68%	64%	60%	65%	54%
<b>% Mentioning at Least One Barrier</b>	<b>38%</b>	<b>35%</b>	<b>40%</b>	<b>42%</b>	<b>37%</b>	<b>51%</b>

Respondents who are single or separated/divorced/widowed are more likely than married/partnered respondents to mention at least one barrier that would prevent them using these two steps, with 42% (362 respondents) of single respondents and 40% (305 respondents) of those who are separated/divorced/widowed feeling there is at least one thing that would prevent them from using these steps in the future, compared with 35% (1,446 respondents) of married/partnered respondents.

Those who completed the printed/paper version of the survey are more likely than respondents completing the survey online to mention at least one barrier that would prevent them using these two steps. Just over half (51% - 93 respondents) of those completing the printed/paper survey say that there is at least one thing that would prevent them from using these steps in the future, compared with 37% (2,190 respondents) of those completing the survey online.

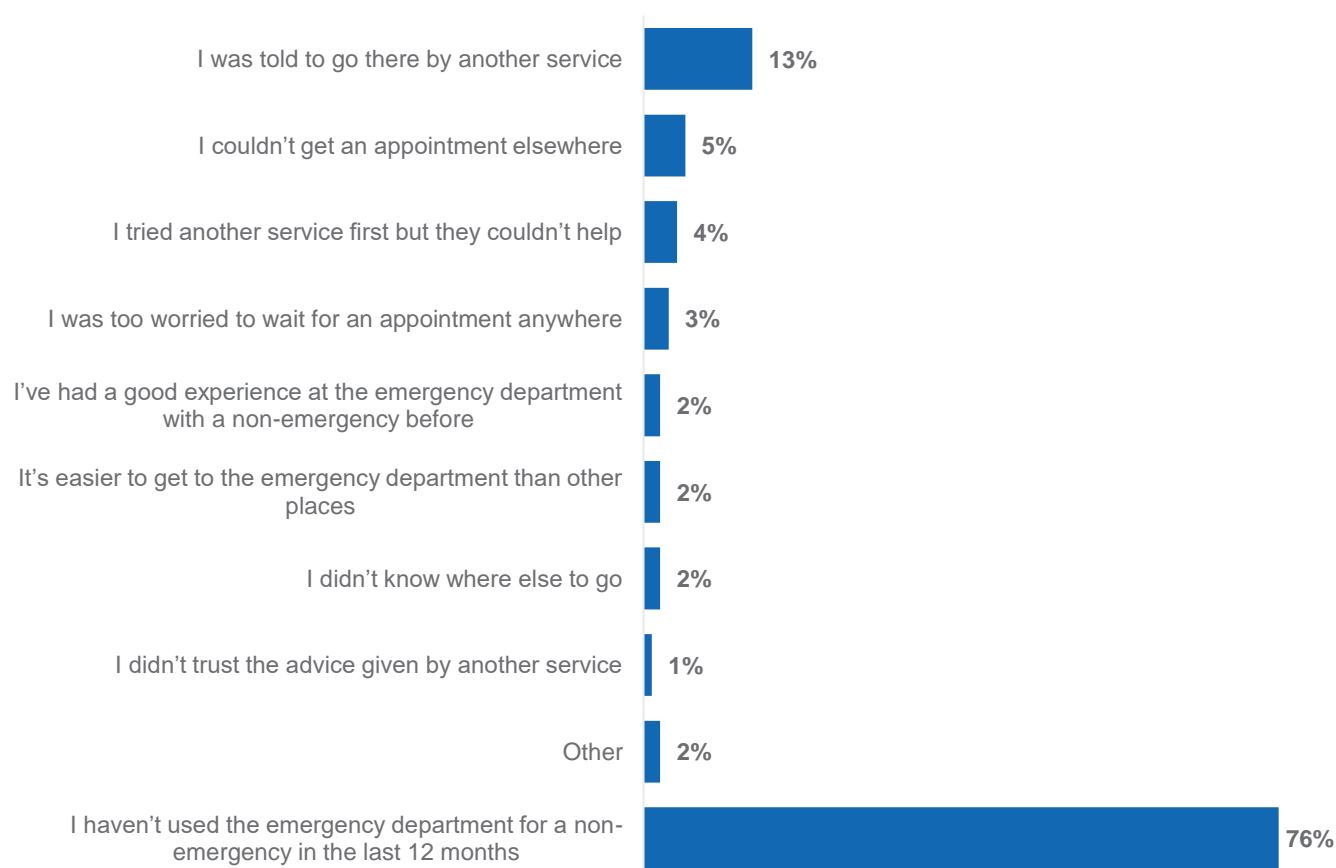
## 2.4 Reasons for Going to Emergency Department for a Non-Emergency in the Last 12 Months

### Headline findings

Respondents to the survey were asked why they chose to go to their Emergency Department for a non-emergency in the last 12 months. The overall results for this question are summarised in Figure 3a below.

**Figure 3a: Q8. If you've been to the emergency department for a non-emergency in the last 12 months, why did you choose to go there? (Select all that apply)**

**OVERALL RESULTS** (all respondents answering: n=6,006).

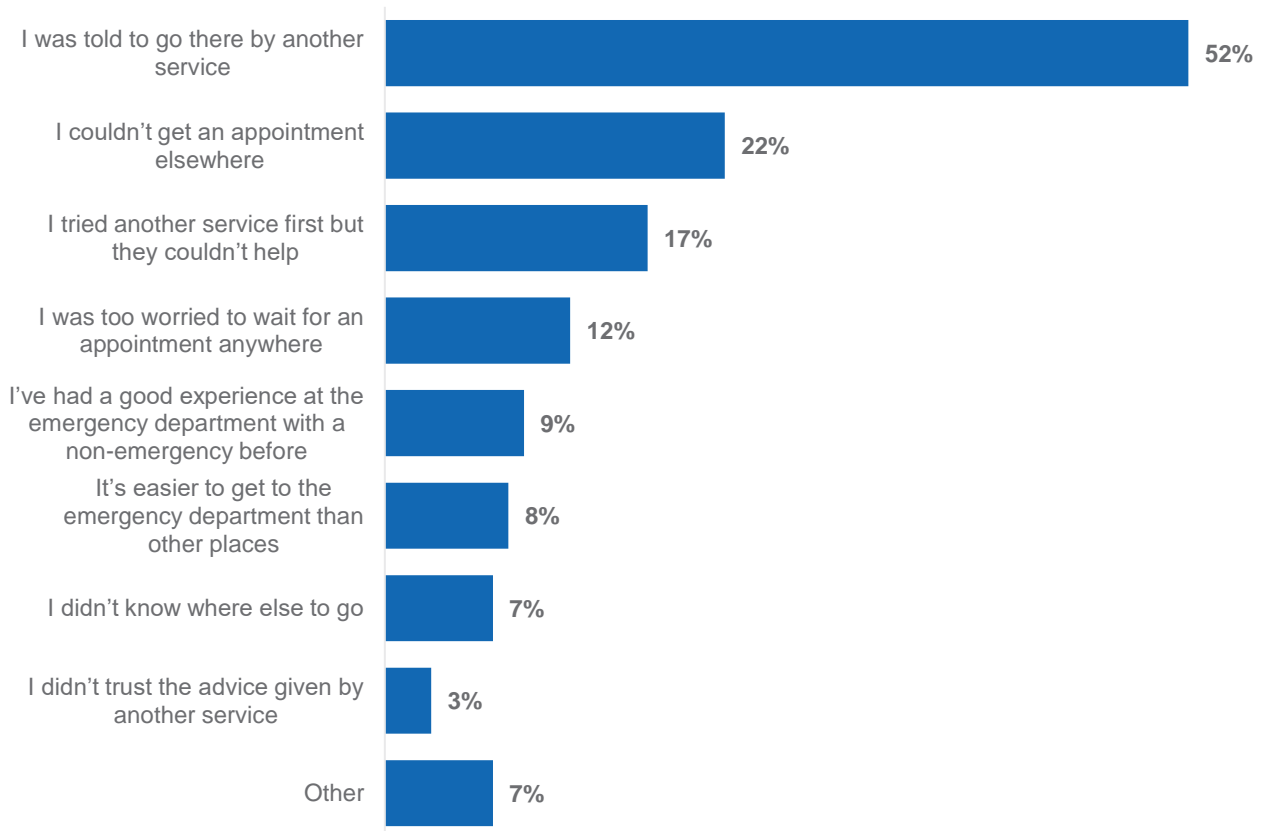


Overall, more than three quarters of respondents to the survey (76% - 4,553 respondents) have not used the emergency department for a non-emergency in the last twelve months. Of those that have used the emergency department for a non-emergency in the last twelve months (24% - 1,453 respondents), the most common reason for going there is that *'I was told to go there by another service'* (761 respondents – equating to 13% of the total sample). At a lower level, the next most common reasons cited are because *'I couldn't get an appointment elsewhere'* (321 respondents – equating to 5% of the total sample), *'I tried another service but they couldn't help'* (244 respondents - 4% of the total sample) and *'I was too worried to wait for an appointment anywhere'* (174 respondents - 3% of the total sample).

Figure 3b below again shows the reasons why respondents chose to go to their Emergency Department for a non-emergency in the last 12 months but the results in the chart below are based only on those who have actually used the Emergency Department for a non-emergency in the last 12 months.

**Figure 3b: Q8. If you've been to the emergency department for a non-emergency in the last 12 months, why did you choose to go there? (Select all that apply)**

**OVERALL RESULTS** (all respondents who have been to the Emergency Department for a non-emergency in the last 12 months only: n=1,453).



When results are based just on those who have used the Emergency Department for a non-emergency in the last twelve months, the most common reason for going there is that *'I was told to go there by another service'* (52% - 761 respondents – of those who have used the emergency department for a non-emergency in the last twelve months mention this as a reason). At a lower level, the next most common reasons cited are because *'I couldn't get an appointment elsewhere'* (22% - 321 respondents), *'I tried another service but they couldn't help'* (17% - 244 respondents) and *'I was too worried to wait for an appointment anywhere'* (12% - 174 respondents).

Interestingly, 9% (136 respondents) of those who have used the Emergency Department for a non-emergency in the last twelve months chose to go there because *'I've had a good experience at the emergency department with non-emergency before'*.

### Results by respondent type

Table 16a, 16b and 16c (overleaf) show how responses to this question vary by PCN geographical area, gender, age and ethnicity, while Table 16d shows responses by general health status, carer status and pregnancy status, Table 16e shows responses by sexual orientation, religion/belief and armed forces involvement and Table 16f shows responses by relationship status and survey participation method (online vs. paper copy).

**Table 16a: Q8. If you've been to the emergency department for a non-emergency in the last 12 months, why did you choose to go there? (Select all that apply) RESULTS BY GEOGRAPHICAL AREA** (base sizes in brackets).

Base: All who have used the Emergency Department for a non-emergency in the last twelve months and answering	Total (1,453)	Geographical Area:		
		Leicester City (370)	Leicestershire (1,016)	Rutland (36)
I was told to go there by another service	<b>52%</b>	46%	55%	58%
I couldn't get an appointment elsewhere	<b>22%</b>	24%	21%	28%
I tried another service first but they couldn't help	<b>17%</b>	16%	16%	33%
I was too worried to wait for an appointment anywhere	<b>12%</b>	15%	11%	8%
I've had a good experience at the emergency department with a non-emergency before	<b>9%</b>	10%	9%	6%
It's easier to get to the emergency department than other places	<b>8%</b>	8%	9%	6%
I didn't know where else to go	<b>7%</b>	11%	6%	11%
I didn't trust the advice given by another service	<b>3%</b>	4%	3%	8%
Other (please specify)	<b>7%</b>	9%	6%	11%
<b>% of Total Sample Using Emergency Department in the Last 12 Months</b>	<b>24%</b>	<b>29%</b>	<b>22%</b>	<b>29%</b>

When looking at the findings by LLR area amongst those who have been to the Emergency Department for a non-emergency in the last twelve months, respondents in Leicester City are less likely than those in Leicestershire and Rutland to have been *'told to go there by another service'*, with 46% (169 respondents) of those having been to the Emergency Department in the last twelve months in Leicester City citing this as a reason compared to 55% (560 respondents) in Leicestershire and 58% (21 respondents) in Rutland. There are no other significant differences in the reasons given for attending the Emergency Department by LLR area.

**Table 16b: Q8. If you've been to the emergency department for a non-emergency in the last 12 months, why did you choose to go there? (Select all that apply) RESULTS BY GENDER & AGE** (base sizes in brackets).

Base: All who have used the Emergency Department for a non-emergency in the last twelve months and answering	Total (1,453)	Gender:		Age:					
		Male (438)	Female (875)	16-24 (78)	25-34 (109)	35-49 (318)	50-64 (427)	65-74 (294)	75+ (171)
I was told to go there by another service	<b>52%</b>	49%	54%	38%	54%	56%	50%	56%	50%
I couldn't get an appointment elsewhere	<b>22%</b>	23%	22%	24%	26%	27%	22%	17%	16%
I tried another service first but they couldn't help	<b>17%</b>	16%	17%	23%	19%	23%	13%	14%	12%
I was too worried to wait for an appointment anywhere	<b>12%</b>	12%	11%	15%	16%	12%	11%	11%	11%
I've had a good experience at the emergency department with a non-emergency before	<b>9%</b>	13%	8%	8%	6%	7%	10%	10%	13%
It's easier to get to the emergency department than other places	<b>8%</b>	11%	7%	12%	11%	7%	7%	9%	12%
I didn't know where else to go	<b>7%</b>	7%	6%	17%	6%	8%	6%	5%	8%
I didn't trust the advice given by another service	<b>3%</b>	3%	3%	6%	5%	4%	3%	1%	3%
Other (please specify)	<b>7%</b>	6%	6%	5%	5%	4%	7%	9%	8%
<b>% of Total Sample Using Emergency Department in the Last 12 Months</b>	<b>24%</b>	<b>22%</b>	<b>25%</b>	<b>46%</b>	<b>36%</b>	<b>33%</b>	<b>22%</b>	<b>20%</b>	<b>18%</b>

When looking at the findings by gender amongst those who have been to the Emergency Department for a non-emergency in the last twelve months, male respondents are less likely than females to have been *'told to go there by another service'*, with 46% (201 respondents) of males who have been to the Emergency Department in the last twelve months citing this as a reason compared to 53% (466 respondents) of females.

Respondents from younger age groups are more likely than older age groups to say that they have used an Emergency Department in the last twelve months (46% - 78 respondents – of 16-24s, falling to just 18% - 171 respondents – of those aged 75+). Of those who have been to the Emergency Department for a non-emergency in the last twelve months, those aged 16-24 are

less likely than older age groups to have been ‘told to go there by another service’, with 38% (30 respondents) of 16-24s who have been to the Emergency Department in the last twelve months citing this as a reason compared to 54% (59 respondents) of 25-34s and 55% (174 respondents) of 35-49s. Meanwhile, those aged 65 and over are less likely than average to cite ‘I couldn’t get an appointment elsewhere’ than younger age groups, with 17% (49 respondents) of 65-74s and 16% (28 respondents) of those aged 75+ mentioning this as a reason for attending the Emergency Department in the last twelve months.

**Table 16c: Q8. If you’ve been to the emergency department for a non-emergency in the last 12 months, why did you choose to go there? (Select all that apply) RESULTS BY ETHNICITY** (base sizes in brackets).

<i>Base: All who have used the Emergency Department for a non-emergency in the last twelve months and answering</i>	<b>Total</b> (1,453)	<b>White</b> (1,106)	<b>Asian/ Asian British</b> (201)	<b>Black/ Black British</b> (38)	<b>Mixed</b> (23)	<b>Other</b> (6)
I was told to go there by another service	<b>52%</b>	56%	39%	26%	48%	33%
I couldn’t get an appointment elsewhere	<b>22%</b>	22%	22%	24%	13%	0%
I tried another service first but they couldn’t help	<b>17%</b>	16%	18%	13%	26%	0%
I was too worried to wait for an appointment anywhere	<b>12%</b>	10%	20%	18%	13%	17%
I’ve had a good experience at the emergency department with a non-emergency before	<b>9%</b>	9%	9%	16%	13%	0%
It’s easier to get to the emergency department than other places	<b>8%</b>	8%	10%	13%	0%	17%
I didn’t know where else to go	<b>7%</b>	6%	12%	11%	9%	17%
I didn’t trust the advice given by another service	<b>3%</b>	3%	5%	5%	4%	0%
Other (please specify)	<b>7%</b>	6%	9%	13%	9%	17%
<b>% of Total Sample Using Emergency</b>	<b>24%</b>	<b>23%</b>	<b>30%</b>	<b>33%</b>	<b>32%</b>	<b>27%</b>

**Department in the Last 12 Months**

Asian/Asian British and Black/Black British respondents are more likely than White respondents to have used an Emergency Department in the last twelve months, with 30% (201 individuals) of Asian/Asian British respondents and 33% (38 individuals) of Black/Black British respondents saying they have done so, compared with 23% (1,107 individuals) of White respondents. Of those who have been to the Emergency Department for a non-emergency in the last twelve months, Asian/Asian British respondents are less likely than White respondents to have been *'told to go there by another service'*, with 39% (78 respondents) of Asian/Asian British respondents who have been to the Emergency Department in the last twelve months citing this as a reason compared to 56% (622 individuals) of White respondents. Meanwhile, Asian/Asian British respondents are more likely than White respondents to cite *'I was too worried to wait for an appointment anywhere'* - 20% (40 respondents) of Asian/Asian British respondents saying this, compared with 10% (108 individuals) of White respondents.

**Table 16d: Q8. If you've been to the emergency department for a non-emergency in the last 12 months, why did you choose to go there? (Select all that apply) RESULTS BY 'HEALTH STATUS', 'CARER STATUS' AND 'PREGNANCY STATUS' (base sizes in brackets).**

	Total (1,453)	Disability or Poor Health?		Carer Responsibility?		Pregnant/Given Birth?:	
		Yes (592)	No (741)	Yes (312)	No (1,050)	Yes (41)	No (1,309)
<i>Base: All who have used the Emergency Department for a non-emergency in the last twelve months and answering</i>							
I was told to go there by another service	<b>52%</b>	54%	52%	60%	51%	44%	54%
I couldn't get an appointment elsewhere	<b>22%</b>	22%	22%	25%	22%	32%	22%
I tried another service first but they couldn't help	<b>17%</b>	19%	15%	21%	15%	17%	17%
I was too worried to wait for an appointment anywhere	<b>12%</b>	13%	10%	13%	11%	12%	12%
I've had a good experience at the emergency department with a non-emergency before	<b>9%</b>	9%	9%	10%	9%	10%	9%
It's easier to get to the emergency department than other places	<b>8%</b>	8%	8%	11%	7%	2%	8%
I didn't know where else to go	<b>7%</b>	8%	6%	4%	8%	7%	7%

I didn't trust the advice given by another service	3%	4%	2%	4%	3%	7%	3%
Other (please specify)	7%	7%	5%	4%	6%	5%	6%
<b>% of Total Sample Using Emergency Department in the Last 12 Months</b>	<b>24%</b>	<b>32%</b>	<b>20%</b>	<b>28%</b>	<b>23%</b>	<b>49%</b>	<b>24%</b>

Those with a disability or health issue are more likely than those in good health to have used an Emergency Department in the last twelve months, with 32% (592 respondents) of those with a disability or health issue saying they have done so, compared with 20% (741 respondents) of those in good health. Of those who have been to the Emergency Department for a non-emergency in the last twelve months, there are no significant differences by health status in relation to specific reasons for choosing to go to the Emergency Department over the last twelve months.

Those with carer responsibilities are slightly more likely than non-carers to have used an Emergency Department in the last twelve months, with 28% (312 respondents) of carers claiming to have done so, compared with 23% (1,050 respondents) of non-carers. Of those who have been to the Emergency Department for a non-emergency in the last twelve months, carers are more likely than non-carers to have been *'told to go there by another service'*, with 60% (188 respondents) of carers who have been to the Emergency Department in the last twelve months citing this as a reason compared to 51% (539 respondents) of non-carers. Carers are also more likely than non-carers to cite *'I tried another service first but they couldn't help'*, with 21% (66 respondents) of carers saying this, compared with 15% (161 respondents) of non-carers.

Respondents who are/have been pregnant in the last 26 weeks are more likely than average to have used an Emergency Department in the last twelve months (49% - 41 respondents - of those who have been pregnant in the last 26 weeks, compared with 24% of the total sample), with some evidence to suggest that they may be slightly more likely than average to cite *'I couldn't get an appointment elsewhere'* as the reason they chose to go there (32% - 13 respondents). However, the relatively low base size for this group means that these findings should be treated as indicative rather than statistically significant.

**Table 16e: Q8. If you've been to the emergency department for a non-emergency in the last 12 months, why did you choose to go there? (Select all that apply) RESULTS BY SEXUAL ORIENTATION, RELIGION/BELIEF & ARMED FORCES INVOLVEMENT (base sizes in brackets).**

	Total (1,453)	Sexual Orientation:			Religion/Belief:			Armed Forces Involvement?:	
		Hetero (1,199)	Gay/ Lesb/Bi (70)	Other (9)	Christian (636)	Non- Christian (204)	No religion (462)	Yes (58)	No (1,203)
<i>Base: All who have used the Emergency Department for a non-emergency in the last twelve months and answering</i>									
I was told to go there by another service	<b>52%</b>	53%	61%	56%	54%	41%	55%	57%	55%
I couldn't get an appointment elsewhere	<b>22%</b>	22%	26%	22%	20%	22%	25%	22%	22%
I tried another service first but they couldn't help	<b>17%</b>	16%	26%	33%	14%	18%	17%	24%	16%
I was too worried to wait for an appointment anywhere	<b>12%</b>	11%	14%	0%	10%	19%	10%	10%	12%
I've had a good experience at the emergency department with a non-emergency before	<b>9%</b>	9%	4%	0%	9%	10%	9%	10%	8%
It's easier to get to the emergency department than other places	<b>8%</b>	8%	4%	0%	8%	8%	8%	14%	8%
I didn't know where else to go	<b>7%</b>	7%	7%	0%	6%	10%	7%	14%	6%
I didn't trust the advice given by another service	<b>3%</b>	3%	6%	0%	2%	4%	4%	9%	3%
Other (please specify)	<b>7%</b>	7%	1%	0%	7%	11%	3%	9%	6%
<b>% of Total Sample Using Emergency Department in the Last 12 Months</b>	<b>24%</b>	<b>24%</b>	<b>29%</b>	<b>22%</b>	<b>22%</b>	<b>31%</b>	<b>24%</b>	<b>21%</b>	<b>23%</b>

There are no significant differences evident by sexual orientation in the proportions that have used an Emergency Department in the last twelve months. However, there is some evidence to suggest that non-heterosexual respondents who have used an Emergency Department in the last twelve months may be slightly more likely than heterosexual respondents to have chosen to go there because *'I was told to go there by another service'* and *'I tried another service first but they couldn't help'*. However, the relatively low base size for this group means that these findings should be treated as indicative rather than statistically significant.

Non-Christian respondents are more likely than average to have used an Emergency Department in the last twelve months, with 31% (204 respondents) of non-Christians having done so, compared with the 24% average amongst the total sample. Of those who have used an Emergency Department in the last twelve months, non-Christians are less likely than average to have gone because *'I was told to go there by another service'* (41% - 84 respondents, compared to the 51% average) but are slightly more likely than average to have gone because *'I was too worried to wait for an appointment anywhere'* (19% - 39 respondents, compared to the 12% average across all who have used an Emergency Department in the last twelve months).

There are no significant differences evident in these findings by whether respondents are or have been involved in the Armed Services or not.

**Table 16f: Q8. If you've been to the emergency department for a non-emergency in the last 12 months, why did you choose to go there? (Select all that apply) RESULTS BY RELATIONSHIP STATUS & SURVEY PARTICIPATION METHOD** (base sizes in brackets).

Base: All who have used the Emergency Department for a non-emergency in the last twelve months and answering	Total (1,453)	Relationship Status:			Survey Participation Method:	
		Married/ Partner (923)	Separated/ Divorced/ Widowed (169)	Single (277)	Online Survey (1,381)	Printed/ Paper Survey (72)
I was told to go there by another service	<b>52%</b>	54%	52%	49%	53%	32%
I couldn't get an appointment elsewhere	<b>22%</b>	21%	20%	24%	22%	18%
I tried another service first but they couldn't help	<b>17%</b>	15%	16%	20%	17%	22%
I was too worried to wait for an appointment anywhere	<b>12%</b>	11%	10%	14%	11%	21%
I've had a good experience at the emergency department with a non-emergency before	<b>9%</b>	9%	10%	11%	9%	10%
It's easier to get to the emergency department than other places	<b>8%</b>	8%	8%	8%	8%	11%

I didn't know where else to go	7%	6%	8%	10%	7%	17%
I didn't trust the advice given by another service	3%	3%	0%	6%	3%	10%
Other (please specify)	7%	6%	8%	6%	7%	7%
<b>% of Total Sample Using Emergency Department in the Last 12 Months</b>	<b>24%</b>	<b>23%</b>	<b>23%</b>	<b>32%</b>	<b>24%</b>	<b>41%</b>

Respondents who are single are more likely than average to have used an Emergency Department in the last twelve months, with 32% (278 respondents) of these having done so, compared with the 24% average amongst the total sample. Of those who have used an Emergency Department in the last twelve months, there are no significant differences between those of differing relationship statuses in relation to the reasons why they chose to go there.

Respondents who completed the printed/paper copy of the survey are more likely than average to have used an Emergency Department in the last twelve months, with 41% (72 respondents) of these having done so, compared with the 24% average amongst the total sample. Of those who have used an Emergency Department in the last twelve months, there is some evidence to suggest that those completing the printed/paper copy of the survey may be more likely than average to have gone because '*I was told to go there by another service*' (32% - 23 respondents, compared to the 52% average), although the relatively low base size for this group means that these findings should be treated as indicative rather than statistically significant.

## **Section 3: Current Knowledge About Same-Day Healthcare**

Respondents to the survey were presented with some current aspects of same-day healthcare and asked whether they were aware of them or not.

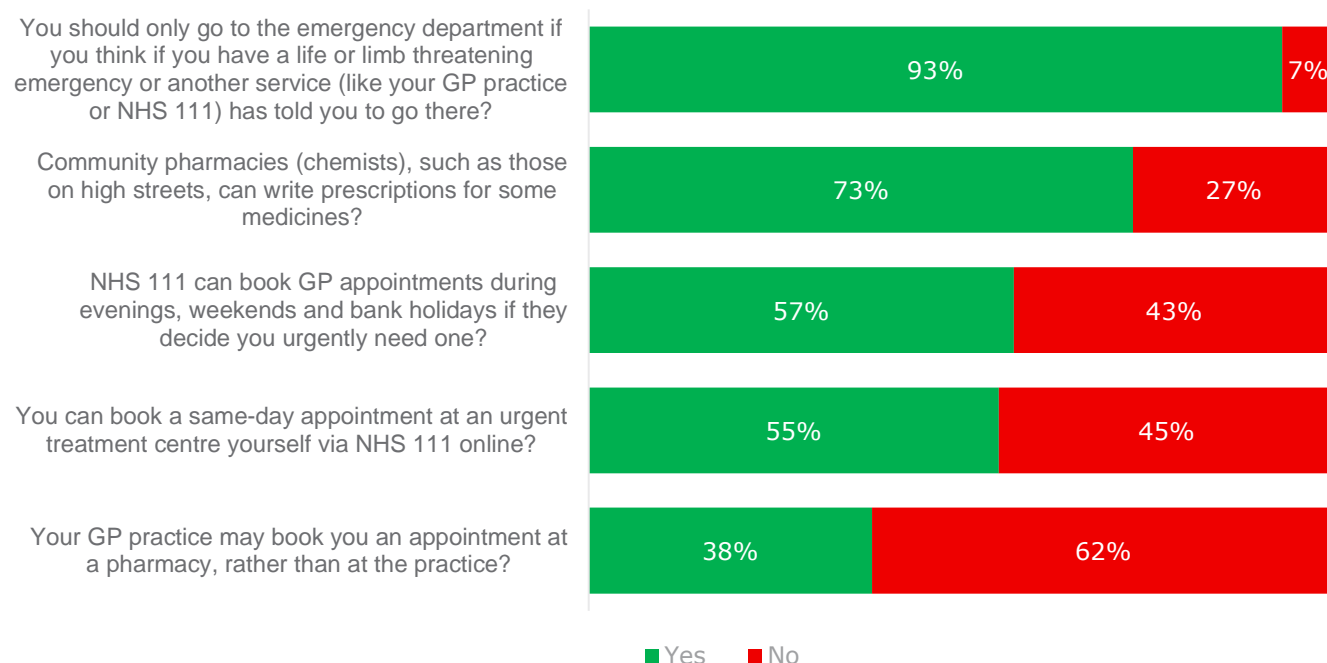
### 3.1 Knowledge Levels About Current Aspects of Same-Day Healthcare

#### Headline findings - summary

Respondents to the survey were presented with some ways that people can currently access same-day healthcare and asked whether they were aware of them or not. The overall results for these questions are summarised in Figure 4 below and then shown individually for each aspect afterwards.

**Figure 4: Q9-Q13. Did you know that...?**

**OVERALL RESULTS** (all respondents answering for each statement: n=5,880-6,142).



Overall, the highest awareness recorded for the five statements relating to currently accessing same-day healthcare is for ‘*You should only go to the emergency department if you think you have a life or limb threatening emergency or another service (like your GP practice or NHS 111) has told you to go there*’, with the overwhelming majority (93% - 5,668 respondents) saying they are aware of this. The next most commonly-known aspect relating to accessing same-day healthcare is ‘*Community pharmacies (chemists), such as those on high streets, can write prescriptions for some medicines*’, with nearly three quarters (73% - 4,316 respondents) being aware of this. At a lower level, more than half of respondents claim to be aware that ‘*NHS 111 can book GP appointments during evenings, weekends and bank holidays if they decide you urgently need one*’ (57% - 3,530 respondents) and that ‘*You can book a same-day appointment at an urgent treatment centre yourself via NHS 111 online*’ (55% - 3,303 respondents). The aspect for which the lowest awareness is recorded is for ‘*Your GP practice may book you an appointment at a pharmacy, rather than at the practice*’, with approaching two fifths (38% - 2,267 respondents) being aware of this.

## Results by respondent type

Table 17a, 17b and 17c (overleaf) show how responses to this question vary by PCN geographical area, capacity in which respondents are answering the questionnaire, gender, age and ethnicity, while Table 17d shows responses by general health status, carer status and pregnancy status, Table 17e shows responses by sexual orientation, religion/belief and armed forces involvement and Table 17f shows responses by relationship status and survey participation method (online vs. paper copy).

**Table 17a: Q9-Q13. Did you know that...? RESULTS BY GEOGRAPHICAL AREA & CAPACITY ANSWERING IN** (base sizes in brackets) – *Proportions Aware of Each Aspect*

	Total (5,880-6,142)	Geographical Area:			Capacity Answering In:	
		Leicester City (1,262-1,327)	Leicestershire (4,410-4,600)	Rutland (127-130)	Personal (5,833-6,092)	Professional (46-50)
You should only go to the emergency department if you think if you have a life or limb threatening emergency or another service (like your GP practice or NHS 111) has told you to go there?	93%	93%	93%	95%	93%	89%
Community pharmacies (chemists), such as those on high streets, can write prescriptions for some medicines?	73%	66%	75%	83%	73%	83%
NHS 111 can book GP appointments during evenings, weekends and bank holidays if they decide you urgently need one?	57%	65%	55%	59%	57%	70%
You can book a same-day appointment at an urgent treatment centre yourself via NHS 111 online?	55%	61%	54%	53%	55%	76%
Your GP practice may book you an appointment at a pharmacy, rather than at the practice?	38%	43%	36%	28%	37%	61%

When looking at awareness levels recorded for the five statements relating to currently accessing same-day healthcare by LLR area, there are some notable differences in awareness of some of the ways that people can currently access same-day healthcare. Leicester City respondents are less likely than those in Leicestershire and Rutland to know that ‘Community pharmacies (chemists), such as those on high streets, can write prescriptions for some medicines’ – 66% (834 respondents) in Leicester City are aware of this, compared with 75% (3,327 respondents) in Leicestershire and 83% (105 respondents) in Rutland. Conversely, Leicester City respondents are more likely than those in Leicestershire and Rutland to know that ‘NHS 111 can book GP appointments during evenings, weekends and bank holidays if they

decide you urgently need one', with 65% (860 respondents) in Leicester City being aware of this, compared with 55% (2,543 respondents) in Leicestershire and 59% (76 respondents) in Rutland. A similar finding is also evident when looking at awareness levels for the statements 'You can book a same-day appointment at an urgent treatment centre yourself via NHS 111 online' (61% - 788 respondents in Leicester City claim to be aware of this, compared with 54% - 2,402 respondents - in Leicestershire and 53% - 69 respondents - in Rutland) and 'Your GP practice may book you an appointment at a pharmacy, rather than at the practice' (43% - 561 respondents in Leicester City claim to be aware of this, compared with 36% - 1,633 respondents - in Leicestershire and 28% - 36 respondents - in Rutland).

**Table 17b: Q9-Q13. Did you know that...? (Select all that apply) RESULTS BY GENDER & AGE** (base sizes in brackets) – *Proportions Aware of Each Aspect*

	Total	Gender:		Age:					
		Male	Female	16-24	25-34	35-49	50-64	65-74	75+
	(5,880-6,142)	(1,883-1,971)	(3,458-3,595)	(170-174)	(296-303)	(937-968)	(1,834-1,926)	(1,458-1,528)	(915-958)
You should only go to the emergency department if you think if you have a life or limb threatening emergency or another service (like your GP practice or NHS 111) has told you to go there?	<b>93%</b>	92%	94%	89%	93%	92%	93%	94%	95%
Community pharmacies (chemists), such as those on high streets, can write prescriptions for some medicines?	<b>73%</b>	70%	75%	74%	79%	74%	72%	74%	73%
NHS 111 can book GP appointments during evenings, weekends and bank holidays if they decide you urgently need one?	<b>57%</b>	53%	60%	64%	68%	67%	57%	54%	49%
You can book a same-day appointment at an urgent treatment centre yourself via NHS 111 online?	<b>55%</b>	56%	54%	58%	57%	61%	54%	55%	49%
Your GP practice may book you an appointment at a pharmacy, rather than at the practice?	<b>38%</b>	39%	37%	50%	47%	44%	36%	34%	33%

There are a couple of differences in awareness of some of the ways that people can currently access same-day healthcare by gender, with female respondents more likely than males to be aware that ‘Community pharmacies (chemists), such as those on high streets, can write prescriptions for some medicines’ (75% - 2,601 respondents - of females are aware of this, compared with 70% - 1,326 – of males) and that ‘NHS 111 can book GP appointments during evenings, weekends and bank holidays if they decide you urgently need one’, with 60% (2,162 respondents) of females being aware of this, compared with 53% (1,051 respondents) of males.

Looking at awareness levels with the statements across age groups, the proportions knowing that ‘NHS 111 can book GP appointments during evenings, weekends and bank holidays if they decide you urgently need one’ tends to decrease with age - 68% (207 respondents) of those aged 25-34 and 67% (645 respondents) of 35-49s claim to be aware of this, falling to 49% (471 respondents) of those aged 75 and over. Similarly, awareness that ‘Your GP practice may book you an appointment at a pharmacy, rather than at the practice’ also decreases with age – from 50% (85 respondents) amongst the 16-24 age group to 33% (304 respondents) of those aged 75 and over.

**Table 17c: Q9-Q13. Did you know that...? (Select all that apply) RESULTS BY ETHNICITY** (base sizes in brackets) – *Proportions Aware of Each Aspect*

	<b>Total</b> (5,880- 6,142)	<b>White</b> (4,768- 4,876)	<b>Asian/ Asian British</b> (658-699)	<b>Black/ Black British</b> (109-114)	<b>Mixed</b> (71- 74)	<b>Other</b> (21- 22)
You should only go to the emergency department if you think if you have a life or limb threatening emergency or another service (like your GP practice or NHS 111) has told you to go there?	<b>93%</b>	94%	91%	88%	85%	86%
Community pharmacies (chemists), such as those on high streets, can write prescriptions for some medicines?	<b>73%</b>	75%	64%	67%	63%	71%
NHS 111 can book GP appointments during evenings, weekends and bank holidays if they decide you urgently need one?	<b>57%</b>	57%	64%	58%	59%	50%
You can book a same-day appointment at an urgent treatment centre yourself via NHS 111 online?	<b>55%</b>	54%	60%	52%	62%	52%

Your GP practice may book you an appointment at a pharmacy, rather than at the practice?

38%      36%      47%      38%      32%      52%

Looking at awareness levels with the statements by ethnicity, White respondents are more likely than other ethnic groups respondents to be aware that ‘Community pharmacies (chemists), such as those on high streets, can write prescriptions for some medicines’ (75% - 3,513 respondents – of White respondents claim to be aware of this, compared with 64% (419 individuals) of Asian/Asian British respondents and 67% (73 individuals) of Black/Black British respondents. Conversely, Asian/Asian British respondents are more aware than White respondents that ‘Your GP practice may book you an appointment at a pharmacy, rather than at the practice’ (47% - 319 respondents – of Asian/Asian British respondents claiming to be aware of this, compared with 36% - 1,729 individuals - of White respondents). Similarly, Asian/Asian British respondents are slightly more likely than White respondents to claim to be aware that ‘NHS 111 can book GP appointments during evenings, weekends and bank holidays if they decide you urgently need one’ (64% - 444 respondents – of Asian/Asian British respondents claiming to be aware of this, compared with 57% - 2,758 individuals - of White respondents) and ‘You can book a same-day appointment at an urgent treatment centre yourself via NHS 111 online’ (60% - 409 respondents – of Asian/Asian British respondents are aware of this, compared with 54% - 2,580 individuals - of White respondents).

**Table 17d: Q9-Q13. Did you know that...? (Select all that apply) RESULTS BY ‘HEALTH STATUS’, ‘CARER STATUS’ AND ‘PREGNANCY STATUS’** (base sizes in brackets) – *Proportions Aware of Each Aspect*

	Total (5,880-6,142)	Disability or Poor Health?		Carer Responsibility?		Pregnant/Given Birth?:	
		Yes (1,774-1,864)	No (3,760-3,613)	Yes (1,074-1,121)	No (4,493-4,686)	Yes (81-84)	No (5,362-5,588)
You should only go to the emergency department if you think if you have a life or limb threatening emergency or another service (like your GP practice or NHS 111) has told you to go there?	93%	93%	93%	94%	93%	91%	93%
Community pharmacies (chemists), such as those on high streets, can write prescriptions for some medicines?	73%	70%	75%	75%	73%	70%	74%
NHS 111 can book GP appointments during evenings, weekends and bank holidays if they decide you urgently need one?	57%	57%	58%	59%	57%	71%	57%

You can book a same-day appointment at an urgent treatment centre yourself via NHS 111 online?	<b>55%</b>	55%	55%	54%	55%	64%	55%
Your GP practice may book you an appointment at a pharmacy, rather than at the practice?	<b>38%</b>	35%	39%	40%	37%	43%	37%

When examining awareness levels with the statements by health status, the only notable difference evident is that those who have a disability or are in poor health are slightly less likely than respondents with no health issues to be aware that ‘Community pharmacies (chemists), such as those on high streets, can write prescriptions for some medicines’ (75% - 2,722 respondents – of those with a disability or health issue claim to be aware of this, compared with 70% - 1,246 respondents - of those who are in good health).

There are no significant differences evident in awareness levels of the ways that people can currently access same-day healthcare between carers and non-carers.

There is some evidence to suggest that respondents who are/have been pregnant in the last 26 weeks may be slightly more likely than average to be aware that ‘NHS 111 can book GP appointments during evenings, weekends and bank holidays if they decide you urgently need one’ (71% - 59 respondents – of those who are/have been pregnant in the last 26 weeks are aware of this, compared with the 57% average) and ‘You can book a same-day appointment at an urgent treatment centre yourself via NHS 111 online’ (64% - 53 respondents – of those who are/have been pregnant in the last 26 weeks are aware of this, compared with the 55% average). However, the relatively low base size for this group means that these findings should be treated as indicative rather than statistically significant.

**Table 17e: Q9-Q13. Did you know that...? (Select all that apply) RESULTS BY SEXUAL ORIENTATION, RELIGION/BELIEF & ARMED FORCES INVOLVEMENT** (base sizes in brackets) – *Proportions Aware of Each Aspect*

	Total (5,880-6,142)	Sexual Orientation:			Religion/Belief:			Armed Forces Involvement?:	
		Hetero (4,941-5,151)	Gay/ Lesb/Bi (234-242)	Other (41-43)	Christian (2,823-2,948)	Non-Christian (639-678)	No religion (1,852-1,922)	Yes (274-279)	No (5,020-5,228)
You should only go to the emergency department if you think if you have a life or limb threatening emergency or another service has told you to go there?	<b>93%</b>	93%	93%	88%	94%	90%	94%	94%	94%
Community pharmacies (chemists), such as those on high streets, can write prescriptions for some medicines?	<b>73%</b>	73%	72%	66%	74%	63%	76%	78%	73%

NHS 111 can book GP appointments during evenings, weekends and bank holidays if they decide you urgently need one?	<b>57%</b>	57%	62%	49%	56%	64%	58%	55%	57%
You can book a same-day appointment at an urgent treatment centre yourself via NHS 111 online?	<b>55%</b>	55%	60%	35%	55%	60%	53%	57%	55%
Your GP practice may book you an appointment at a pharmacy, rather than at the practice?	<b>38%</b>	37%	41%	35%	35%	47%	38%	37%	37%

There are no significant differences evident in awareness levels of the ways that people can currently access same-day healthcare by sexual orientation.

When looking at awareness levels with the statements by religion/belief, non-Christian respondents are less likely than Christian respondents and those who follow no religion to be aware that *'Community pharmacies (chemists), such as those on high streets, can write prescriptions for some medicines'* (63% - 403 respondents – of non-Christian respondents are aware of this, compared with 74% - 2,091 respondents – of Christians and 76% - 1,406 respondents – of those who follow no religion). However, non-Christians are slightly more likely than Christians and those who follow no religion to be aware that *'NHS 111 can book GP appointments during evenings, weekends and bank holidays if they decide you urgently need one'* (64% - 431 respondents – of non-Christian respondents are aware of this, compared with 56% - 1,640 respondents – of Christians and 58% - 1,118 respondents – of those who follow no religion), and also that *'You can book a same-day appointment at an urgent treatment centre yourself via NHS 111 online'* (60% - 393 respondents – of non-Christian respondents are aware of this, compared with 55% - 1,566 respondents – of Christians and 53% - 1,009 respondents – of those who follow no religion).

There are no significant differences in awareness levels of the ways that people can currently access same-day healthcare by Armed Forces involvement, although there is some evidence to suggest that those with Armed Forces involvement may be slightly more likely than average to be aware that *'Community pharmacies (chemists), such as those on high streets, can write prescriptions for some medicines'*, with 78% (214 respondents) of those with Armed Forces involvement being aware of this, compared with the 73% average across all respondents.

**Table 17f: Q9-Q13. Did you know that...? (Select all that apply) RESULTS BY RELATIONSHIP STATUS & SURVEY PARTICIPATION METHOD (base sizes in brackets) – Proportions Aware of Each Aspect**

	Total (5,880-6,142)	Relationship Status:			Survey Participation Method:	
		Married/ Partner (3,974-4,141)	Separated/Divorced/ Widowed (720-757)	Single (833-867)	Online Survey (5,695-5,955)	Printed/ Paper Survey (185-187)
You should only go to the emergency department if you think if you have a life or limb threatening emergency or another service (like your GP practice or NHS 111) has told you to go there?	<b>93%</b>	94%	92%	92%	93%	88%
Community pharmacies (chemists), such as those on high streets, can write prescriptions for some medicines?	<b>73%</b>	74%	70%	71%	74%	65%
NHS 111 can book GP appointments during evenings, weekends and bank holidays if they decide you urgently need one?	<b>57%</b>	58%	52%	59%	58%	54%
You can book a same-day appointment at an urgent treatment centre yourself via NHS 111 online?	<b>55%</b>	55%	52%	54%	55%	49%
Your GP practice may book you an appointment at a pharmacy, rather than at the practice?	<b>38%</b>	38%	33%	37%	38%	39%

The only slight difference in awareness levels of the ways that people can currently access same-day healthcare by relationship status is for the statement ‘*NHS 111 can book GP appointments during evenings, weekends and bank holidays if they decide you urgently need one*’, with 52% (397 respondents) of separated/divorced/widowed respondents being aware of this, compared with 58% (2,398 respondents) of married/partnered respondents and 59% (511 respondents) of those that are single.

The only slight difference in awareness levels of the ways that people can currently access same-day healthcare by survey participation method is seen for the statement ‘*Community pharmacies (chemists), such as those on high streets, can write prescriptions for some medicines*’, with 74% (4,195 respondents) of those completing the online survey saying they are aware of this, compared with 65% (121 respondents) of those completing the printed/paper survey.

# Section 4: Experiences of GP Practices

*“In 2024, nearly 29,000 people across Leicester, Leicestershire and Rutland shared their views through our local questionnaire on GP practice experiences. To build on what we learned, we’d now like to focus on improvements – where you’ve seen positive changes and where further improvements may still be needed.”*

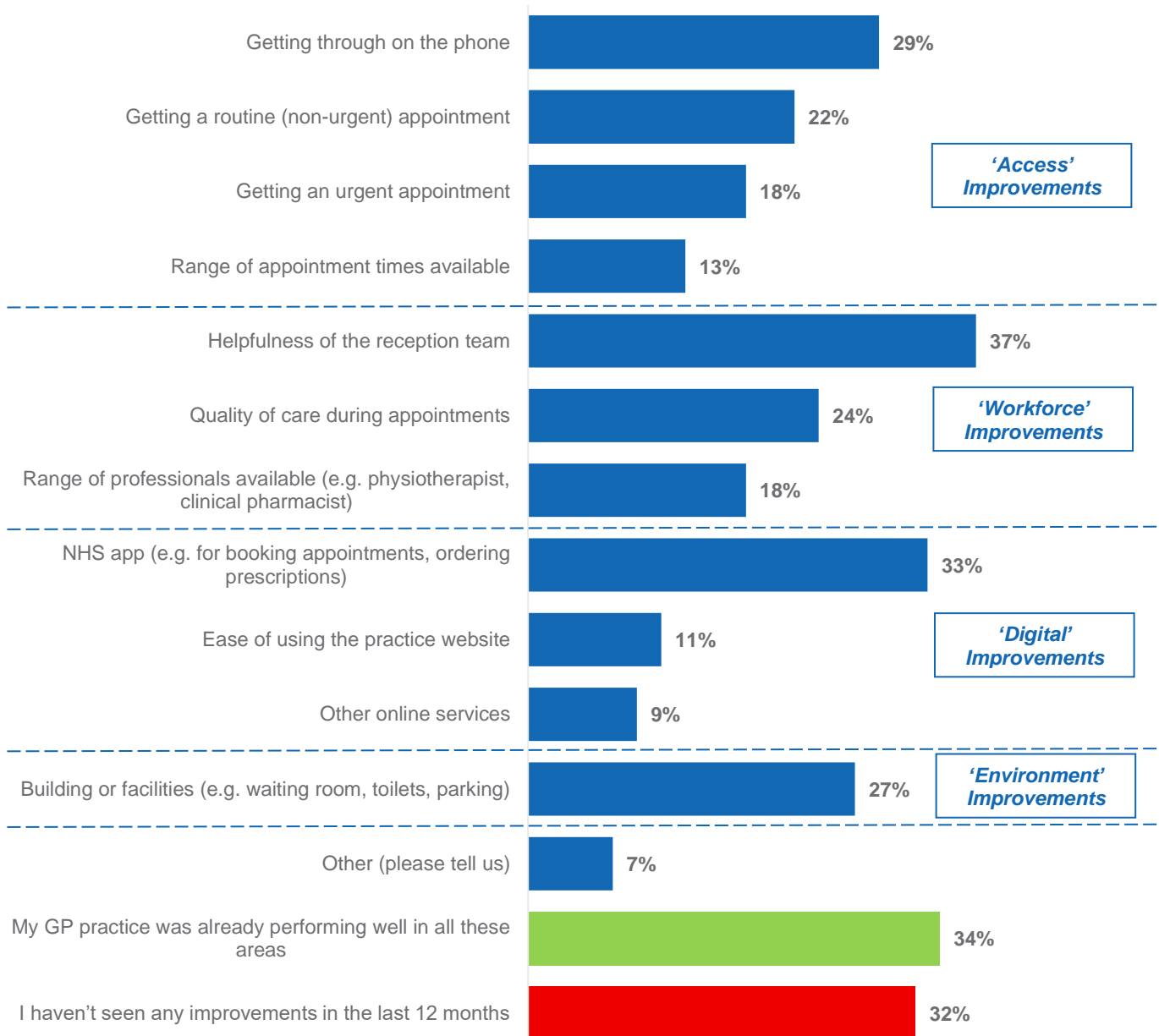
## 4.1 Whether Noticed Any Improvements at GP Practices in Last Twelve Months

### Headline findings

Respondents to the survey were asked whether they have noticed improvements in any areas of their GP practice. The overall results for this question are summarised in Figure 5 below.

**Figure 5: Q14. In the last 12 months, in which areas of your GP practice have you noticed any improvement? (Select all that apply)**

**OVERALL RESULTS** (all respondents who have contacted their GP practice in last 12 months and answering: n=5,631).



Overall, just over a third (34% - 1,896 respondents) of those who have contacted their GP practice in the last twelve months believe that their GP practice was already performing well in all of the improvement areas listed.

When grouping up the various areas of improvements in their GP practice that respondents were presented with, the grouped areas in which respondents have noticed the greatest

amount of improvement in their GP practice in the last twelve months are aspects relating to 'Access' and aspects relating to 'Workforce. In total, 48% (2,703 respondents) say they have noticed at least one improvement relating to the 'Access' aspects they were presented with and 48% (2,680 respondents) have noticed at least one improvement relating to the 'Workforce' aspects listed. At a lower level, 40% (2,276 respondents) indicate that they have noticed at least one improvement related to the 'Digital' aspects shown and more than a quarter (27% - 1,507 respondents) say they have noticed an improvement with the one aspect related to the 'Environment'.

The individual aspect that respondents are most likely to feel has shown an improvement in their GP practice in the last twelve months is '*Helpfulness of the reception team*', with 37% (2,082 respondents) noticing an improvement with this aspect. This is followed by the '*NHS app (e.g. for booking appointments, ordering prescriptions)*', with 33% (1,857 respondents) saying they have noticed an improvement in this area, '*Getting through on the phone*' (29% - 1,618 respondents – feeling that this aspect has improved) and '*Building or facilities (e.g. waiting room, toilets, parking)*' (27% - 1,507 respondents – believing that there has been an improvement in this area).

Individual aspects that the lowest proportions of respondents feel have improved in their GP practices in the last twelve months are '*Other online services*' (only 9% - 525 respondents – have noticed an improvement in this area), '*Ease of using the practice website*' (11% - 613 respondents feeling that this has improved) and '*Range of appointment times available*' (13% - 748 respondents – noticing an improvement).

However, just under a third (32% - 1,818 respondents) of those who have contacted their GP practice in the last twelve months state that they haven't seen any improvements in the last twelve months.

## Results by respondent type

Table 18a, 18b and 18c (overleaf) show how responses to this question vary by PCN geographical area, gender, age and ethnicity, while Table 18d shows responses by general health status, carer status and pregnancy status, Table 18e shows responses by sexual orientation, religion/belief and armed forces involvement and Table 18f shows responses by relationship status and survey participation method (online vs. paper copy).

**Table 18a: Q14. In the last 12 months, in which areas of your GP practice have you noticed any improvement? (Select all that apply) RESULTS BY GEOGRAPHICAL AREA** (base sizes in brackets).

Base: All who have contacted their GP practice in the last 12 months and answering	Total (5,631)	Geographical Area:		
		Leicester City (1,202)	Leicester-shire (4,235)	Rutland (125)
<i>'Access' Improvements:</i>				
Getting through on the phone	29%	29%	29%	28%
Getting a routine (non-urgent) appointment	22%	19%	22%	24%
Getting an urgent appointment	18%	18%	19%	11%
Range of appointment times available	13%	15%	13%	7%
<b>Noticed any 'Access' improvements (net)</b>	<b>48%</b>	<b>48%</b>	<b>48%</b>	<b>48%</b>
<i>'Workforce' Improvements:</i>				
Helpfulness of the reception team	37%	33%	39%	27%
Quality of care during appointments	24%	22%	24%	15%
Range of professionals available (e.g. physiotherapist, clinical pharmacist)	18%	15%	19%	18%
<b>Noticed any 'Workforce' improvements (net)</b>	<b>48%</b>	<b>44%</b>	<b>49%</b>	<b>38%</b>
<i>'Digital' Improvements:</i>				
NHS app (e.g. for booking appointments, ordering prescriptions)	33%	30%	34%	23%
Ease of using the practice website	11%	10%	11%	7%
Other online services	9%	9%	9%	9%
<b>Noticed any 'Digital' improvements (net)</b>	<b>40%</b>	<b>37%</b>	<b>42%</b>	<b>32%</b>

**Table 18a (continued): Q14. In the last 12 months, in which areas of your GP practice have you noticed any improvement? (Select all that apply) RESULTS BY GEOGRAPHICAL AREA & CAPACITY ANSWERING IN (base sizes in brackets).**

Base: All who have contacted their GP practice in the last 12 months and answering	Total (5,631)	Geographical Area:		
		Leicester City (1,202)	Leicestershire (4,235)	Rutland (125)
<i>'Environment' Improvements:</i>				
Building or facilities (e.g. waiting room, toilets, parking)	27%	21%	29%	17%
<b>Noticed any 'Environment' improvements (net)</b>	<b>27%</b>	<b>21%</b>	<b>29%</b>	<b>17%</b>
Other (please tell us)	7%	8%	6%	9%
My GP practice was already performing well in all these areas	34%	31%	35%	22%
I haven't seen any improvements in the last 12 months	32%	35%	32%	34%

The proportion of respondents who believe that their GP practice was already performing well in all of the improvement areas listed is higher in Leicestershire (35% - 1,467 respondents) and Leicester City (31% - 370 respondents) than seen in Rutland (22% - 28 respondents).

When looking at the grouped areas in which respondents have noticed improvements in their GP practice in the last twelve months by LLR area, it is evident that respondents registered with GP practices in Rutland are slightly less likely than those in Leicester City and Leicestershire to have noticed improvements in the grouped areas of 'Workforce', 'Digital' and 'Environment'. In total, 38% (48 respondents) in Rutland indicate that they have noticed an improvement in at least one of the 'Workforce' aspects tested, compared with 49% (2,083 respondents) in Leicestershire and 44% (523 respondents) in Leicester City. A similar pattern is also seen for 'Digital' - although 32% (40 respondents) in Rutland indicate that they have noticed an improvement in at least one of the 'Digital' aspects tested, this is lower than seen in Leicestershire (42% - 1,771 respondents) and Leicester City (37% - 442 respondents). This is also the case for 'Environment' improvements, where 17% (21 respondents) in Rutland indicate that they have noticed an improvement in the only 'Environmental' aspect tested, compared with Leicestershire (29% - 1,213 respondents) and Leicester City (21% - 257 respondents).

Looking at the various individual aspects, in many cases those registered with GP practices in Leicestershire are more likely than those in Leicester City and Rutland to feel that they have noticed improvements during this time. This is most pronounced for the aspects 'Helpfulness of the reception team', 'NHS App (e.g. for booking appointments, ordering prescriptions)' and 'Building or facilities (e.g. waiting room, toilets, parking)'. However, there is some evidence to suggest that those registered with GP practices in Rutland may be slightly more likely than those in Leicestershire and Leicester City to have noticed an improvement in 'Getting a routine

(non-urgent) appointment', with 24% (30 respondents) noticing this in Rutland, compared with 22% (944 respondents) in Leicestershire and 19% (232 respondents) in Leicester City.

**Table 18b: Q14. In the last 12 months, in which areas of your GP practice have you noticed any improvement? (Select all that apply) RESULTS BY GENDER & AGE** (base sizes in brackets).

Base: All who have contacted their GP practice in the last 12 months and answering	Total (5,631)	Gender:		Age:					
		Male (1,806)	Female (3,343)	16-24 (146)	25-34 (279)	35-49 (894)	50-64 (1,790)	65-74 (1,405)	75+ (908)
<u>'Access' Improvements:</u>									
Getting through on the phone	<b>29%</b>	31%	27%	21%	31%	23%	26%	31%	38%
Getting a routine (non-urgent) appointment	<b>22%</b>	24%	20%	16%	22%	19%	20%	24%	26%
Getting an urgent appointment	<b>18%</b>	17%	19%	16%	22%	15%	18%	19%	21%
Range of appointment times available	<b>13%</b>	15%	12%	14%	16%	12%	13%	14%	14%
<b>Noticed any 'Access' improvements (net)</b>	<b>48%</b>	<b>50%</b>	<b>47%</b>	<b>47%</b>	<b>53%</b>	<b>43%</b>	<b>44%</b>	<b>50%</b>	<b>57%</b>
<u>'Workforce' Improvements:</u>									
Helpfulness of the reception team	<b>37%</b>	41%	34%	27%	32%	28%	32%	42%	50%
Quality of care during appointments	<b>24%</b>	25%	23%	23%	22%	20%	22%	26%	28%
Range of professionals available (e.g. physiotherapist, clinical pharmacist)	<b>18%</b>	19%	17%	14%	15%	14%	18%	20%	22%
<b>Noticed any 'Workforce' improvements (net)</b>	<b>48%</b>	<b>51%</b>	<b>46%</b>	<b>45%</b>	<b>44%</b>	<b>40%</b>	<b>44%</b>	<b>52%</b>	<b>58%</b>
<u>'Digital' Improvements:</u>									
NHS app (e.g. for booking appointments, ordering prescriptions)	<b>33%</b>	35%	32%	32%	30%	30%	33%	36%	33%
Ease of using the practice website	<b>11%</b>	11%	11%	12%	8%	9%	9%	12%	15%
Other online services	<b>9%</b>	9%	9%	10%	14%	10%	10%	8%	7%
<b>Noticed any 'Digital' improvements (net)</b>	<b>40%</b>	<b>42%</b>	<b>39%</b>	<b>41%</b>	<b>38%</b>	<b>37%</b>	<b>40%</b>	<b>42%</b>	<b>43%</b>

**Table 18b (continued): Q14. In the last 12 months, in which areas of your GP practice have you noticed any improvement? (Select all that apply) RESULTS BY GENDER & AGE** (base sizes in brackets).

	Total	Gender:		Age:					
		Male	Female	16-24	25-34	35-49	50-64	65-74	75+
<i>Base: All who have contacted their GP practice in the last 12 months and answering</i>	(5,631)	(1,806)	(3,343)	(146)	(279)	(894)	(1,790)	(1,405)	(908)
<u>'Environment' Improvements:</u>									
Building or facilities (e.g. waiting room, toilets, parking)	27%	31%	24%	19%	29%	20%	23%	31%	34%
<b>Noticed any 'Environment' improvements (net)</b>	<b>27%</b>	<b>31%</b>	<b>24%</b>	<b>19%</b>	<b>29%</b>	<b>20%</b>	<b>23%</b>	<b>31%</b>	<b>34%</b>
Other (please tell us)	7%	4%	5%	3%	8%	7%	7%	7%	6%
<i>My GP practice was already performing well in all these areas</i>	<b>34%</b>	39%	30%	28%	22%	21%	29%	40%	50%
<i>I haven't seen any improvements in the last 12 months</i>	<b>32%</b>	32%	33%	29%	25%	35%	35%	31%	28%

There are no significant differences in the proportions of respondents who believe that their GP practice was already performing well in all of the improvement areas by gender.

When looking at the grouped areas in which respondents have noticed improvements in their GP practice in the last twelve months by LLR area, males are slightly more likely than females to have noticed improvements in the grouped areas of 'Workforce' and 'Environment'. Just over half (51% - 914 respondents) of males indicate that they have noticed an improvement in at least one of the 'Workforce' aspects tested, compared with 46% (1,530 respondents) of females. A similar pattern is also seen for 'Environment', with 31% (559 respondents) of males noticing an improvement in the only 'Environment' aspect, tested compared with 24% (807 respondents) of females.

Looking at the various individual aspects, males are more likely than females to have noticed improvements in two aspects - 'Helpfulness of the reception team' (41% of males, compared with 34% of females) and 'Building or facilities (e.g. waiting room, toilets, parking)' (31% of males, compared with 24% of females).

Looking at the findings by age, older respondents are more likely than those aged under 50 to feel that their GP practice was already performing well in all of the improvement areas, with 50% (457 respondents) of those aged over 75 and 40% (558 respondents) of those aged 65-74 saying their GP practice was already performing well, compared with just 21% (191 respondents) of those aged 35-49 and 22% (60 respondents) of 25-34s.

When examining at the grouped areas in which respondents have noticed improvements in their GP practice in the last twelve months by age groups, those aged 75+ are more likely than average to have noticed improvements in the grouped areas of 'Access', 'Workforce' and 'Environment'. Approaching three-fifths (57% - 515 respondents) of those aged 75+ indicate that they have noticed an improvement in at least one of the 'Access' aspects tested compared to the 48% average. Similarly, (58% - 528 respondents) of the 75+ age group say that they have noticed an improvement in at least one of the 'Workforce' aspects tested, compared with the 46% average, and are also more likely than average to have noticed an improvement in the only 'Environment' aspect tested (34% - 311 respondents - of the 75+ age group, compared with the 27% average).

Looking at the various individual aspects, for some of the aspects the proportions noticing improvements tends to increase with age. This is the case for '*Getting through on the phone*', '*Getting a routine (non-urgent) appointment*', '*Helpfulness of the reception team*', '*Range of professionals available (e.g. physiotherapist, clinical pharmacist)*' and '*Building or facilities (e.g. waiting room, toilets, parking)*'.

**Table 18c: Q14. In the last 12 months, in which areas of your GP practice have you noticed any improvement? (Select all that apply) RESULTS BY ETHNICITY** (base sizes in brackets).

<i>Base: All who have contacted their GP practice in the last 12 months and answering</i>	<b>Total</b> (5,631)	<b>White</b> (4,523)	<b>Asian/ Asian British</b> (640)	<b>Black/ Black British</b> (106)	<b>Mixed</b> (68)	<b>Other</b> (18)
<b><i>'Access' Improvements:</i></b>						
Getting through on the phone	<b>29%</b>	28%	37%	36%	22%	28%
Getting a routine (non-urgent) appointment	<b>22%</b>	22%	21%	26%	21%	17%
Getting an urgent appointment	<b>18%</b>	18%	24%	20%	10%	17%
Range of appointment times available	<b>13%</b>	13%	17%	18%	6%	0%
<b><i>Noticed any 'Access' improvements (net)</i></b>	<b>48%</b>	<b>47%</b>	<b>58%</b>	<b>58%</b>	<b>47%</b>	<b>50%</b>
<b><i>'Workforce' Improvements:</i></b>						
Helpfulness of the reception team	<b>37%</b>	37%	38%	42%	32%	28%
Quality of care during appointments	<b>24%</b>	23%	28%	32%	24%	28%
Range of professionals available (e.g. physiotherapist, clinical pharmacist)	<b>18%</b>	18%	19%	14%	9%	17%
<b><i>Noticed any 'Workforce' improvements (net)</i></b>	<b>48%</b>	<b>48%</b>	<b>51%</b>	<b>56%</b>	<b>44%</b>	<b>50%</b>
<b><i>'Digital' Improvements:</i></b>						
NHS app (e.g. for booking appointments, ordering prescriptions)	<b>33%</b>	33%	35%	33%	34%	50%
Ease of using the practice website	<b>11%</b>	11%	12%	14%	12%	6%
Other online services	<b>9%</b>	9%	13%	8%	7%	0%
<b><i>Noticed any 'Digital' improvements (net)</i></b>	<b>40%</b>	<b>40%</b>	<b>45%</b>	<b>45%</b>	<b>37%</b>	<b>50%</b>

**Table 18c (continued): Q14. In the last 12 months, in which areas of your GP practice have you noticed any improvement? (Select all that apply) RESULTS BY ETHNICITY** (base sizes in brackets).

<i>Base: All who have contacted their GP practice in the last 12 months and answering</i>	<b>Total</b> (5,631)	<b>White</b> (4,523)	<b>Asian/ Asian British</b> (640)	<b>Black/ Black British</b> (106)	<b>Mixed</b> (68)	<b>Other</b> (18)
<b><i>'Environment' Improvements:</i></b>						
Building or facilities (e.g. waiting room, toilets, parking)	<b>27%</b>	26%	32%	29%	25%	28%
<b><i>Noticed any 'Environment' improvements (net)</i></b>	<b>27%</b>	<b>26%</b>	<b>32%</b>	<b>29%</b>	<b>25%</b>	<b>28%</b>
Other (please tell us)	<b>7%</b>	7%	7%	6%	7%	0%
<i>My GP practice was already performing well in all these areas</i>	<b>34%</b>	34%	36%	48%	19%	50%
<i>I haven't seen any improvements in the last 12 months</i>	<b>32%</b>	33%	26%	18%	34%	33%

Although there are no significant differences in the proportions of respondents who believe that their GP practice was already performing well in all of the improvement areas by ethnicity as a whole, Black/Black British respondents are more likely than average to feel that their GP practice was already performing well in all of these areas (48% - 51 respondents – of Black/Black British respondents stating this, compared with the 34% average across all respondents).

When looking at the grouped areas in which respondents have noticed improvements in their GP practice in the last twelve months by LLR area, Asian/Asian British and Black/Black British respondents are more likely than White respondents to have noticed improvements in the grouped areas of 'Access', 'Digital' and 'Environment'. Approaching three-fifths (58% - 372 respondents) of Asian/Asian British respondents and 58% (62 individuals) of Black/Black British respondents indicate that they have noticed an improvement in at least one of the 'Access' aspects tested, compared with 47% (2,120 individuals) of White respondents. A similar pattern is also seen for 'Digital', with 45% (287 individuals) of Asian/Asian British respondents and 45% (48 individuals) of Black/Black British respondents noticing an improvement in at least one of the 'Digital' aspects tested, compared with 40% (1,809 individuals) of White respondents, and also for 'Environment', with 32% (205 respondents) of Asian/Asian British respondents noticing an improvement in the only 'Environment' aspect tested compared with 26% (1,191 respondents) of White respondents.

Looking at the various individual aspects, Asian/Asian British and Black/Black British respondents are more likely than White respondents to have noticed improvements in three aspects – 'Getting through on the phone' (37% and 36% respectively, compared with 28% of White respondents), 'Quality of care during appointments' (32% of Black/Black British respondents vs. 23% of White respondents) and 'Building or facilities (e.g. waiting room, toilets, parking)' (32% of Asian/Asian British respondents, compared with 26% of White respondents).

**Table 18d: Q14. In the last 12 months, in which areas of your GP practice have you noticed any improvement? (Select all that apply) RESULTS BY ‘HEALTH STATUS’, ‘CARER STATUS’ AND ‘PREGNANCY STATUS’** (base sizes in brackets).

	Total (5,631)	Disability or Poor Health?		Carer Responsibility?		Pregnant/Given Birth?:	
		Yes (1,757)	No (3,432)	Yes (1,059)	No (4,312)	Yes (75)	No (5,178)
<i>Base: All who have contacted their GP practice in the last 12 months and answering</i>							
<u>‘Access’ Improvements:</u>							
Getting through on the phone	<b>29%</b>	27%	29%	27%	29%	32%	29%
Getting a routine (non-urgent) appointment	<b>22%</b>	20%	23%	21%	22%	16%	22%
Getting an urgent appointment	<b>18%</b>	19%	19%	21%	18%	29%	18%
Range of appointment times available	<b>13%</b>	12%	14%	14%	13%	19%	13%
<b>Noticed any ‘Access’ improvements (net)</b>	<b>48%</b>	<b>46%</b>	<b>50%</b>	<b>45%</b>	<b>49%</b>	<b>52%</b>	<b>48%</b>
<u>‘Workforce’ Improvements:</u>							
Helpfulness of the reception team	<b>37%</b>	37%	38%	34%	38%	35%	37%
Quality of care during appointments	<b>24%</b>	24%	24%	22%	25%	25%	24%
Range of professionals available (e.g. physiotherapist, clinical pharmacist)	<b>18%</b>	18%	18%	19%	18%	13%	18%
<b>Noticed any ‘Workforce’ improvements (net)</b>	<b>48%</b>	<b>48%</b>	<b>48%</b>	<b>45%</b>	<b>49%</b>	<b>45%</b>	<b>48%</b>
<u>‘Digital’ Improvements:</u>							
NHS app (e.g. for booking appointments, ordering prescriptions)	<b>33%</b>	31%	35%	31%	34%	28%	33%
Ease of using the practice website	<b>11%</b>	11%	10%	10%	11%	8%	11%
Other online services	<b>9%</b>	9%	10%	9%	9%	17%	9%
<b>Noticed any ‘Digital’ improvements (net)</b>	<b>40%</b>	<b>38%</b>	<b>42%</b>	<b>37%</b>	<b>42%</b>	<b>41%</b>	<b>40%</b>

**Table 18d (continued): Q14. In the last 12 months, in which areas of your GP practice have you noticed any improvement? (Select all that apply) RESULTS BY 'HEALTH STATUS', 'CARER STATUS' AND 'PREGNANCY STATUS'** (base sizes in brackets).

	Total	Disability or Poor Health?		Carer Responsibility?		Pregnant/Given Birth?:	
		Yes	No	Yes	No	Yes	No
<i>Base: All who have contacted their GP practice in the last 12 months and answering</i>	(5,631)	(1,757)	(3,432)	(1,059)	(4,312)	(75)	(5,178)
<u>'Environment' Improvements:</u>							
Building or facilities (e.g. waiting room, toilets, parking)	<b>27%</b>	28%	27%	23%	28%	31%	26%
<b>Noticed any 'Environment' improvements (net)</b>	<b>27%</b>	<b>28%</b>	<b>27%</b>	<b>23%</b>	<b>28%</b>	<b>31%</b>	<b>26%</b>
Other (please tell us)	<b>7%</b>	8%	6%	8%	7%	5%	7%
<i>My GP practice was already performing well in all these areas</i>	<b>34%</b>	34%	34%	29%	35%	24%	33%
<i>I haven't seen any improvements in the last 12 months</i>	<b>32%</b>	35%	31%	36%	31%	24%	32%

There are no significant differences in the proportions of respondents who believe that their GP practice was already performing well in all of the improvement areas by health status.

When looking at the grouped areas in which respondents have noticed improvements in their GP practice in the last twelve months by LLR area, those with a disability or in poor health are slightly less likely than those in good health to have noticed improvements in the grouped areas of 'Access' and 'Digital'. Just over half (46% - 800 respondents) of those with a disability or poor health indicate that they have noticed an improvement in at least one of the 'Access' aspects tested, compared with 50% (1,705 respondents) of those in good health. A similar pattern is also seen for 'Digital', with 42% (671 respondents) of those with a disability or poor health noticing an improvement in at least one 'Digital' aspect tested compared with 38% (1,442 respondents) of those in good health.

Looking at the various individual aspects, the only area of difference by health status is seen for the 'NHS app (e.g. for booking appointments, ordering prescriptions)', where 31% (550 respondents) of those with a disability or poor health say they have seen an improvement in this aspect over the last twelve months, compared with 35% (1,185 respondents) of those in good health.

Looking at the findings by carer status, those with carer responsibilities are less likely than those without carer responsibilities to feel that their GP practice was already performing well in all of the improvement areas, with 29% (304 respondents) of carers saying their GP practice was already performing well, compared with 35% (1,508 respondents) of non-carers.

When examining the grouped areas in which respondents have noticed improvements in their GP practice in the last twelve months by carer status, those with carer responsibilities are slightly less likely than non-carers to have noticed improvements in all of the grouped areas, with the areas of 'Digital' and 'Environment' showing the largest differences. Less than two-fifths (37% - 392 respondents) of carers indicate that they have noticed an improvement in at least one of the 'Digital' aspects tested compared to 42% (1,793 respondents) of non-carers, while 23% (242 respondents) of carers say that they have noticed an improvement in the only 'Environmental' aspect tested compared to 28% (1,206 respondents) of non-carers .

Looking at the various individual aspects by carer status, the only areas of difference are for '*Helpfulness of the reception team*', where 34% (358 respondents) of carers say they have seen an improvement in this aspect over the last twelve months compared with 38% (1,635 respondents) of non-carers, and '*Building or facilities (e.g. waiting room, toilets, parking)*', (23% - 242 respondents – and 28% - 1,206 respondents – respectively).

When examining the results by pregnancy status, there may be some evidence to suggest that those who are/have been pregnant in the last 26 weeks may be slightly less likely than average to feel that their GP practice was already performing well in all of the improvement areas, with 24% (18 respondents) of those who are/have been pregnant in the last 26 weeks saying their GP practice was already performing well, compared with the 32% average across the total sample. However, the relatively low base size for the pregnancy sample means that this finding should be treated as indicative rather than statistically significant.

Despite this, there are no significant differences evident by pregnancy status when examining the grouped areas in which respondents have noticed improvements in their GP practice in the last twelve months.

Looking at the various individual aspects, the only individual area where there may be some evidence of a difference by pregnancy status is for 'Getting an urgent appointment', where 29% (22 respondents) of those who are/have been pregnant in the last 26 weeks say they have seen an improvement, compared with the 18% average across all respondents. However, due to the low base size, this finding should be treated as indicative rather than statistically significant.

**Table 18e: Q14. In the last 12 months, in which areas of your GP practice have you noticed any improvement? (Select all that apply) RESULTS BY SEXUAL ORIENTATION, RELIGION/BELIEF & ARMED FORCES INVOLVEMENT** (base sizes in brackets).

	Total	Sexual Orientation:			Religion/Belief:			Armed Forces Involvement?:	
		Hetero (4,781)	Gay/ Lesb/Bi (222)	Other (40)	Christian (2,759)	Non- Christian (613)	No religion (1,774)	Yes (256)	No (4,853)
<i>Base: All who have contacted their GP practice in the last 12 months and answering</i>	(5,631)								
<i>'Access' Improvements:</i>									
Getting through on the phone	<b>29%</b>	29%	32%	25%	31%	37%	24%	30%	28%
Getting a routine (non-urgent) appointment	<b>22%</b>	22%	25%	18%	22%	21%	21%	22%	22%
Getting an urgent appointment	<b>18%</b>	19%	19%	18%	19%	22%	17%	16%	18%
Range of appointment times available	<b>13%</b>	14%	16%	13%	14%	16%	12%	16%	13%
<b>Noticed any 'Access' improvements (net)</b>	<b>48%</b>	<b>49%</b>	<b>50%</b>	<b>43%</b>	<b>50%</b>	<b>57%</b>	<b>65%</b>	<b>49%</b>	<b>48%</b>
<i>'Workforce' Improvements:</i>									
Helpfulness of the reception team	<b>37%</b>	38%	31%	40%	41%	37%	32%	39%	37%
Quality of care during appointments	<b>24%</b>	24%	27%	28%	25%	27%	21%	25%	24%
Range of professionals available (e.g. physiotherapist, clinical pharmacist)	<b>18%</b>	19%	20%	15%	19%	19%	16%	21%	18%
<b>Noticed any 'Workforce' improvements (net)</b>	<b>48%</b>	<b>49%</b>	<b>44%</b>	<b>48%</b>	<b>51%</b>	<b>50%</b>	<b>43%</b>	<b>48%</b>	<b>48%</b>
<i>'Digital' Improvements:</i>									
NHS app (e.g. for booking appointments, ordering prescriptions)	<b>33%</b>	34%	33%	28%	34%	35%	31%	32%	33%
Ease of using the practice website	<b>11%</b>	11%	11%	8%	12%	12%	10%	15%	11%
Other online services	<b>9%</b>	9%	13%	13%	9%	12%	10%	11%	9%
<b>Noticed any 'Digital' improvements (net)</b>	<b>40%</b>	<b>41%</b>	<b>41%</b>	<b>33%</b>	<b>28%</b>	<b>44%</b>	<b>37%</b>	<b>42%</b>	<b>41%</b>

**Table 18e (continued): Q14. In the last 12 months, in which areas of your GP practice have you noticed any improvement? (Select all that apply) RESULTS BY SEXUAL ORIENTATION, RELIGION/BELIEF & ARMED FORCES INVOLVEMENT** (base sizes in brackets).

	Total	Sexual Orientation:			Religion/Belief:			Armed Forces Involvement?:	
		Hetero (4,781)	Gay/ Lesb/Bi (222)	Other (40)	Christian (2,759)	Non- Christian (613)	No religion (1,774)	Yes (256)	No (4,853)
<i>Base: All who have contacted their GP practice in the last 12 months and answering</i>	(5,631)								
<i>'Environment' Improvements:</i>									
Building or facilities (e.g. waiting room, toilets, parking)	27%	27%	27%	28%	29%	32%	23%	28%	27%
<b>Noticed any 'Environment' improvements (net)</b>	<b>27%</b>	<b>27%</b>	<b>27%</b>	<b>28%</b>	<b>29%</b>	<b>21%</b>	<b>23%</b>	<b>28%</b>	<b>27%</b>
Other (please tell us)	7%	7%	5%	5%	6%	7%	7%	7%	7%
<i>My GP practice was already performing well in all these areas</i>	<b>34%</b>	35%	27%	45%	39%	34%	28%	40%	34%
<i>I haven't seen any improvements in the last 12 months</i>	<b>32%</b>	32%	33%	33%	31%	27%	36%	32%	32%

Looking at the findings by sexual orientation, gay/lesbian/bisexual respondents are slightly less likely than average to feel that their GP practice was already performing well in all of the improvement areas, with 27% (304 respondents) saying this compared with the 34% average across all respondents.

When looking at the grouped areas in which respondents have noticed improvements in their GP practice in the last twelve months by sexual orientation, there are no significant differences evident.

Looking at the various individual aspects, the only area of difference by sexual orientation is for 'The helpfulness of the reception team', where 31% (68 respondents) of gay/lesbian/bisexual respondents saying they have seen an improvement in this aspect over the last twelve months, compared with the 37% average across all respondents.

Looking at the findings by religion/belief, respondents who follow no religion are less likely than those following a religion to feel that their GP practice was already performing well in all of the improvement areas, with 28% (495 respondents) of those with no religion saying their GP practice was already performing well, compared with 39% (1,063 respondents) of Christians and 34% (210 respondents) of non-Christians.

When examining the grouped areas in which respondents have noticed improvements in their GP practice in the last twelve months by religious belief, respondents who follow no religion are less likely than those following a religion to feel that they had noticed improvements in at least

one 'Access' aspect, with 50% (1,369 respondents) of Christians and 57% (351 respondents) of non-Christians feeling this, compared with 65% (1,160 respondents) of those with no religion. Conversely, those following a religion are more likely than non-religious respondents to feel that at least one 'Workforce' aspect has improved – half (51% - 1,411 respondents) of Christians and 50% (306 respondents) of non-Christians feeling this, compared with 43% (762 respondents) of non-religious respondents. Meanwhile, non-Christians are more likely than other groups to have noticed improvements in at least one 'Digital' aspect, with 44% (269 respondents) of non-Christians stating this compared with 28% (776 respondents) of Christians and 37% (665 respondents) of those who follow no religion.

Looking at the various individual aspects by religious belief, those following any religion are more likely than non-religious respondents to have noticed improvements in the areas of '*Getting through on the phone*' (37% of non-Christians and 31% of Christians stating this, compared with 24% of non-religious respondents), '*Helpfulness of the reception team*' (37% of non-Christians and 41% of Christians stating this, compared with 32% of non-religious respondents) and '*Building or facilities (e.g. waiting room, toilets, parking)*' (32% of non-Christians and 29% of Christians, compared with 23% of non-religious respondents).

When examining the results by Armed Forces involvement, those with current or previous Armed Forces involvement are slightly more likely than average to feel that their GP practice was already performing well in all of the improvement areas, with 40% (102 respondents) of those with current/previous Armed Forces involvement feeling this, compared with the 34% average across the total sample.

Despite this, there are no significant differences evident by Armed Forces involvement when looking at the grouped areas in which respondents have noticed improvements in their GP practice in the last twelve months.

Similarly, there are no significant differences evident by Armed Forces involvement noted in any of the individual aspects tested.

**Table 18f: Q14. In the last 12 months, in which areas of your GP practice have you noticed any improvement? (Select all that apply) RESULTS BY RELATIONSHIP STATUS & SURVEY PARTICIPATION METHOD** (base sizes in brackets).

		Relationship Status:			Survey Participation Method:	
<i>Base: All who have contacted their GP practice in the last 12 months and answering</i>	<b>Total</b> (5,631)	<b>Married/ Partner</b> (3,863)	<b>Separated/ Divorced/ Widowed</b> (699)	<b>Single</b> (777)	<b>Online Survey</b> (5,470)	<b>Printed/ Paper Survey</b> (161)
<i>'Access' Improvements:</i>						
Getting through on the phone	<b>29%</b>	30%	29%	25%	29%	37%
Getting a routine (non-urgent) appointment	<b>22%</b>	23%	20%	19%	22%	21%
Getting an urgent appointment	<b>18%</b>	19%	17%	16%	18%	24%
Range of appointment times available	<b>13%</b>	14%	12%	12%	13%	22%
<b>Noticed any 'Access' improvements (net)</b>	<b>48%</b>	<b>49%</b>	<b>48%</b>	<b>45%</b>	<b>48%</b>	<b>61%</b>
<i>'Workforce' Improvements:</i>						
Helpfulness of the reception team	<b>37%</b>	38%	40%	32%	37%	40%
Quality of care during appointments	<b>24%</b>	24%	25%	22%	24%	29%
Range of professionals available (e.g. physiotherapist, clinical pharmacist)	<b>18%</b>	19%	16%	15%	18%	22%
<b>Noticed any 'Workforce' improvements (net)</b>	<b>48%</b>	<b>49%</b>	<b>49%</b>	<b>43%</b>	<b>47%</b>	<b>54%</b>
<i>'Digital' Improvements:</i>						
NHS app (e.g. for booking appointments, ordering prescriptions)	<b>33%</b>	34%	32%	30%	33%	28%
Ease of using the practice website	<b>11%</b>	11%	13%	9%	11%	9%
Other online services	<b>9%</b>	10%	7%	9%	9%	8%
<b>Noticed any 'Digital' improvements (net)</b>	<b>40%</b>	<b>42%</b>	<b>39%</b>	<b>38%</b>	<b>41%</b>	<b>35%</b>

**Table 18f (continued): Q14. In the last 12 months, in which areas of your GP practice have you noticed any improvement? (Select all that apply) RESULTS BY RELATIONSHIP STATUS & SURVEY PARTICIPATION METHOD** (base sizes in brackets).

	Total (5,631)	Relationship Status:			Survey Participation Method:	
		Married/ Partner (3,863)	Separated/ Divorced/ Widowed (699)	Single (777)	Online Survey (5,470)	Printed/ Paper Survey (161)
<i>Base: All who have contacted their GP practice in the last 12 months and answering</i>						
<i>'Environment' Improvements:</i>						
Building or facilities (e.g. waiting room, toilets, parking)	27%	27%	30%	24%	27%	23%
<b>Noticed any 'Environment' improvements (net)</b>	<b>27%</b>	<b>27%</b>	<b>30%</b>	<b>22%</b>	<b>27%</b>	<b>23%</b>
Other (please tell us)	7%	6%	7%	7%	7%	9%
<i>My GP practice was already performing well in all these areas</i>	<b>34%</b>	34%	40%	29%	33%	42%
<i>I haven't seen any improvements in the last 12 months</i>	<b>32%</b>	32%	32%	34%	33%	16%

Looking at the findings by relationship status, separated/widowed/divorced respondents are slightly more likely than average to feel that their GP practice was already performing well in all of the improvement areas, with 40% (278 respondents) saying this compared with the 34% average across all respondents.

When looking at the grouped areas in which respondents have noticed improvements in their GP practice in the last twelve months by relationship status, single respondents appear slightly less likely than average to feel that they had noticed improvements in at least one 'Workforce' aspect (43% - 335 respondents) of single respondents state this compared with the 48% average across all respondents and also in the only 'Environment' aspect tested (22% – 190 respondents) compared with the 27% average.

Looking at the various individual aspects, the only area of difference by relationship status is seen for 'The helpfulness of the reception team', where 32% (246 respondents) of single respondents saying they have seen an improvement in this aspect over the last twelve months, compared with the 37% average across all respondents.

When examining the findings by survey completion method, those completing the printed/paper copy of the survey are slightly more likely than average to feel that their GP practice was already performing well in all of the improvement areas (42%, compared with the 33% average across all respondents).

Those completing the printed/paper version of the questionnaire are also more likely than average to have noticed improvements in their GP practice in the last twelve months in the grouped areas of 'Access' and 'Workforce', with 61% having noticed an improvement in at least

one aspect relating to 'Access' compared with the 48% average, and 54% saying they have noticed an improvement in at least one 'Workforce' aspect compared to the 47% average.

Looking at the various individual aspects, the only two areas of difference by survey completion method are seen for '*Getting through on the phone*', where 37% of those completing the printed/paper version mention this compared with the 29% average across all respondents, and '*Range of appointment times available*' (22% of those completing the printed/paper version state this compared with the 13% average).

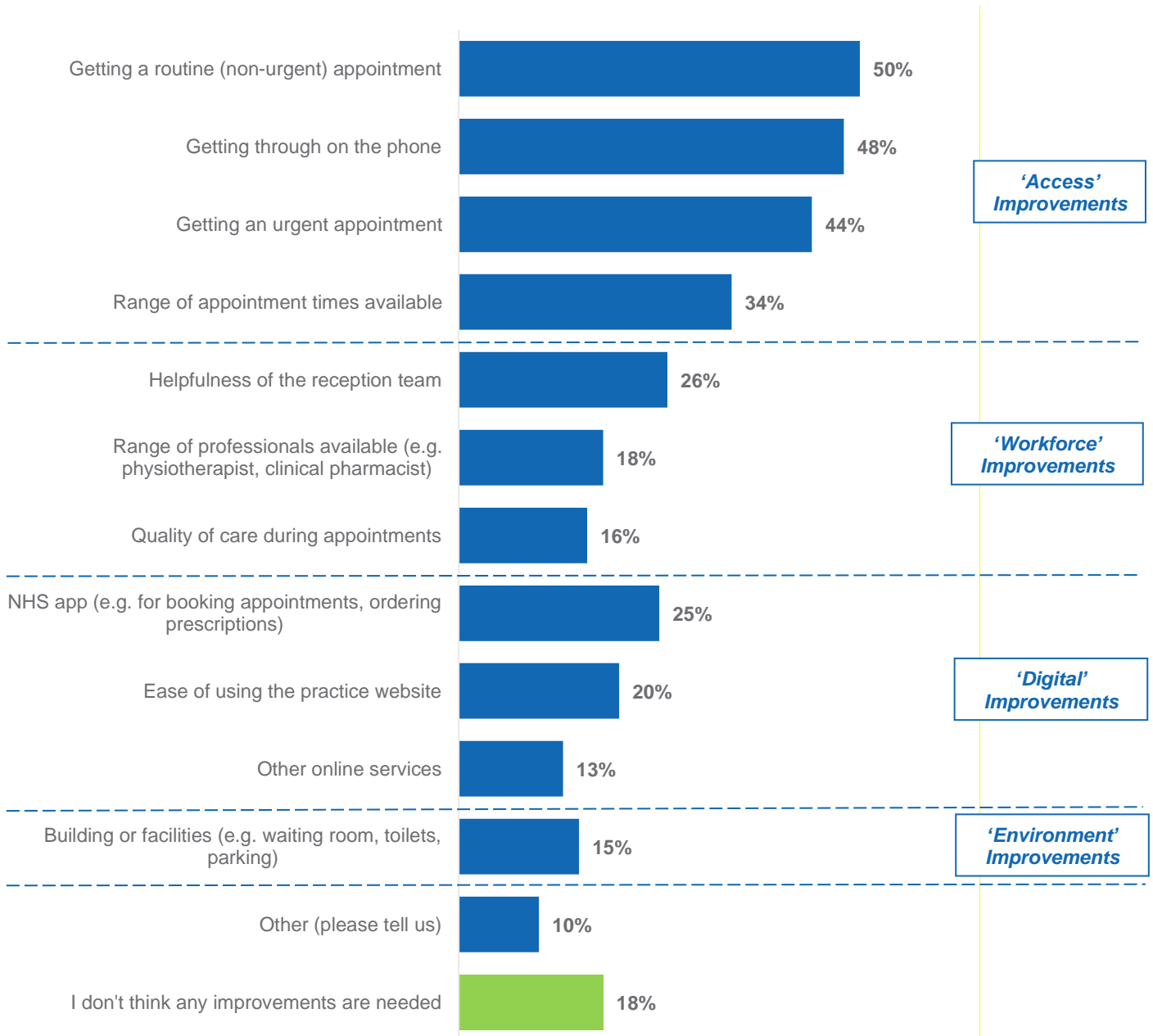
## 4.2 Areas of GP Practices Still in Need of Improvement

### Headline findings

Respondents to the survey were asked which areas of their GP practice they felt still needed improvement. The overall results for this question are summarised in Figure 6 below.

**Figure 6: Q15. Which areas of your GP practice do you feel still need improvement? (Select all that apply)**

**OVERALL RESULTS** (all respondents who have contacted their GP practice in last 12 months and answering: n=5,409).



Overall, just under a fifth (18% - 989 respondents) of those who have contacted their GP practice in the last twelve months don't think any improvements are needed in any areas of their GP practice.

When grouping up the various aspects of GP practice improvements that respondents were presented with, by far and away the area that is felt to be in greatest need of improvement is the area of 'Access'. In total, 74% (4,007 respondents) feel that at least one aspect relating to

'Access' is in need of improvement. At a much lower level, only 15% (823 respondents) believe that any changes need to be made in relation to the only 'Environmental' aspect shown.

The individual aspect that respondents are most likely to feel needs to be improved in their GP practice is '*Getting a routine (non-urgent) appointment*', with 50% (2,702 respondents) feeling that this is an area in need of attention, with a similar proportion (48% - 2,578 respondents) thinking that '*Getting through on the phone*' is an aspect that needs to be improved. The other two 'Access' aspects also figure highly in this regard, with 44% (2,398 respondents) believing that '*Getting an urgent appointment*' is in need of improvement and 34% (1,862 respondents) feel that their GP practice needs to improve the '*Range of appointment times available*'.

Individual aspects that the lowest proportions of respondents feel need improvement in their GP practices are '*Other online services*' (only 13% - 678 respondents – believe that this area needs improvement), '*Building or facilities (e.g. waiting room, toilets, parking)*' (15% - 823 respondents wanting to see an improvement), '*Quality of care during appointments*' (16% - 850 respondents – stating that they would like this aspect to improve) and '*Range of professionals available (e.g. physiotherapist, clinical pharmacist)*' (18% - 957 respondents).

## Results by respondent type

Table 19a, 19b and 19c (overleaf) show how responses to this question vary by PCN geographical area, capacity in which respondents are answering the questionnaire, gender, age and ethnicity, while Table 19d shows responses by general health status, carer status and pregnancy status, Table 19e shows responses by sexual orientation, religion/belief and armed forces involvement and Table 19f shows responses by relationship status and survey participation method (online vs. paper copy).

**Table 19a: Q15. Which areas of your GP practice do you feel still need improvement? (Select all that apply) RESULTS BY GEOGRAPHICAL AREA & CAPACITY ANSWERING IN (base sizes in brackets).**

Base: All who have contacted their GP practice in the last 12 months and answering	Total (5,409)	Geographical Area:		
		Leicester City (1,118)	Leicester-shire (4,103)	Rutland (120)
<i>'Access' Needs Improvement:</i>				
Getting a routine (non-urgent) appointment	50%	46%	51%	66%
Getting through on the phone	48%	48%	48%	45%
Getting an urgent appointment	44%	50%	43%	56%
Range of appointment times available	34%	40%	33%	42%
<b>Any 'Access' aspect needs improvement (net)</b>	<b>74%</b>	<b>74%</b>	<b>74%</b>	<b>81%</b>
<i>'Workforce' Needs Improvement:</i>				
Helpfulness of the reception team	26%	31%	24%	28%
Range of professionals available (e.g. physiotherapist, clinical pharmacist)	18%	22%	17%	18%
Quality of care during appointments	16%	22%	14%	18%
<b>Any 'Workforce' aspect needs improvement (net)</b>	<b>40%</b>	<b>47%</b>	<b>38%</b>	<b>46%</b>
<i>'Digital' Needs Improvement:</i>				
NHS app (e.g. for booking appointments, ordering prescriptions)	25%	29%	24%	25%
Ease of using the practice website	20%	21%	19%	28%
Other online services	13%	18%	11%	10%
<b>Any 'Digital' aspect needs improvement (net)</b>	<b>38%</b>	<b>42%</b>	<b>37%</b>	<b>44%</b>

**Table 19a (continued): Q15. Which areas of your GP practice do you feel still need improvement? (Select all that apply) RESULTS BY GEOGRAPHICAL AREA & CAPACITY ANSWERING IN** (base sizes in brackets).

	Total	Geographical Area:		
		Leicester City	Leicestershire	Rutland
<i>Base: All who have contacted their GP practice in the last 12 months and answering</i>	(5,409)	(1,118)	(4,103)	(120)
<i>'Environment' Needs Improvement:</i>				
Building or facilities (e.g. waiting room, toilets, parking)	15%	18%	14%	18%
<b>Any 'Environment' aspect needs improvement (net)</b>	<b>15%</b>	<b>18%</b>	<b>14%</b>	<b>18%</b>
Other (please tell us)	10%	13%	8%	15%
I don't think any improvements are needed	18%	18%	19%	8%

The proportion of respondents in Rutland who have contacted their GP practice in the last twelve months and don't think any improvements are needed in any areas of their GP practice is lower than seen in Leicester City and Leicestershire, with 8% (9 respondents) in Rutland feeling this, compared with 18% (196 respondents) in Leicester City and 19% (767 respondents) in Leicestershire.

When looking at the grouped aspects of GP practice improvements that respondents were presented with, Rutland respondents are more likely than average to feel that at least one aspect of 'Access' is in need of improvement, with 81% (97 respondents) in Rutland feeling this compared to the 74% average across all respondents. Meanwhile, respondents in Leicestershire are more likely than those in Leicester City and Rutland to be happier with aspects relating to 'Workforce', with only 38% (1,560 respondents) of those in Leicestershire believing that at least one 'Workforce' aspect needs improvement, compared with 47% (525 respondents) in Leicester City and 46% (55 respondents) in Rutland.

Looking at individual aspects, respondents in Rutland are more likely than average to feel that improvements are needed at their GP practice in relation to 'Getting a routine (non-urgent) appointment' (66% - 79 respondents, compared to the average of 50% across all respondents), 'Getting an urgent appointment' (56% - 67 respondents, compared to the average of 44%) and 'Range of appointment times available' (42% - 50 respondents, compared to the average of 34%). Meanwhile, Leicester City respondents are more likely than average to feel that improvements are required at their GP practice in relation to 'Helpfulness of the reception team' (31% - 349 respondents, compared to the 26% average across all respondents) and 'Quality of care during appointments' (22% - 248 respondents wanting to see an improvement in Leicester City, compared to the 16% average).

**Table 19b: Q15. Which areas of your GP practice do you feel still need improvement? (Select all that apply) RESULTS BY GENDER & AGE** (base sizes in brackets).

Base: All who have contacted their GP practice in the last 12 months and answering	Total (5,409)	Gender:		Age:					
		Male (1,720)	Female (3,234)	16-24 (138)	25-34 (278)	35-49 (884)	50-64 (1,745)	65-74 (1,332)	75+ (826)
<u>Access' Needs Improvement:</u>									
Getting a routine (non-urgent) appointment	<b>50%</b>	46%	52%	35%	50%	54%	55%	48%	41%
Getting through on the phone	<b>48%</b>	47%	48%	46%	44%	53%	50%	47%	39%
Getting an urgent appointment	<b>44%</b>	42%	46%	42%	47%	55%	48%	39%	32%
Range of appointment times available	<b>34%</b>	31%	37%	36%	44%	47%	38%	28%	19%
<b>Any 'Access' aspect needs improvement (net)</b>	<b>74%</b>	<b>70%</b>	<b>77%</b>	<b>69%</b>	<b>74%</b>	<b>82%</b>	<b>78%</b>	<b>72%</b>	<b>63%</b>
<u>Workforce' Needs Improvement:</u>									
Helpfulness of the reception team	<b>26%</b>	23%	28%	32%	31%	30%	30%	22%	15%
Range of professionals available (e.g. physiotherapist, clinical pharmacist)	<b>18%</b>	16%	19%	22%	31%	25%	16%	14%	13%
Quality of care during appointments	<b>16%</b>	12%	17%	21%	27%	23%	17%	11%	8%
<b>Any 'Workforce' aspect needs improvement (net)</b>	<b>40%</b>	<b>34%</b>	<b>43%</b>	<b>52%</b>	<b>52%</b>	<b>49%</b>	<b>43%</b>	<b>34%</b>	<b>28%</b>
<u>Digital' Needs Improvement:</u>									
NHS app (e.g. for booking appointments, ordering prescriptions)	<b>25%</b>	23%	26%	29%	37%	34%	24%	21%	18%
Ease of using the practice website	<b>20%</b>	20%	20%	25%	19%	23%	21%	18%	16%
Other online services	<b>13%</b>	12%	13%	20%	17%	19%	13%	9%	6%
<b>Any 'Digital' aspect needs improvement (net)</b>	<b>38%</b>	<b>36%</b>	<b>40%</b>	<b>32%</b>	<b>47%</b>	<b>47%</b>	<b>39%</b>	<b>33%</b>	<b>30%</b>

**Table 19b (continued): Q15. Which areas of your GP practice do you feel still need improvement? (Select all that apply) RESULTS BY GENDER & AGE** (base sizes in brackets).

Base: All who have contacted their GP practice in the last 12 months and answering	Total (5,409)	Gender:		Age:					
		Male (1,720)	Female (3,234)	16-24 (138)	25-34 (278)	35-49 (884)	50-64 (1,745)	65-74 (1,332)	75+ (826)
<i>'Environment' Needs Improvement:</i>									
Building or facilities (e.g. waiting room, toilets, parking)	15%	15%	15%	19%	18%	17%	14%	13%	16%
<b>Any 'Environment' aspect needs improvement (net)</b>	<b>15%</b>	<b>15%</b>	<b>15%</b>	<b>19%</b>	<b>18%</b>	<b>17%</b>	<b>14%</b>	<b>13%</b>	<b>16%</b>
Other (please tell us)	10%	10%	9%	8%	8%	8%	9%	11%	12%
I don't think any improvements are needed	18%	22%	16%	18%	13%	11%	16%	22%	28%

Males who have contacted their GP practice in the last twelve months are more likely than females to think that no improvements are needed in any areas of their GP practice, with 22% (375 respondents) feeling this, compared with 16% (517 respondents) of females.

When looking at the grouped aspects of GP practice improvements that respondents were presented with, females are more likely than males to feel that at least one aspect of 'Access' and at least one aspect of 'Workforce' is in need of improvement - 77% (2,479 respondents) of females believe that at least one 'Access' aspect is in need of improvement compared with 70% (1,210 respondents) of males, and 43% (1,406 respondents) of females think that at least one 'Workforce' aspects needs improvements compared with 34% (584 respondents) of males.

Looking at individual aspects, the two areas where females are more likely than males to feel that improvements are needed at their GP practice are for 'Getting a routine (non-urgent) appointment' (52% - 1,691 respondents – of females, compared to 46% - 798 respondents – of males) and 'Range of appointment times available' (37% - 1,191 respondents – of females, compared with 31% - 527 respondents – of males).

When looking at the findings by age group, those aged 65 and over are more likely than younger age groups to think that no improvements are needed in any areas of their GP practice, with 22% (291 respondents) of those aged 65-74 and 28% (234 respondents) of those aged 75 and over feeling this.

For the grouped aspects of GP practice improvements that respondents were presented with, the feeling that at least one 'Workforce' aspects needs improvement is stronger amongst

younger respondents, with 52% (72 respondents) of 16-24s and 52% (145 respondents) of 25-34s believing this. Meanwhile, the 25-49 age group are more likely than average to think that at least one 'Digital' aspect is in need of improvement, with 47% (132 respondents) of 25-34s and 47% (413 respondents) of 35-49s feeling this.

Looking at individual aspects, areas where the need for improvement is stronger amongst younger age groups are '*Helpfulness of the reception team*' (32% of the 16-24 age group feel that improvement is needed in this area compared with 15% of those aged 75+), '*Range of professionals available (e.g. physiotherapist, clinical pharmacist)*' (31% of those aged 25-34 citing this as an improvement area and falling to 13% of those aged 75+) and '*Quality of care during appointments*' (27% of 25-34s, falling to just 8% of those aged 75+).

**Table 19c: Q15. Which areas of your GP practice do you feel still need improvement? (Select all that apply) RESULTS BY ETHNICITY (base sizes in brackets).**

Base: All who have contacted their GP practice in the last 12 months and answering

Total (5,409)	White (4,386)	Asian/ Asian British (583)	Black/ Black British (91)	Mixed (66)	Other (17)
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*'Access' Needs Improvement:*

Getting a routine (non-urgent) appointment	<b>50%</b>	52%	37%	21%	45%	35%
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Getting through on the phone	<b>48%</b>	48%	44%	29%	65%	41%
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Getting an urgent appointment	<b>44%</b>	44%	46%	31%	48%	41%
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Range of appointment times available	<b>34%</b>	34%	34%	30%	29%	24%
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<b>Any 'Access' aspect needs improvement (net)</b>	<b>74%</b>	<b>75%</b>	<b>68%</b>	<b>62%</b>	<b>79%</b>	<b>65%</b>
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*'Workforce' Needs Improvement:*

Helpfulness of the reception team	<b>26%</b>	25%	30%	22%	24%	24%
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Range of professionals available (e.g. physiotherapist, clinical pharmacist)	<b>18%</b>	17%	22%	15%	26%	12%
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Quality of care during appointments	<b>16%</b>	14%	21%	16%	21%	12%
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<b>Any 'Workforce' aspect needs improvement (net)</b>	<b>40%</b>	<b>39%</b>	<b>44%</b>	<b>34%</b>	<b>53%</b>	<b>41%</b>
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*'Digital' Needs Improvement:*

NHS app (e.g. for booking appointments, ordering prescriptions)	<b>25%</b>	24%	28%	20%	23%	29%
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Ease of using the practice website	<b>20%</b>	20%	19%	7%	21%	12%
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Other online services	<b>13%</b>	12%	17%	10%	18%	18%
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<b>Any 'Digital' aspect needs improvements (net)</b>	<b>38%</b>	<b>38%</b>	<b>39%</b>	<b>30%</b>	<b>47%</b>	<b>35%</b>
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**Table 19c (continued): Q15. Which areas of your GP practice do you feel still need improvement? (Select all that apply) RESULTS BY ETHNICITY** (base sizes in brackets).

Base: All who have contacted their GP practice in the last 12 months and answering	Total (5,409)	White (4,386)	Asian/ Asian British (583)	Black/ Black British (91)	Mixed (66)	Other (17)
<i>'Environment' Needs Improvement:</i>						
Building or facilities (e.g. waiting room, toilets, parking)	15%	15%	15%	11%	14%	18%
<b>Any 'Environment' aspect needs improvement (net)</b>	<b>15%</b>	<b>15%</b>	<b>15%</b>	<b>11%</b>	<b>14%</b>	<b>18%</b>
Other (please tell us)	10%	9%	14%	14%	6%	12%
I don't think any improvements are needed	18%	18%	23%	30%	14%	29%

Black/Black British respondents are slightly more likely than White respondents to think that no improvements are needed in any areas of their GP practice, with 30% (27 respondents) of Black/Black British respondents feeling this, compared with 18% (777 respondents) of White ethnicity respondents.

For the grouped aspects of GP practice improvements that respondents were presented with, Black/Black British respondents are less likely than White respondents to state that at least one aspect of 'Access' is in need of improvement – 62% (56 individuals) of Black/Black British respondents believe that at least one 'Access' aspect is in need of improvement, compared with 75% (3,290 respondents) of White respondents.

Looking at individual aspects, only 21% (19 individuals) of Black/Black British and 37% (216 individuals) of Asian/Asian British respondents feel that 'Getting a routine (non-urgent) appointment' is in need of improvement, compared with 52% (2,292 individuals) of White respondents). One aspect of GP practice service that Asian/Asian British respondents are more likely than White respondents to feel needs improvement is 'Quality of care during appointments', with 21% (121 individuals) of Asian/Asian British respondents citing this, compared with 14% (635 individuals) of White respondents.

**Table 19d: Q15. Which areas of your GP practice do you feel still need improvement? (Select all that apply) RESULTS BY 'HEALTH STATUS', 'CARER STATUS' AND 'PREGNANCY STATUS' (base sizes in brackets).**

	Total	Disability or Poor Health?		Carer Responsibility?		Pregnant/Given Birth?:	
		Yes (1,694)	No (3,385)	Yes (1,029)	No (4,128)	Yes (76)	No (4,979)
<i>Base: All who have contacted their GP practice in the last 12 months and answering</i>	(5,409)						

*'Access' Needs Improvement:*

Getting a routine (non-urgent) appointment	<b>50%</b>	51%	48%	55%	49%	36%	50%
Getting through on the phone	<b>48%</b>	50%	45%	52%	46%	49%	48%
Getting an urgent appointment	<b>44%</b>	47%	42%	51%	43%	54%	44%
Range of appointment times available	<b>34%</b>	36%	32%	40%	33%	26%	35%
<b>Any 'Access' aspect needs improvement (net)</b>	<b>74%</b>	<b>75%</b>	<b>72%</b>	<b>78%</b>	<b>73%</b>	<b>68%</b>	<b>74%</b>

*'Workforce' Needs Improvement:*

Helpfulness of the reception team	<b>26%</b>	27%	24%	31%	24%	34%	26%
Range of professionals available (e.g. physiotherapist, clinical pharmacist)	<b>18%</b>	21%	15%	21%	17%	21%	18%
Quality of care during appointments	<b>16%</b>	20%	13%	19%	15%	22%	16%
<b>Any 'Workforce' aspects needs improvement (net)</b>	<b>40%</b>	<b>44%</b>	<b>37%</b>	<b>46%</b>	<b>38%</b>	<b>47%</b>	<b>40%</b>

*'Digital' Needs Improvement:*

NHS app (e.g. for booking appointments, ordering prescriptions)	<b>25%</b>	27%	23%	29%	24%	36%	25%
Ease of using the practice website	<b>20%</b>	21%	18%	24%	19%	17%	20%
Other online services	<b>13%</b>	14%	11%	16%	12%	20%	12%
<b>Any 'Digital' aspect needs improvement (net)</b>	<b>38%</b>	<b>40%</b>	<b>36%</b>	<b>44%</b>	<b>37%</b>	<b>46%</b>	<b>38%</b>

**Table 19d (continued): Q15. Which areas of your GP practice do you feel still need improvement? (Select all that apply) RESULTS BY 'HEALTH STATUS', 'CARER STATUS' AND 'PREGNANCY STATUS'** (base sizes in brackets).

	Total	Disability or Poor Health?		Carer Responsibility?		Pregnant/Given Birth?:	
		Yes (1,694)	No (3,385)	Yes (1,029)	No (4,128)	Yes (76)	No (4,979)
<i>Base: All who have contacted their GP practice in the last 12 months and answering</i>	(5,409)						
<i>'Environment' Needs Improvement:</i>							
Building or facilities (e.g. waiting room, toilets, parking)	15%	18%	13%	19%	14%	12%	15%
<b>Any 'Environment' aspect needs improvement (net)</b>	<b>15%</b>	<b>18%</b>	<b>13%</b>	<b>19%</b>	<b>14%</b>	<b>12%</b>	<b>15%</b>
Other (please tell us)	10%	13%	7%	10%	9%	7%	9%
I don't think any improvements are needed	18%	18%	18%	15%	19%	16%	18%

Looking at results by health status, although there is no difference between the proportions of those with a disability or poor health and those in good health in believing that no improvements are needed at their GP practice (18% in both cases), those with a disability or poor health are more likely than those in good health to feel that at least one aspect of 'Workforce' is in need of improvement, with 44% (750 respondents) of those with a disability or poor health believing this, compared with 37% (1,236 respondents) of those who are in good health. This is also the case for the only 'Environment' aspect tested, where 18% (306 respondents) of those with a disability or poor health think this aspect is in need of improvement compared with 13% (441 respondents) of those who are in good health.

Looking at individual aspects, the desire for improvements in some aspects of their GP practice is greater amongst those with a disability or poor health compared to those who are in good health. This is the case for 'Getting through on the phone' (50%, compared with 45% of those in good health), 'Getting an urgent appointment' (47%, compared with 42% of those in good health), having a 'Range of professionals available' (e.g. physiotherapist, clinical pharmacist) (21% vs. 15%) and 'Quality of care during appointments' (20% and 13% respectively).

When examining results by carer status, those with carer responsibilities are slightly less likely than non-carers to feel that no improvements are needed at their GP surgery, with 15% (152 respondents) of carers stating this compared with 19% (786 respondents) of non-carers.

For the grouped aspects, carers are more likely than non-carers to state that all of the grouped areas are in need of at least one improvement, with the biggest differences seen for 'Workforce' aspects (46% - 474 respondents – of carers stating that at least one of these aspects requires improvement compared with 38% - 1,589 respondents - of non-carers) and 'Digital' aspects (44% - 449 respondents - and 37% - 1,510 respondents - respectively).

Looking at individual aspects, the most significant differences between carers and non-carers in terms of areas that they feel require improvement are seen for 'Getting an urgent appointment' (51% of carers cite this compared with 43% of non-carers), 'Range of appointment times available' (40% of carers and 33% of non-carers) and 'Helpfulness of the reception team' (31%

and 24% respectively). However, for most individual aspects carers are more likely than non-carers to feel that improvement is needed.

Looking at results by pregnancy status, although there is no difference between those who are/have been pregnant in the last 26 weeks and those who have not in believing that no improvements are needed at their GP practice (16% and 18% respectively), there is some evidence to suggest that those who are/have been pregnant in the last 26 weeks may be slightly more likely than average to feel that at least one aspect in the area of 'Workforce' needs to be improved (47% - 36 respondents, compared to the 40% average across all respondents) and also that at least one 'Digital' aspect needs improvement (46% - 35 respondents, compared to the 38% average). However, the relatively low base size means that this finding should be treated as indicative rather than statistically significant.

When looking at the individual aspects by pregnancy status, again any differences are based on low base sizes. However, there may be some evidence to suggest that those who are/have been pregnant in the last 26 week may be slightly less likely than average to feel that '*Getting a routine (non-urgent) appointment*' requires improvement (36%, compared to the 50% average across all respondents) and slightly more likely than average to think that '*Getting an urgent appointment*' needs improvement (54% compared to the 40% average).

**Table 19e: Q15. Which areas of your GP practice do you feel still need improvement? (Select all that apply) RESULTS BY SEXUAL ORIENTATION, RELIGION/BELIEF & ARMED FORCES INVOLVEMENT (base sizes in brackets).**

	Total (5,409)	Sexual Orientation:			Religion/Belief:			Armed Forces Involvement?:	
		Hetero (4,579)	Gay/ Lesb/Bi (218)	Other (35)	Christian (2,634)	Non- Christian (558)	No religion (1,737)	Yes (242)	No (4,681)
<i>Base: All who have contacted their GP practice in the last 12 months and answering</i>									
<u>'Access' Needs Improvement:</u>									
Getting a routine (non-urgent) appointment	<b>50%</b>	49%	53%	46%	49%	37%	55%	51%	50%
Getting through on the phone	<b>48%</b>	47%	48%	57%	45%	43%	52%	47%	47%
Getting an urgent appointment	<b>44%</b>	44%	52%	43%	41%	47%	48%	39%	44%
Range of appointment times available	<b>34%</b>	33%	44%	29%	31%	34%	38%	32%	34%
<b>Any 'Access' aspect needs improvement (net)</b>	<b>74%</b>	<b>74%</b>	<b>78%</b>	<b>66%</b>	<b>73%</b>	<b>68%</b>	<b>78%</b>	<b>71%</b>	<b>74%</b>
<u>'Workforce' Needs Improvement:</u>									
Helpfulness of the reception team	<b>26%</b>	25%	33%	20%	23%	30%	27%	29%	25%
Range of professionals available (e.g. physiotherapist, clinical pharmacist)	<b>18%</b>	17%	23%	20%	15%	23%	19%	17%	17%
Quality of care during appointments	<b>16%</b>	15%	16%	26%	12%	21%	18%	14%	15%
<b>Any 'Workforce' aspect needs improvement (net)</b>	<b>40%</b>	<b>39%</b>	<b>49%</b>	<b>40%</b>	<b>36%</b>	<b>46%</b>	<b>42%</b>	<b>41%</b>	<b>39%</b>
<u>'Digital' Needs Improvement:</u>									
NHS app (e.g. for booking appointments, ordering prescriptions)	<b>25%</b>	24%	28%	26%	21%	28%	28%	26%	24%
Ease of using the practice website	<b>20%</b>	19%	26%	20%	18%	19%	22%	20%	20%
Other online services	<b>13%</b>	12%	18%	17%	9%	18%	15%	9%	12%
<b>Any 'Digital' aspect needs improvement (net)</b>	<b>38%</b>	<b>37%</b>	<b>48%</b>	<b>37%</b>	<b>34%</b>	<b>40%</b>	<b>41%</b>	<b>39%</b>	<b>37%</b>

**Table 19e (continued): Q15. Which areas of your GP practice do you feel still need improvement? (Select all that apply) RESULTS BY SEXUAL ORIENTATION, RELIGION/BELIEF & ARMED FORCES INVOLVEMENT** (base sizes in brackets).

	Total	Sexual Orientation:			Religion/Belief:			Armed Forces Involvement?:	
		Hetero (4,579)	Gay/ Lesb/Bi (218)	Other (35)	Christian (2,634)	Non- Christian (558)	No religion (1,737)	Yes (242)	No (4,681)
<i>Base: All who have contacted their GP practice in the last 12 months and answering</i>	(5,409)								
<i>'Environment' Needs Improvement:</i>									
Building or facilities (e.g. waiting room, toilets, parking)	15%	15%	17%	14%	14%	14%	16%	20%	15%
<b>Any 'Environment' aspect needs improvement (net)</b>	<b>15%</b>	<b>15%</b>	<b>17%</b>	<b>14%</b>	<b>14%</b>	<b>14%</b>	<b>16%</b>	<b>20%</b>	<b>15%</b>
Other (please tell us)	10%	9%	12%	6%	9%	13%	8%	9%	9%
I don't think any improvements are needed	18%	19%	15%	26%	20%	24%	15%	19%	18%

Looking at results by sexual orientation, there are no significant differences between the different groups in terms of believing that no improvements are needed at their GP practice.

However, gay/lesbian/bisexual respondents are more likely than average to feel that at least one aspect of 'Workforce' is in need of improvement, with 49% (107 respondents) of gay/lesbian/bisexual respondents stating this, compared with the 40% average, and also that at least one 'Digital' aspect requires improvement (48% - 105 respondents, compared to the 38% average).

When looking at individual aspects by sexual orientation, the desire for improvements in some aspects of their GP practice is greater than average amongst gay/lesbian/bisexual respondents. This is the case for 'Getting an urgent appointment' (52% still feel this area needs to be improved, compared to the 44% average across all respondents), having a 'Range of appointment times available' (44% compared to the 34% average), 'Helpfulness of the reception team' (33% compared to the 26% average) and 'Ease of using practice website' (26%, compared to the 20% average).

Looking at the findings by religion/belief, respondents who follow no religion are less likely than those who do follow a religion to feel that no improvements are needed at their GP surgery, with 15% (263 respondents) of non-religious respondents stating this, compared with 20% (533 respondents) of Christians and 24% (133 respondents) of non-Christians.

For the grouped aspects, non-Christians are less likely than average to feel that at least one aspect relating to 'Access' needs improvement, with 68% (377 respondents) of non-Christians stating this compared to the 74% average across all respondents. Conversely, non-Christians are more likely than average to think that at least one aspect relating to 'Workforce' needs to be improved, with 46% (255 respondents) of non-Christians stating this compared to the 40% average.

Looking at individual aspects by religion, non-Christians are slightly less likely than average to feel that 'Getting through on the phone' needs improvement (43% of non-Christians cite this

compared with the 48% average across all respondents), but are slightly more likely than average to feel that improvements are needed in relation to '*Range of professionals available (e.g. physiotherapist, clinical pharmacist)*' (23% of non-Christians compared to the 18% average) and '*Quality of care during appointments*' (21% compared with the 16% average).

When examining the results by Armed Forces involvement, although there is no difference between those who are/have been involved in the Armed Forces and those who have not in believing that no improvements are needed at their GP practice (19% and 18% respectively), there is some evidence to suggest that those with current/previous Armed Forces involvement are slightly more likely than average to feel that the only 'Environmental' aspect tested needs to be improved (20% - 49 respondents, compared to the 15% average across all respondents).

When looking at the individual aspects by Armed Forces involvement, the only difference of any note is that respondents with Armed Forces involvement are slightly less likely than average to feel that '*Getting an urgent appointment*' requires improvement (39% - 94 respondents, compared to the 44% average across all respondents).

**Table 19f: Q15. Which areas of your GP practice do you feel still need improvement? (Select all that apply) RESULTS BY RELATIONSHIP STATUS & SURVEY PARTICIPATION METHOD** (base sizes in brackets).

	Total (5,409)	Relationship Status:			Survey Participation Method:	
		Married/ Partner (3,719)	Separated/ Divorced/ Widowed (647)	Single (752)	Online Survey (5,253)	Printed/ Paper Survey (156)
<i>Base: All who have contacted their GP practice in the last 12 months and answering</i>						
<i>'Access' Needs Improvement:</i>						
Getting a routine (non-urgent) appointment	50%	50%	50%	50%	50%	36%
Getting through on the phone	48%	47%	46%	50%	48%	38%
Getting an urgent appointment	44%	44%	40%	47%	45%	38%
Range of appointment times available	34%	34%	31%	39%	35%	27%
<b>Any 'Access' aspect needs improvement (net)</b>	<b>74%</b>	<b>74%</b>	<b>71%</b>	<b>76%</b>	<b>74%</b>	<b>65%</b>
<i>'Workforce' Needs Improvement:</i>						
Helpfulness of the reception team	26%	25%	22%	32%	26%	18%
Range of professionals available (e.g. physiotherapist, clinical pharmacist)	18%	17%	14%	24%	18%	13%
Quality of care during appointments	16%	15%	13%	21%	16%	13%
<b>Any 'Workforce' aspect needs improvement (net)</b>	<b>40%</b>	<b>38%</b>	<b>36%</b>	<b>49%</b>	<b>40%</b>	<b>33%</b>
<i>'Digital' Needs Improvement:</i>						
NHS app (e.g. for booking appointments, ordering prescriptions)	25%	25%	20%	28%	25%	13%
Ease of using the practice website	20%	20%	17%	21%	20%	15%
Other online services	13%	12%	10%	16%	13%	6%
<b>Any 'Digital' aspect need improvement (net)</b>	<b>38%</b>	<b>38%</b>	<b>32%</b>	<b>41%</b>	<b>38%</b>	<b>25%</b>

**Table 19f (continued): Q15. Which areas of your GP practice do you feel still need improvement? (Select all that apply) RESULTS BY RELATIONSHIP STATUS & SURVEY PARTICIPATION METHOD** (base sizes in brackets).

Base: All who have contacted their GP practice in the last 12 months and answering	Total (5,409)	Relationship Status:			Survey Participation Method:	
		Married/ Partner (3,719)	Separated/ Divorced/ Widowed (647)	Single (752)	Online Survey (5,253)	Printed/ Paper Survey (156)
<i>'Environment' Needs Improvement:</i>						
Building or facilities (e.g. waiting room, toilets, parking)	15%	15%	14%	18%	15%	19%
<b>Any 'Environment' aspect needs improvement (net)</b>	<b>15%</b>	<b>15%</b>	<b>14%</b>	<b>18%</b>	<b>15%</b>	<b>19%</b>
Other (please tell us)	10%	9%	10%	11%	9%	19%
I don't think any improvements are needed	18%	19%	22%	16%	18%	18%

Looking at results by relationship status, there are no significant differences between the different groups in terms of believing that no improvements are needed at their GP practice.

However, respondents who are single are more likely than average to feel that at least one aspect of 'Workforce' is in need of improvement, with 49% (372 respondents) of single respondents stating this, compared with the 40% average.

When looking at individual aspects by relationship status, the desire for improvement amongst single respondents is higher than average in relation to having a 'Range of appointment times available' (39% - 291 respondents, compared to the 34% average across all respondents), 'Helpfulness of the reception team' (32% - 238 respondents, compared to the 26% average), 'Range of professionals available (e.g. physiotherapist, clinical pharmacist)' (24% - 179 respondents, compared to the 18% average) and 'Quality of care during appointments' (21% - 159 respondents, compared to the 16% average).

When examining the findings by survey participation method, although there are no significant differences between those completing the online or printed/paper survey in terms of believing that no improvements are needed at their GP practice, those completing the printed/paper survey are less likely than average to feel that at least one aspect of 'Access' is in need of improvement (65% - 101 respondents, stating this, compared with the 74% average across all respondents). This also applies to the proportions feeling that at least one 'Workforce' aspect needs improvement 33% - 52 respondents, stating this, compared with the 40% average) and that at least one 'Digital' aspect requires improvement (25% - 39 respondents, compared with the 38% average).

# Section 5: Experiences of Pharmacy Services

For a long time, pharmacists have given advice on many conditions and medicines you can buy from the pharmacy without a prescription. In addition to this, since January 2024, pharmacists have also been able to provide prescription medicine for seven conditions, without the need for a prescription from a GP practice. This is known as **Pharmacy First**. GP practices or NHS 111 might ask you to visit a pharmacy if it's the most suitable place for you to be treated. Your GP practice can book you an appointment or you can walk into a pharmacy and ask for one. The seven conditions are:

- ✔ Sinusitis (for those aged 12 years and over)
- ✔ Sore throat (for those aged 5 years and over)
- ✔ Earache (for those aged between 1 and 17 years old)
- ✔ Infected insect bite (for those aged 1 year and over)
- ✔ Impetigo (for those aged 1 year and over)
- ✔ Shingles (for those aged over 18 years old)
- ✔ Uncomplicated urinary tract infections (UTIs) (for women aged 16-64)

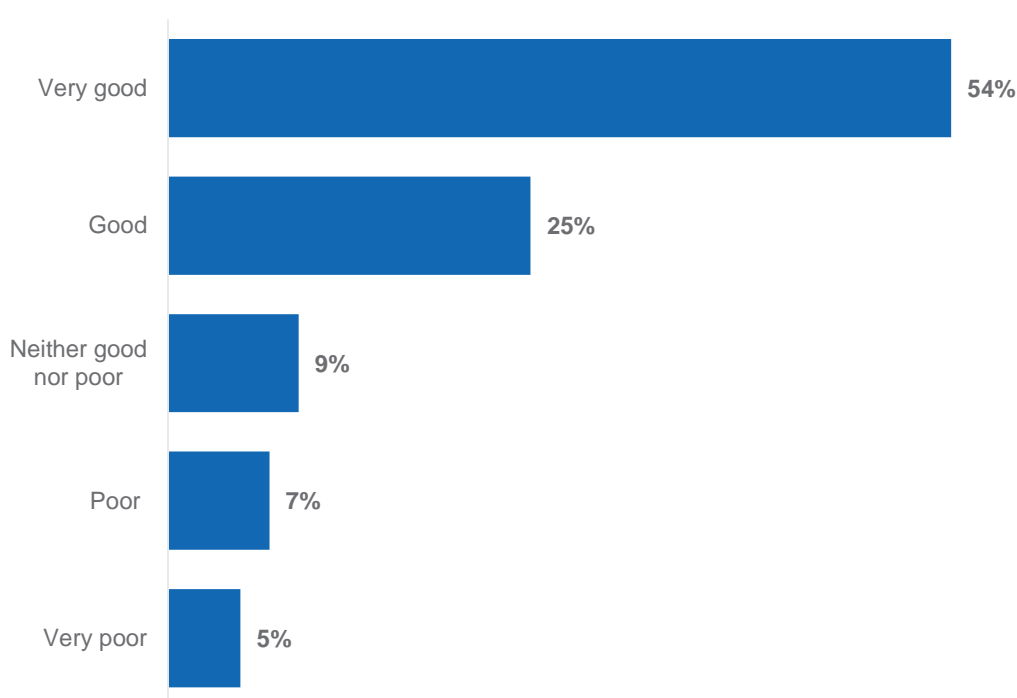
## 5.1 Rating of Most Recent Experience of Seeing a Pharmacist in Last Twelve Months

### Headline findings

Respondents to the survey were asked whether they had seen a pharmacist in the last twelve months for one of the seven conditions listed under Pharmacy First and, if so, how they would rate their most recent experience. The overall results for this question are summarised in Figure 7 below.

**Figure 7: Q16. If you have seen a pharmacist in the last 12 months for one of the conditions listed above, how would you rate your most recent experience? (Select one box only)**

**OVERALL RESULTS** (all respondents answering, seen a pharmacist in the last 12 months and can remember<sup>2</sup>: n=1,893).



Encouragingly, overall nearly four-fifths (79% - 1,496 respondents) of those who have seen a pharmacist for one of the listed conditions in the last twelve months give a positive rating for their most recent pharmacy experience, with 54% (1,021 respondents) saying that their experience was 'very good' and 25% (475 respondents) giving a 'good' rating. Only a relatively small proportion (12% - 227 respondents) indicated that their most recent pharmacist experience was either 'poor' or 'very poor'.

### Results by respondent type

Table 20a, 20b and 20c (overleaf) show how responses to this question vary by PCN geographical area, gender, age and ethnicity, while Table 20d shows responses by general health status, carer status and pregnancy status, Table 20e shows responses by sexual

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<sup>2</sup> 67% (3,951 respondents) said that they had not seen a pharmacist in the last 12 months and 2% (94 respondents) said that they could not remember. These respondents have been excluded from the results for Q16 and Q17.

orientation, religion/belief and armed forces involvement and Table 20f shows responses by relationship status and survey participation method (online vs. paper copy).

**Table 20a: Q16. If you have seen a pharmacist in the last 12 months for one of the conditions listed above, how would you rate your most recent experience? (Select one only) RESULTS BY GEOGRAPHICAL AREA & CAPACITY ANSWERING IN** (base sizes in brackets).

<i>Base: All answering, seen a pharmacist in the last 12 months &amp; can remember</i>	<b>Total</b> (1,893)	<b>Geographical Area:</b>		
		<b>Leicester City</b> (504)	<b>Leicestershire</b> (1,318)	<b>Rutland</b> (40)
Very good	<b>54%</b>	48%	57%	43%
Good	<b>25%</b>	29%	23%	30%
<i>Net 'good'</i>	<b>79%</b>	<b>77%</b>	<b>80%</b>	<b>73%</b>
Neither good nor poor	<b>9%</b>	12%	8%	8%
Poor	<b>7%</b>	6%	7%	10%
Very poor	<b>5%</b>	5%	6%	10%
<i>Net 'poor'</i>	<b>12%</b>	<b>11%</b>	<b>12%</b>	<b>20%</b>
<i>Mean score (5='very good', 1='very poor')</i>	<b>4.2</b>	<b>4.1</b>	<b>4.2</b>	<b>3.9</b>

Respondents in Leicestershire are slightly more likely than those in Leicester City and Rutland to rate their most recent pharmacist experience as being either 'very good' or 'good' (80% - 1,053 respondents – in Leicestershire providing a positive rating, compared with 77% - 388 respondents of those in Leicester City and 73% - 29 respondents – in Rutland).

Although there is some evidence to suggest that respondents in Rutland may be slightly less likely to provide a positive rating for their most recent experience of a pharmacist visit, the low base size in Rutland means that this finding should be treated as indicative rather than statistically significant.

**Table 20b: Q16. If you have seen a pharmacist in the last 12 months for one of the conditions listed above, how would you rate your most recent experience? (Select one only) RESULTS BY GENDER & AGE** (base sizes in brackets).

	Total	Gender:		Age:					
		Male	Female	16-24	25-34	35-49	50-64	65-74	75+
<i>Base: All answering, seen a pharmacist in the last 12 months &amp; can remember</i>	(1,893)	(561)	(1,160)	(82)	(129)	(385)	(617)	(401)	(195)
Very good	<b>54%</b>	55%	54%	45%	53%	52%	57%	56%	52%
Good	<b>25%</b>	25%	25%	33%	28%	30%	21%	23%	28%
<b>Net 'good'</b>	<b>79%</b>	<b>80%</b>	<b>79%</b>	<b>78%</b>	<b>81%</b>	<b>81%</b>	<b>79%</b>	<b>79%</b>	<b>81%</b>
Neither good nor poor	<b>9%</b>	10%	8%	11%	8%	8%	9%	9%	6%
Poor	<b>7%</b>	5%	7%	7%	6%	6%	6%	6%	9%
Very poor	<b>5%</b>	4%	6%	4%	5%	5%	6%	6%	5%
<b>Net 'poor'</b>	<b>12%</b>	<b>10%</b>	<b>13%</b>	<b>11%</b>	<b>12%</b>	<b>10%</b>	<b>12%</b>	<b>12%</b>	<b>13%</b>
<b>Mean score (5='very good', 1='very poor')</b>	<b>4.2</b>	<b>4.2</b>	<b>4.1</b>	<b>4.1</b>	<b>4.2</b>	<b>4.2</b>	<b>4.2</b>	<b>4.2</b>	<b>4.1</b>

There are no differences between males and females in relation to the proportion of respondents who rate their most recent pharmacist experience as being either 'very good' or 'good' or give a negative rating.

Similarly, there are no differences between the various age groups in terms of the proportion of respondents who rate their most recent pharmacist experience as being either 'very good' or 'good' or give a negative rating.

**Table 20c: Q16. If you have seen a pharmacist in the last 12 months for one of the conditions listed above, how would you rate your most recent experience? (Select one only) RESULTS BY ETHNICITY** (base sizes in brackets).

<i>Base: All answering, seen a pharmacist in the last 12 months &amp; can remember</i>	<b>Total</b> (1,893)	<b>White</b> (1,368)	<b>Asian/ Asian British</b> (313)	<b>Black/ Black British</b> (51)	<b>Mixed</b> (32)	<b>Other</b> (12)
Very good	<b>54%</b>	55%	51%	59%	38%	75%
Good	<b>25%</b>	25%	29%	27%	25%	8%
<b>Net 'good'</b>	<b>79%</b>	<b>80%</b>	<b>80%</b>	<b>86%</b>	<b>63%</b>	<b>83%</b>
Neither good nor poor	<b>9%</b>	8%	9%	6%	16%	8%
Poor	<b>7%</b>	7%	5%	6%	6%	8%
Very poor	<b>5%</b>	5%	6%	2%	16%	0%
<b>Net 'poor'</b>	<b>12%</b>	<b>12%</b>	<b>12%</b>	<b>8%</b>	<b>22%</b>	<b>8%</b>
<b>Mean score (5='very good', 1='very poor')</b>	<b>4.2</b>	<b>4.2</b>	<b>4.1</b>	<b>4.4</b>	<b>3.6</b>	<b>4.5</b>

There are no differences by ethnicity in relation to the proportion of respondents who rate their most recent pharmacist experience as being either 'very good' or 'good' or give a negative rating. Although there may be some evidence to suggest that those of Black/Black British ethnicity may be slightly more likely than average to have had a positive experience (86% - 44 respondents - providing either 'very good' or 'good' rating), the low base size for this sub-groups means that this finding should be treated as indicative rather than statistically significant.

**Table 20d: Q16. If you have seen a pharmacist in the last 12 months for one of the conditions listed above, how would you rate your most recent experience? (Select one only) RESULTS BY ‘HEALTH STATUS’, ‘CARER STATUS’ AND ‘PREGNANCY STATUS’** (base sizes in brackets).

*Base: All answering, seen a pharmacist in the last 12 months & can remember*

	Total (1,893)	Disability or Poor Health?		Carer Responsibility?		Pregnant/Given Birth?:	
		Yes (602)	No (1,128)	Yes (364)	No (1,401)	Yes (41)	No (1,697)
Very good	<b>54%</b>	50%	57%	53%	55%	49%	55%
Good	<b>25%</b>	24%	25%	23%	25%	27%	25%
<i>Net ‘good’</i>	<b>79%</b>	<b>74%</b>	<b>82%</b>	<b>77%</b>	<b>80%</b>	<b>76%</b>	<b>79%</b>
Neither good nor poor	<b>9%</b>	10%	8%	8%	9%	10%	9%
Poor	<b>7%</b>	7%	6%	7%	7%	10%	7%
Very poor	<b>5%</b>	8%	4%	8%	5%	5%	5%
<i>Net ‘poor’</i>	<b>12%</b>	<b>15%</b>	<b>10%</b>	<b>15%</b>	<b>11%</b>	<b>15%</b>	<b>12%</b>
<i>Mean score (5=‘very good’, 1=‘very poor’)</i>	<b>4.2</b>	<b>4.0</b>	<b>4.2</b>	<b>4.1</b>	<b>4.2</b>	<b>4.0</b>	<b>4.2</b>

Respondents without a disability or health issue are more likely than those with a disability or health issue to have had a positive experience the last time they saw a pharmacist for one of the listed conditions, with 82% (924 respondents) of those in good health providing a ‘very good’ or ‘good’ rating, compared with 74% (448 respondents) of those with a disability or health issue.

Although there are no significant differences in this regard between carers and non-carers, there is some evidence to suggest that carers may be slightly more likely than non-carers to have had a less-than-positive experience the last time they saw a pharmacist for one of the listed conditions, with 15% (55 respondents) of carers providing either a ‘very poor’ or ‘poor’ rating compared with 10% (157 respondents) of non-carers.

There are no differences between the responses by pregnancy status in terms of their experiences the last time they saw a pharmacist for one of the listed conditions

**Table 20e: Q16. If you have seen a pharmacist in the last 12 months for one of the conditions listed above, how would you rate your most recent experience? (Select one only) RESULTS BY SEXUAL ORIENTATION, RELIGION/BELIEF & ARMED FORCES INVOLVEMENT** (base sizes in brackets).

	Total (1,893)	Sexual Orientation:			Religion/Belief:			Armed Forces Involvement?:	
		Hetero (1,553)	Gay/ Lesb/Bi (82)	Other (14)	Christian (815)	Non- Christian (304)	No religion (566)	Yes (78)	No (1,543)
Base: All answering, seen a pharmacist in the last 12 months & can remember									
Very good	<b>54%</b>	55%	52%	64%	58%	50%	54%	56%	54%
Good	<b>25%</b>	25%	30%	29%	23%	29%	26%	21%	26%
<i>Net 'good'</i>	<b>79%</b>	<b>80%</b>	<b>83%</b>	<b>93%</b>	<b>81%</b>	<b>79%</b>	<b>80%</b>	<b>77%</b>	<b>79%</b>
Neither good nor poor	<b>9%</b>	9%	4%	7%	8%	9%	8%	14%	8%
Poor	<b>7%</b>	7%	7%	0%	6%	6%	8%	5%	7%
Very poor	<b>5%</b>	5%	6%	0%	5%	6%	5%	4%	5%
<i>Net 'poor'</i>	<b>12%</b>	<b>12%</b>	<b>13%</b>	<b>0%</b>	<b>11%</b>	<b>12%</b>	<b>12%</b>	<b>9%</b>	<b>12%</b>
<i>Mean score (5='very good', 1='very poor')</i>	<b>4.2</b>	<b>4.2</b>	<b>4.2</b>	<b>4.6</b>	<b>4.2</b>	<b>4.1</b>	<b>4.2</b>	<b>4.2</b>	<b>4.2</b>

There are no differences in the ratings of respondents' most recent experiences the last time they saw a pharmacist for one of the listed conditions by sexual orientation, religion/belief or Armed Forces involvement.

**Table 20f: Q16. If you have seen a pharmacist in the last 12 months for one of the conditions listed above, how would you rate your most recent experience? (Select one only) RESULTS BY RELATIONSHIP STATUS & SURVEY PARTICIPATION METHOD** (base sizes in brackets).

<i>Base: All answering, seen a pharmacist in the last 12 months &amp; can remember</i>	<b>Total</b> (1,893)	<b>Relationship Status:</b>			<b>Survey Participation Method:</b>	
		<b>Married/ Partner</b> (1,272)	<b>Separated/ Divorced/ Widowed</b> (202)	<b>Single</b> (303)	<b>Online Survey</b> (1,798)	<b>Printed/ Paper Survey</b> (96)
Very good	<b>54%</b>	55%	51%	55%	54%	48%
Good	<b>25%</b>	24%	27%	26%	24%	38%
<i>Net 'good'</i>	<b>79%</b>	<b>79%</b>	<b>78%</b>	<b>81%</b>	<b>79%</b>	<b>85%</b>
Neither good nor poor	<b>9%</b>	9%	10%	8%	9%	7%
Poor	<b>7%</b>	7%	8%	6%	7%	6%
Very poor	<b>5%</b>	5%	3%	6%	6%	1%
<i>Net 'poor'</i>	<b>12%</b>	<b>12%</b>	<b>12%</b>	<b>12%</b>	<b>12%</b>	<b>7%</b>
<b>Mean score (5='very good', 1='very poor')</b>	<b>4.2</b>	4.2	4.1	4.2	4.2	4.3

There are no differences in the ratings of respondents' most recent experiences the last time they saw a pharmacist for one of the listed conditions by relationship status.

Although there is some evidence to suggest that those completing the printed/paper survey may be slightly more likely to have provided a 'very good' or 'good' rating for their most recent experience of a pharmacist visit for one of the listed conditions, the low base size means that this should be treated as indicative rather than statistically significant

## 5.2 Reasons for rating of most recent experience of seeing a pharmacist

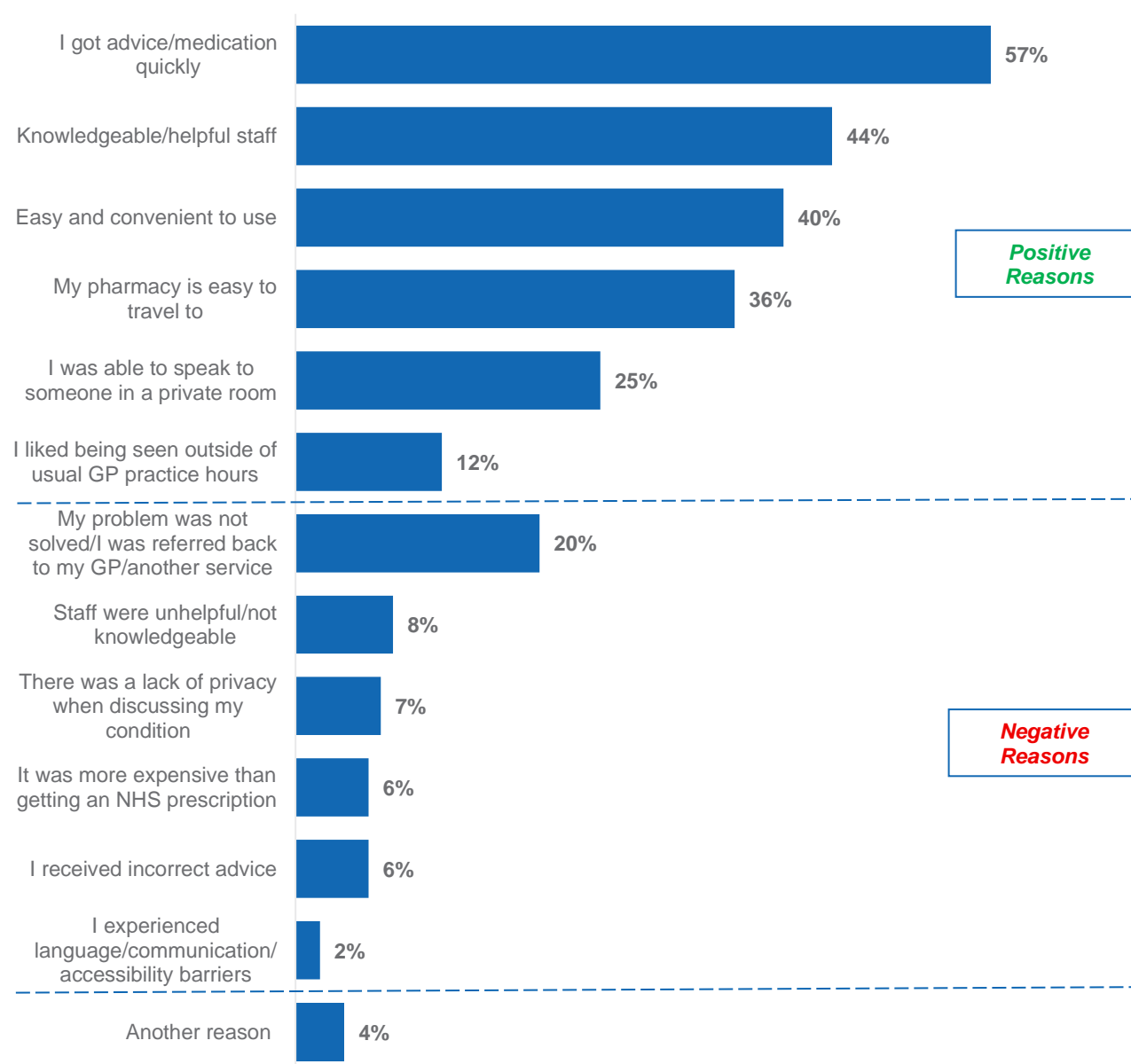
### Headline findings

Respondents to the survey were asked why they answered Q16 in the way they did and were presented with some reasons to select and also given the opportunity to explain why in their own words. The overall results for this question are summarised in Figure 8 below.

improvement. The overall results for this question are summarised in Figure 8 below.

**Figure 8: Q17. Please explain why you answered Q16 in the way that you did (Select all that apply)**

**OVERALL RESULTS** (all respondents answering, seen a pharmacist in the last 12 months and can remember: n=1,893).



Reflective of the positive ratings provided for their most recent experience of a pharmacist visit during the last twelve months, more than four-fifths (84% - 1,591 respondents) selected at least one positive reason for their rating of their most recent experience.

The most commonly selected positive reason by respondents relates to the speed of getting what they required, with 57% (1,074 respondents) selecting *'I got medication/advice quickly'* as a reason for giving their experience rating. Respondents also value the service received from pharmacy staff, with 44% (842 respondents) mentioning the *'Knowledgeable/helpful staff'*, while the feeling that the pharmacy was *'Easy and convenient to use'* is appreciated by 40% (759 respondents). At a lower level, more than a third (36% - 674 respondents) feel that *'My pharmacy is easy to travel to'*, while the privacy of the setting and the fact that *'I was able to speak to someone in a private room'* is selected as a reason by 25% (480 respondents). The positive aspect selected by the smallest proportion of respondents relates to out-of-hours medical access, with 12% (222 respondents) selecting *'I liked being seen outside of the usual GP practice hours'*.

However, more than a third (36% - 677 respondents) also selected at least one negative reason for why they gave their rating of their most recent pharmacist experience. The most commonly selected negative reason by respondents is that *'My problem was not solved/I was referred back to my GP/another service'*, with 20% (379 respondents) selecting this. There are also relatively small minorities who were unhappy with specific aspects relating to pharmacy staff, namely that *'Staff were unhelpful/not knowledgeable'* (8% - 152 respondents – selecting this) and that *'I received incorrect advice'* (6% - 111 respondents). Small minorities of respondents also feel that *'There was a lack of privacy when discussing my condition'* (7% - 140 respondents citing this), while 6% (115 respondents) state that *'It was more expensive than getting an NHS prescription'*. Only a very small minority (2% - 36 respondents) claim that *'I experienced language/communication/accessibility barriers'*.

## Results by respondent type

Table 21a, 21b and 21c (overleaf) show how responses to this question vary by PCN geographical area, capacity in which respondents are answering the questionnaire, gender, age and ethnicity, while Table 21d shows responses by general health status, carer status and pregnancy status, Table 21e shows responses by sexual orientation, religion/belief and armed forces involvement and Table 21f shows responses by relationship status and survey participation method (online vs. paper copy).

**Table 21a: Q17. Please explain why you answered Q16 in the way that you did (Select all that apply) RESULTS BY GEOGRAPHICAL AREA & CAPACITY ANSWERING IN (base sizes in brackets).**

Base: All answering, seen a pharmacist in the last 12 months & can remember	Total (1,893)	Geographical Area:		
		Leicester City (504)	Leicestershire (1,318)	Rutland (40)
<i>Positive Reasons:</i>				
I got advice/medication quickly	<b>57%</b>	50%	59%	63%
Knowledgeable/helpful staff	<b>44%</b>	39%	47%	50%
Easy and convenient to use	<b>40%</b>	34%	43%	50%
My pharmacy is easy to travel to	<b>36%</b>	32%	38%	28%
I was able to speak to someone in a private room	<b>25%</b>	19%	28%	13%
I liked being seen outside of usual GP practice hours	<b>12%</b>	11%	12%	8%
<i>Negative Reasons:</i>				
My problem was not solved/I was referred back to my GP/another service	<b>20%</b>	20%	20%	28%
Staff were unhelpful/not knowledgeable	<b>8%</b>	9%	7%	20%
There was a lack of privacy when discussing my condition	<b>7%</b>	8%	7%	15%
It was more expensive than getting an NHS prescription	<b>6%</b>	6%	6%	13%
I received incorrect advice	<b>6%</b>	7%	6%	5%
I experienced language/communication/accessibility barriers	<b>2%</b>	3%	1%	0%
Another reason (please tell us)	<b>4%</b>	5%	4%	0%
<b>At least one 'Positive' reason selected (net)</b>	<b>84%</b>	<b>85%</b>	<b>84%</b>	<b>75%</b>
<b>At least one 'Negative' reason selected (net)</b>	<b>36%</b>	<b>39%</b>	<b>31%</b>	<b>48%</b>

Looking at the results by LLR area, similar proportions in both Leicester City and Leicestershire provide at least one positive reason for giving their ratings of their last pharmacist experience (85% - 428 respondents - and 84% - 1,105 respondents - respectively). There is some evidence to suggest that a slightly smaller proportion of Rutland respondents (75% - 30

respondents) give at least one positive reason but the low base size for Rutland means that findings in this section for Rutland should be treated as indicative rather than statistically significant.

When examining differences between the positive individual reasons mentioned, respondents in Leicester City are generally less likely to have selected nearly all of the positive reasons listed compared to those in Leicestershire, with the exception of *'I liked being seen outside of usual GP practice hours'*.

Leicester City respondents are more likely than those in Leicestershire to cite at least one negative reason for their most recent pharmacist experience (39% and 31% respectively), compared with 48% of respondents in Rutland also citing at least one negative reason.

**Table 21b: Q17. Please explain why you answered Q16 in the way that you did (Select all that apply) RESULTS BY GENDER & AGE (base sizes in brackets).**

Base: All answering, seen a pharmacist in the last 12 months & can remember	Total (1,893)	Gender:		Age:					
		Male (561)	Female (1,160)	16-24 (82)	25-34 (129)	35-49 (385)	50-64 (617)	65-74 (401)	75+ (195)
<i>Positive Reasons:</i>									
I got advice/ medication quickly	<b>57%</b>	54%	60%	43%	66%	57%	60%	57%	51%
Knowledgeable/ helpful staff	<b>44%</b>	42%	47%	35%	42%	42%	48%	45%	44%
Easy and convenient to use	<b>40%</b>	37%	42%	39%	42%	38%	41%	41%	38%
My pharmacy is easy to travel to	<b>36%</b>	35%	36%	34%	36%	32%	35%	37%	45%
I was able to speak to someone in a private room	<b>25%</b>	18%	29%	23%	27%	20%	27%	28%	26%
I liked being seen outside of usual GP practice hours	<b>12%</b>	10%	13%	15%	19%	12%	14%	8%	6%
<i>Negative Reasons:</i>									
My problem was not solved/ I was referred back to my GP/another service	<b>20%</b>	18%	21%	16%	24%	25%	19%	18%	16%
Staff were unhelpful/not knowledgeable	<b>8%</b>	8%	8%	11%	9%	10%	8%	7%	5%
There was a lack of privacy when discussing my condition	<b>7%</b>	6%	8%	5%	10%	7%	8%	6%	6%
It was more expensive than getting an NHS prescription	<b>6%</b>	7%	6%	9%	6%	7%	6%	5%	6%
I received incorrect advice	<b>6%</b>	6%	6%	9%	7%	6%	7%	3%	5%
I experienced language/ communication/ accessibility barriers	<b>2%</b>	3%	1%	0%	5%	2%	2%	1%	1%

**Table 21b (continued): Q17. Please explain why you answered Q16 in the way that you did (Select all that apply) RESULTS BY GENDER & AGE** (base sizes in brackets).

Base: All answering, seen a pharmacist in the last 12 months & can remember	Total (1,893)	Gender:		Age:					
		Male (561)	Female (1,160)	16-24 (82)	25-34 (129)	35-49 (385)	50-64 (617)	65-74 (401)	75+ (195)
Another reason (please tell us)	4%	5%	3%	6%	5%	4%	3%	5%	4%
<b>At least one 'Positive' reason selected (net)</b>	<b>84%</b>	<b>86%</b>	<b>84%</b>	<b>82%</b>	<b>89%</b>	<b>83%</b>	<b>85%</b>	<b>85%</b>	<b>84%</b>
<b>At least one 'Negative' reason selected (net)</b>	<b>36%</b>	<b>34%</b>	<b>37%</b>	<b>38%</b>	<b>40%</b>	<b>38%</b>	<b>35%</b>	<b>35%</b>	<b>31%</b>

Looking at the results by gender, there are no differences between males and females in terms of the proportions providing at least one positive reason for their ratings of their last pharmacist experience (86% - 482 respondents - and 84% - 974 respondents - respectively).

When examining differences between the positive individual reasons mentioned, males are generally less likely to have selected many of the positive reasons listed compared to females, with the exception of 'My pharmacy is easy to travel to' and 'I liked being seen outside of usual GP practice hours'.

There are no differences evident by LLR area for any of the negative individual reasons mentioned.

Looking at the results by age, those aged 25-34 are slightly more likely than average to have selected at least one positive reason for their ratings of their last pharmacist experience (89% - 115 respondents – compared to the 84% average across all respondents).

For the positive individual reasons mentioned, the only significant differences between the age groups are that the 25-34 age group are more likely than average to select 'I got advice/ medication quickly' (66% - 85 respondents, compared to the 57% average) and 'I liked being seen outside of usual GP practice hours' (19% - 25 respondents, compared to the 12% average). The only other difference of note is that those aged 75+ are more likely than average to have selected 'My pharmacy is easy to travel to' (45% - 87 respondents, compared to the 36% average).

The only slight difference evident by age group for the negative individual reasons mentioned is that those in the 35-49 age group are slightly more likely than average to select 'My problem was not solved/ I was referred back to my GP/another service', with 25% (95 respondents) mentioning this, compared to the 19% average.

**Table 21c: Q17. Please explain why you answered Q16 in the way that you did (Select all that apply) RESULTS BY ETHNICITY** (base sizes in brackets).

<i>Base: All answering, seen a pharmacist in the last 12 months &amp; can remember</i>	<b>Total</b> (1,893)	<b>White</b> (1,368)	<b>Asian/ Asian British</b> (313)	<b>Black/ Black British</b> (51)	<b>Mixed</b> (32)	<b>Other</b> (12)
<i>Positive Reasons:</i>						
I got advice/medication quickly	<b>57%</b>	59%	49%	65%	41%	75%
Knowledgeable/helpful staff	<b>44%</b>	45%	42%	45%	34%	33%
Easy and convenient to use	<b>40%</b>	42%	29%	43%	44%	33%
My pharmacy is easy to travel to	<b>36%</b>	38%	30%	33%	22%	25%
I was able to speak to someone in a private room	<b>25%</b>	28%	17%	25%	19%	25%
I liked being seen outside of usual GP practice hours	<b>12%</b>	11%	13%	18%	13%	8%
<i>Negative Reasons:</i>						
My problem was not solved/I was referred back to my GP/another service	<b>20%</b>	20%	19%	20%	16%	8%
Staff were unhelpful/not knowledgeable	<b>8%</b>	8%	9%	6%	13%	0%
There was a lack of privacy when discussing my condition	<b>7%</b>	7%	6%	4%	19%	0%
It was more expensive than getting an NHS prescription	<b>6%</b>	6%	7%	6%	13%	0%
I received incorrect advice	<b>6%</b>	6%	6%	4%	25%	8%
I experienced language/communication/accessibility barriers	<b>2%</b>	1%	4%	2%	3%	17%

**Table 21c (continued): Q17. Please explain why you answered Q16 in the way that you did (Select all that apply) RESULTS BY ETHNICITY** (base sizes in brackets).

<i>Base: All answering, seen a pharmacist in the last 12 months &amp; can remember</i>	<b>Total</b> (1,893)	<b>White</b> (1,368)	<b>Asian/ Asian British</b> (313)	<b>Black/ Black British</b> (51)	<b>Mixed</b> (32)	<b>Other</b> (12)
Another reason (please tell us)	4%	4%	4%	2%	0%	0%
<b>At least one 'Positive' reason selected (net)</b>	<b>84%</b>	<b>85%</b>	<b>82%</b>	<b>94%</b>	<b>78%</b>	<b>92%</b>
<b>At least one 'Negative' reason selected (net)</b>	<b>36%</b>	<b>35%</b>	<b>39%</b>	<b>33%</b>	<b>56%</b>	<b>33%</b>

Looking at the results by ethnicity, there are no significant differences between sub-groups in terms of the proportions providing at least one positive reason for their ratings of their last pharmacist experience.

When examining differences between the positive individual reasons mentioned, White respondents are generally more likely to have selected many of the positive reasons listed compared to those of other ethnic groups, with the exception of *'I liked being seen outside of usual GP practice hours'*.

There are no differences evident by ethnicity for any of the negative individual reasons mentioned.

**Table 21d: Q17. Please explain why you answered Q16 in the way that you did (Select all that apply) RESULTS BY 'HEALTH STATUS', 'CARER STATUS' AND 'PREGNANCY STATUS'** (base sizes in brackets).

Base: All answering, seen a pharmacist in the last 12 months & can remember

	Total (1,893)	Disability or Poor Health?		Carer Responsibility?		Pregnant/Given Birth?:	
		Yes (602)	No (1,128)	Yes (364)	No (1,401)	Yes (41)	No (1,697)
<i>Positive Reasons:</i>							
I got advice/medication quickly	<b>57%</b>	52%	60%	59%	57%	56%	58%
Knowledgeable/ helpful staff	<b>44%</b>	44%	46%	45%	46%	39%	45%
Easy and convenient to use	<b>40%</b>	37%	42%	42%	41%	32%	41%
My pharmacy is easy to travel to	<b>36%</b>	36%	36%	39%	36%	24%	36%
I was able to speak to someone in a private room	<b>25%</b>	27%	24%	30%	25%	22%	26%
I liked being seen outside of usual GP practice hours	<b>12%</b>	11%	12%	14%	12%	10%	12%
<i>Negative Reasons:</i>							
My problem was not solved/I was referred back to my GP/another service	<b>20%</b>	24%	18%	24%	19%	27%	20%
Staff were unhelpful/not knowledgeable	<b>8%</b>	9%	7%	8%	8%	7%	8%
There was a lack of privacy when discussing my condition	<b>7%</b>	9%	6%	8%	7%	10%	7%
It was more expensive than getting an NHS prescription	<b>6%</b>	8%	5%	8%	6%	12%	6%
I received incorrect advice	<b>6%</b>	6%	6%	4%	6%	10%	6%
I experienced language/ communication/ accessibility barriers	<b>2%</b>	3%	1%	1%	2%	2%	2%

**Table 21d (continued): Q17. Please explain why you answered Q16 in the way that you did (Select all that apply) RESULTS BY 'HEALTH STATUS', 'CARER STATUS' AND 'PREGNANCY STATUS'** (base sizes in brackets).

	Total (1,893)	Disability or Poor Health?		Carer Responsibility?		Pregnant/Given Birth?:	
		Yes (602)	No (1,128)	Yes (364)	No (1,401)	Yes (41)	No (1,697)
<i>Base: All answering, seen a pharmacist in the last 12 months &amp; can remember</i>							
<i>Positive Reasons:</i>							
Another reason (please tell us)	4%	5%	4%	3%	5%	2%	4%
<b>At least one 'Positive' reason selected (net)</b>	<b>84%</b>	<b>81%</b>	<b>86%</b>	<b>82%</b>	<b>85%</b>	<b>85%</b>	<b>84%</b>
<b>At least one 'Negative' reason selected (net)</b>	<b>36%</b>	<b>42%</b>	<b>33%</b>	<b>38%</b>	<b>35%</b>	<b>49%</b>	<b>36%</b>

Looking at the results by health status, those with a disability or who are in poor health are less likely than those in good health to provide at least one positive reason for their ratings of their last pharmacist experience (81% - 490 respondents - and 86% - 967 respondents - respectively).

When examining differences between the positive individual reasons mentioned, those with a disability or who are in poor health are slightly less likely than those in good health to have selected two of the positive reasons listed - 'I got advice/medication quickly' and that their pharmacy was 'Easy and convenient to use'.

Those with a disability or in poor health are more likely than those in good health to have selected at least one of the negative reasons listed (42% - 250 respondents - of those with a disability or in poor health, compared with 33% - 375 respondents – of those in good health). This is largely driven by a stronger feeling amongst this group that 'My problem was not solved/I was referred back to my GP/another service', which is selected by 24% (145 respondents) of those with a disability or poor health compared with 18% (201 respondents) of those in good health.

There is no significant difference between those with carer responsibilities and non-carers in terms of the proportions selecting at least one positive reason for their ratings of their last pharmacist experience (82% - 299 respondents – and 85% - 1,193 respondents respectively). In addition, there are no differences between these two groups when looking at the positive individual reasons mentioned, or when comparing the proportions who have selected at least one negative reason for their ratings of their last pharmacist experience.

Due to the low base size for respondents who are/have been pregnant in the last 26 weeks, any comparison between this group and the total sample can only be treated as indicative rather than statistically significant. However, there may be some evidence to suggest that this group may be slightly more likely than average to select at least one negative reason (49% - 20 respondents, compared to the 36% average across the total sample).

**Table 21e: Q17. Please explain why you answered Q16 in the way that you did (Select all that apply) RESULTS BY SEXUAL ORIENTATION, RELIGION/BELIEF & ARMED FORCES INVOLVEMENT** (base sizes in brackets).

Base: All answering, seen a pharmacist in the last 12 months & can remember	Total (1,893)	Sexual Orientation:			Religion/Belief:			Armed Forces Involvement?:	
		Hetero (1,553)	Gay/ Lesb/Bi (82)	Other (14)	Christian (815)	Non-Christian (304)	No religion (566)	Yes (78)	No (1,543)
<i>Positive Reasons:</i>									
I got advice/medication quickly	<b>57%</b>	57%	56%	71%	60%	51%	61%	58%	57%
Knowledgeable/helpful staff	<b>44%</b>	46%	39%	43%	48%	41%	44%	45%	46%
Easy and convenient to use	<b>40%</b>	42%	37%	29%	42%	31%	45%	41%	41%
My pharmacy is easy to travel to	<b>36%</b>	36%	37%	43%	38%	30%	38%	42%	36%
I was able to speak to someone in a private room	<b>25%</b>	26%	24%	36%	27%	18%	28%	29%	26%
I liked being seen outside of usual GP practice hours	<b>12%</b>	12%	16%	21%	11%	13%	13%	9%	12%
<i>Negative Reasons:</i>									
My problem was not solved/I was referred back to my GP/another service	<b>20%</b>	19%	23%	21%	20%	17%	20%	24%	20%
Staff were unhelpful/not knowledgeable	<b>8%</b>	7%	15%	14%	7%	9%	8%	9%	7%
There was a lack of privacy when discussing my condition	<b>7%</b>	7%	7%	14%	8%	7%	7%	5%	8%
It was more expensive than getting an NHS prescription	<b>6%</b>	6%	11%	7%	6%	7%	5%	5%	6%
I received incorrect advice	<b>6%</b>	5%	11%	7%	5%	8%	6%	9%	5%
I experienced language/communication/accessibility barriers	<b>2%</b>	2%	5%	0%	2%	4%	1%	5%	1%

**Table 21e (continued): Q17. Please explain why you answered Q16 in the way that you did (Select all that apply) RESULTS BY SEXUAL ORIENTATION, RELIGION/BELIEF & ARMED FORCES INVOLVEMENT** (base sizes in brackets).

Base: All answering, seen a pharmacist in the last 12 months & can remember	Total (1,893)	Sexual Orientation:			Religion/Belief:			Armed Forces Involvement?:	
		Hetero (1,553)	Gay/ Lesb/Bi (82)	Other (14)	Christian (815)	Non-Christian (304)	No religion (566)	Yes (78)	No (1,543)
<i>Positive Reasons:</i>									
Another reason (please tell us)	4%	4%	2%	0%	4%	5%	4%	3%	4%
<b>At least one 'Positive' reason selected (net)</b>	<b>84%</b>	<b>85%</b>	<b>83%</b>	<b>100%</b>	<b>86%</b>	<b>83%</b>	<b>86%</b>	<b>85%</b>	<b>85%</b>
<b>At least one 'Negative' reason selected (net)</b>	<b>36%</b>	<b>36%</b>	<b>41%</b>	<b>36%</b>	<b>35%</b>	<b>38%</b>	<b>34%</b>	<b>41%</b>	<b>35%</b>

When examining the results by sexual orientation, there are no significant differences between heterosexual and gay/lesbian/bisexual respondents in their likelihood to select at least one positive reason for their ratings of their last pharmacist experience (85% - 1,319 respondents - and 83% - 68 respondents - respectively).

Looking at differences between the positive individual reasons mentioned, the only two differences of note are that gay/lesbian/bisexual respondents may be slightly less likely than heterosexual respondents to have selected 'Knowledgeable/ helpful staff' (39% - 32 respondents - of the gay/lesbian/bisexual sample, compared with 46% - 719 respondents - of heterosexuals) and that their pharmacy was 'Easy and convenient to use' (37% - 30 respondents - and 42% - 651 respondents - respectively), although the relatively low base size for the former groups means that this finding should be treated as indicative rather than statistically significant.

The only slight difference in terms of the selection of at least one of the negative reasons listed is that a slightly higher proportion of gay/lesbian/bisexual respondents (15% - 12 respondents) select 'Staff were unhelpful/not knowledgeable' as a reason, compared with 7% (111 respondents) of heterosexuals, although again this finding should be treated as indicative rather than statistically significant.

Looking at the findings by religion/belief, there are no significant differences between the three main belief groups in their likelihood to select at least one positive reason for their ratings of their last pharmacist experience.

Looking at differences between the positive individual reasons mentioned, non-Christians are less likely than average to feel that the pharmacy they visited is 'Easy and convenient to use' (31% - 93 respondents – compared to the 40% average across all respondents), that 'My pharmacy is easy to travel to' (30% - 91 respondents – compared to the 36% average) and that 'I was able to speak to someone in a private room' (18% - 56 respondents, compared to the 25% average).

There are no differences between the three main belief groups in terms of the selection of at least one of the negative reasons listed.

When examining the results by Armed Forces involvement, there are no significant differences between those with current/previous Armed Forces involvement and those who have no involvement in their likelihood to select at least one positive reason for their ratings of their last pharmacist experience (85% - 66 respondents - and 85% - 1,304 respondents - respectively).

The only slight difference evident for the positive individual reasons mentioned may be that those with Armed Forces involvement may be slightly more likely than average to select '*My pharmacy is easy to travel to*' (42% - 33 respondents – compared to the 36% average), although the relatively low base size for this group means that this finding should be treated as indicative rather than statistically significant.

There is some evidence to suggest that those with Armed Forces involvement may be slightly more likely than average to select at least one negative reason for their ratings of their last pharmacist experience (41% - 32 respondents, compared to the 36% average), although again this finding should be treated as indicative rather than statistically significant.

**Table 21f: Q17. Please explain why you answered Q16 in the way that you did (Select all that apply) RESULTS BY RELATIONSHIP STATUS & SURVEY PARTICIPATION METHOD** (base sizes in brackets).

	<b>Total</b> (1,893)	<b>Relationship Status:</b>			<b>Survey Participation Method:</b>	
		<b>Married/ Partner</b> (1,272)	<b>Separated/ Divorced/ Widowed</b> (202)	<b>Single</b> (303)	<b>Online Survey</b> (1,798)	<b>Printed/ Paper Survey</b> (96)
<i>Base: All answering, seen a pharmacist in the last 12 months &amp; can remember</i>						
<u>Positive Reasons:</u>						
I got advice/medication quickly	<b>57%</b>	57%	56%	57%	57%	59%
Knowledgeable/helpful staff	<b>44%</b>	45%	49%	45%	44%	47%
Easy and convenient to use	<b>40%</b>	42%	39%	37%	40%	32%
My pharmacy is easy to travel to	<b>36%</b>	36%	39%	36%	35%	38%
I was able to speak to someone in a private room	<b>25%</b>	25%	30%	22%	25%	32%
I liked being seen outside of usual GP practice hours	<b>12%</b>	12%	10%	13%	11%	19%
<u>Negative Reasons:</u>						
My problem was not solved/I was referred back to my GP/another service	<b>20%</b>	19%	19%	23%	21%	6%
Staff were unhelpful/not knowledgeable	<b>8%</b>	8%	4%	9%	8%	10%
There was a lack of privacy when discussing my condition	<b>7%</b>	7%	7%	8%	8%	3%
It was more expensive than getting an NHS prescription	<b>6%</b>	6%	6%	6%	6%	7%
I received incorrect advice	<b>6%</b>	5%	7%	8%	6%	8%
I experienced language/communication/accessibility barriers	<b>2%</b>	2%	1%	2%	2%	0%

**Table 21f (continued): Q17. Please explain why you answered Q16 in the way that you did (Select all that apply) RESULTS BY RELATIONSHIP STATUS & SURVEY PARTICIPATION METHOD** (base sizes in brackets).

Base: All answering, seen a pharmacist in the last 12 months & can remember	Total (1,893)	Relationship Status:			Survey Participation Method:	
		Married/ Partner (1,272)	Separated/ Divorced/ Widowed (202)	Single (303)	Online Survey (1,798)	Printed/ Paper Survey (96)
<i>Positive Reasons:</i>						
Another reason (please tell us)	4%	4%	3%	6%	4%	4%
<b>At least one 'Positive' reason selected (net)</b>	<b>84%</b>	<b>84%</b>	<b>84%</b>	<b>85%</b>	<b>84%</b>	<b>89%</b>
<b>At least one 'Negative' reason selected (net)</b>	<b>36%</b>	<b>35%</b>	<b>37%</b>	<b>39%</b>	<b>36%</b>	<b>28%</b>

Looking at the findings by relationship status, there are no significant differences in likelihood to select at least one positive reason for their ratings of their last pharmacist experience.

Looking at differences between the positive individual reasons mentioned, respondents who are separated/divorced/widowed are slightly more likely than average to feel that the pharmacy they visited had *'Knowledgeable/ helpful staff'* (49% - 98 respondents – compared to the 44% average across all respondents), and that *'I was able to speak to someone in a private room'* (30% - 61 respondents – compared to the 25% average).

There are no differences by relationship status in terms of the selection of at least one of the negative reasons listed, or in any of the individual negative reasons.

When examining the results by survey participation method, there is some evidence to suggest that those completing the printed/paper survey may be slightly more likely than average to have selected at least one positive reason for their ratings of their last pharmacist experience (89% - 85 respondents – compared to the 84% average across all respondents), with a slightly higher than average proportion selecting *'I was able to speak to someone in a private room'* (32% - 31 respondents, compared to the 25% average) and a slightly lower than average proportion feeling that the pharmacy they visited is *'Easy and convenient to use'* (34% - 33 respondents, compared to the 40% average).

There is also some evidence to suggest that those completing the printed/paper survey may be slightly less likely than average to have selected at least one negative reason for their most recent pharmacist visit rating. The main driver of this is the lower-than-average proportion selecting *'My problem was not solved/I was referred back to my GP/another service'* (6% - 6 respondents - compared to the 20% average across all respondents).

In total, 25% (98 respondents) of those who had seen a pharmacist in the last twelve months provided a comment of some kind for this question in the 'Another reason' section.

A few **example comments** illustrating the main key themes of the comments made in relation to 'positive reasons' and 'negative reasons' are shown below.

**Example comments** (relating to 'positive reasons' for providing their rating for their most recent pharmacist visit).

#### Comment

##### KEY THEME: 'I got advice/medication quickly'

*"I have tried Asda chemist in Hinckley, they were brilliant. My local chemist told me to come back the next day and would not see me that day."*

*"My son was having an earache for a while, I thought it might get better but it didn't. It was very hard to get appointments and then due to hard wax blocking the ear canal, I couldn't know whether an infection was there or not and ear wax removal for under 16 is not available. Went to a pharmacy and got drops to remove the hard wax."*

*"My toe had swollen up, I wasn't sure if I'd been bitten, the pharmacist made me put foot on the counter and then referred me to 111."*

##### KEY THEME: 'Knowledgeable/helpful staff'

*"I needed to get a flu jab and the bloke was really polite, helpful and honest. It was a treat."*

*"I'm too old (29 years) to receive help from the pharmacy with an ear infection but they very kindly still saw me and recommended something. I went to the pharmacy because it's so difficult to get an appointment at my GP (Castle Mead Medical Centre, Hinckley)."*

**Example comments** (relating to 'negative reasons' for providing their rating for their most recent pharmacist visit).

#### Comment

##### KEY THEME: 'My problem was not solved/I was referred back to my GP/another service'

*"The medication I needed was out of stock in the chemist shop."*

*"I was told by my GP receptionist to go to a pharmacy, when I went to the pharmacy they said I should have been referred so it was a confusing process. I still don't know what the correct process is."*

*"Too complicated. I know they can treat ear ache for example, but not the age range."*

##### KEY THEME: 'I received incorrect advice'

*"I had a reaction to the antibiotics prescribed and although mentioned this at the consultation was prescribed the same medication and experienced the same excessive unpleasant side effects."*

*"I was given the wrong antibiotics and they made me ill."*

##### KEY THEME: 'Other reason – administration issues at the pharmacy'

*"The pharmacist sent someone else's BP results to Latham House. It is still on my records a year later despite my numerous complaints. I had my BP checked two weeks before the incorrect one was sent."*

*"They couldn't access my information because they said a staff member had taken the laptop home."*

*"They couldn't locate my prescription from the GP, very unhelpful. I had to go to another pharmacy who were able to locate my prescription (it was at the previous pharmacy located at the GP surgery) I have since switched to the pharmacy that helped me."*

# Section 6: Feedback from Other Sources

## 6.1 Feedback Received from Other Sources

In addition to the responses received via the engagement questionnaire, further additional feedback and queries were received via email and telephone:

- Requests for alternative questionnaire formats (several requests for a paper copy, one request for the online link, and one request for a large-print version);
- Two emails from stakeholders about the engagement process;
- Five emails providing practical feedback relating to the questionnaire content.

Three emails were also received from members of the public regarding the clarity and usability of the Getting NHS Help Fast information. Key points included:

### Pharmacy service criteria

- One respondent described a mismatch between GP advice and pharmacy eligibility for recurrent or ongoing conditions. They felt clearer guidance is needed for both patients and GP practice staff on when pharmacy services are appropriate.

### Accessing GP practices

- A respondent raised concerns about long telephone queues, particularly for older people, and suggested increasing early-morning call-handling capacity and strengthening support for frontline staff.

### Understanding Urgent Treatment Centres (UTCs)

- One respondent found the terminology used across materials confusing, particularly which services offer walk-in access and how this aligns with advice to contact a GP practice or NHS 111 first.

# Section 7: Use of Findings

## **7.1 Use of Findings**

The findings from this engagement will be used by the ICB to inform any further improvements or developments needed to support timely access to same-day NHS services across Leicester, Leicestershire and Rutland. Insights gathered will help shape future communication about the Getting NHS Help Fast programme and guide the ongoing refinement of same day access arrangements in Leicester City, Leicestershire and Rutland.

# Appendix A:

## How People Heard About This Engagement

**Table 23: Q1. How did you hear about this questionnaire? (Select all that apply).**

**OVERALL RESULTS** (all respondents answering: n=6,181).

Theme of comment	No. responses	% responses
Text/letter/app notification from my GP practice	4,635	75%
Email	594	10%
Social media (e.g. Facebook)	362	6%
Voluntary and community group (please tell us)	288	5%
<i><u>NB: The most-mentioned individual 'voluntary and community groups' are:</u></i>		
<i>Bangladesh Youth and Cultural Shomiti - BYCS</i>	71	1%
<i>Angels &amp; Monsters</i>	29	<0.5%
<i>Communities Food and Wellbeing Hub</i>	66	1%
<i>Jamila's Legacy organisation</i>	20	<0.5%
<i>Team Hub CIC</i>	14	1%
<i>SDS</i>	7	<0.5%
Staff communication	88	1%
Friend or family member	72	1%
Newspaper	60	1%
Event/stand (please tell us)	38	1%
<i><u>NB: The most commonly mentioned 'events/stands' are:</u></i>		
<i>Stand at Asda (Thurmaston, Hinckley)</i>	7	<0.5%
<i>Stand at Tesco store (various/unnamed locations)</i>	5	<0.5%
Poster or leaflet	32	1%
Radio	9	<0.5%

**Table 23 (continued): Q1. How did you hear about this questionnaire? (Select all that apply).**

**OVERALL RESULTS** (all respondents answering: n=6,181).

Theme of comment	No. responses	% responses
Other (please tell us)	205	3%
<i>NB: The most commonly mentioned 'other' ways are:</i>		
NHS App/NHS website	45	1%
School (e.g. newsletter, other parent)	20	<0.5%
Internet (e.g. Google, internet search, online article, local website, unspecified)	7	<0.5%
From GP surgery (e.g. via text, saw display)	25	<0.5%
Via text (unspecified)	7	<0.5%
NHS comms (e.g. NHS email, NHS newsletter to PPG & networks, unspecified)	6	<0.5%
Leicester Warriors Basketball Club	6	<0.5%
On TV	6	<0.5%
At a community centre (e.g. Team Hub CIC New Parks Hub, unspecified)	6	<0.5%
Via Local/Parish Council	6	<0.5%
Patient Participation Group/Task & Finish Group	11	<0.5%
<b>NET: Aware through one channel only</b>	<b>6,018</b>	<b>97%</b>
<b>NET: Aware through more than one channel</b>	<b>163</b>	<b>3%</b>

# Appendix B:

## List of Practices

**Appendix: Q3. Which GP Practice are you registered with? Leicester City**  
**OVERALL RESULTS** (all Leicester City responses: n=1,338).

General Practice	Number of Responses
<b><u>Across Leicester PCN:</u></b>	
Beaumont Lodge Medical Practice	8
Fosse Medical Centre (Dr H Mukadam)	160
Highfields Surgery (R Wadhwa)	14
Manor Park Medical Practice	7
<b><i>Across Leicester PCN Total</i></b>	<b>189</b>
<b><u>Belgrave &amp; Spinney Hill PCN:</u></b>	
Broadhurst St Med Practice (KS Morjaria)	2
Dr B Modi	12
East Park Medical Centre (RP Pandya)	16
Spinney Hill Medical Centre	174
The Charnwood Practice	96
<b><i>Belgrave &amp; Spinney Hill PCN Total</i></b>	<b>300</b>
<b><u>City Care Alliance PCN:</u></b>	
Dr U K Roy	3
Merridale Medical Centre (RP Tew)	37
Spirit Primary Care Limited-Asquith	7
Spirit Primary Care Ltd-Beaumont Leys	1
Spirit Primary Care Ltd-Rushey Mead	0
The Parks Medical Centre (B Hainsworth)	13
<b><i>City Care Alliance PCN Total</i></b>	<b>61</b>

**Appendix (continued): Q3. Which GP Practice are you registered with? Leicester City OVERALL RESULTS** (all Leicester City responses: n=1,338).

General Practice	Number of Responses
<b><u>Leicester Central PCN:</u></b>	
Bowling Green Street Surgery	1
Community Health Centre (ZS Osama)	26
Heron GP Practice	7
Highfields Medical Centre	23
Shefa Medical Practice	6
<b><i>Leicester Central PCN Total</i></b>	<b>63</b>
<b><u>Leicester City &amp; University PCN:</u></b>	
Hockley Farm Medical Practice (A Nana)	175
Oakmeadow Surgery (GJ Ingrams)	10
Victoria Park Health Centre	72
<b><i>Leicester City &amp; University PCN Total</i></b>	<b>257</b>
<b><u>Leicester City South PCN:</u></b>	
Inclusion Healthcare	6
Leicester City Assist Practice	5
Saffron Group Practice	9
Sturdee Road Health And Wellbeing Centre	1
The Hedges Medical Centre (SA Bailey)	3
<b><i>Leicester City South PCN Total</i></b>	<b>24</b>
<b><u>Orion PCN:</u></b>	
Aylestone Health Centre	6
Cossington Park Surgery	5
Dr S Shafi	0
Westcotes GP Surgery (One)	3
Westcotes GP Surgery (Two)	0
Westend Medical Practice	2
<b><i>Orion PCN Total</i></b>	<b>16</b>

**Appendix (continued): Q3. Which GP Practice are you registered with? Leicester City OVERALL RESULTS** (all Leicester City responses: n=1,338).

General Practice	Number of Responses
<b><u>Salutem PCN:</u></b>	
Downing Drive Surgery	8
East Leicester Med Practice (S Longworth)	6
Humberstone Medical Centre (IP Jones)	9
Johnson Medical Practice	65
St Elizabeth's Medical Centre (JA Wood)	5
<b><i>Salutem PCN Total</i></b>	<b>93</b>
<b><u>The Leicester Foxes PCN:</u></b>	
Al-Waqas Medical Centre	2
Brandon Surgery Dr R Kapur & Partner	1
Dr R Kapur & Partners	2
Horizon Healthcare	91
Narborough Road Surgery	1
St Peter's Med Centre (Mansingh & Mehra)	19
The Surgery @ Aylestone	4
<b><i>The Leicester Foxes PCN Total</i></b>	<b>120</b>
<b><u>Willows Health PCN:</u></b>	
De Montfort Surgery	46
The Practice-Sayeed	4
Willows Health	135
<b><i>Willows Health Total</i></b>	<b>185</b>

**Appendix: Q3. Which GP Practice are you registered with? Leicestershire**  
**OVERALL RESULTS** (all Leicestershire responses: n=4,608).

General Practice	Number of Responses
<b><u>Beacon (Charnwood) PCN:</u></b>	
Charnwood Medical Group (Rosebery, Outwood, Forest Edge)	16
Dishley Grange Medical Practice (Maxwell Drive and Cross Street)	52
Field Street Surgery (Shepshed)	8
Forest House Surgery (Shepshed)	2
<b><i>Beacon (Charnwood) PCN Total</i></b>	<b>78</b>
<b><u>Bosworth PCN:</u></b>	
Desford Medical Centre	23
Heath Lane Surgery (Earl Shilton)	6
Newbold Verdon Medical.Practice (and Market Bosworth)	91
Ratby Medical Centre	2
<b><i>Bosworth PCN Total</i></b>	<b>122</b>
<b><u>Carillon PCN:</u></b>	
Bridge Street Medical Practice	25
Campus View Medical Centre (Loughborough Uni)	9
Park View Surgery (Loughborough)	10
Pinfold Medical Practice	17
Woodbrook Medical Centre (Loughborough)	13
<b><i>Carillon PCN Total</i></b>	<b>74</b>
<b><u>Cross Counties PCN:</u></b>	
South Leicestershire Med Group (Old School, Great Glen, Fleckney, Kibworth, Two Shires)	26
The Billesdon Surgery (and Bushby Surgery)	2
<b><i>Cross Counties PCN Total</i></b>	<b>28</b>

**Appendix: Q3. Which GP Practice are you registered with? Leicestershire**  
**OVERALL RESULTS** (all Leicestershire responses: n=4,608).

General Practice	Number of Responses
<b><u>Fosseway PCN:</u></b>	
Barwell and Hollycroft Medical Centres	326
The Burbage Surgery (and Wolvey and Sapcote)	414
The Old School Surgery (Stoney Stanton)	190
The Orchard Medical Practice (Broughton Astley and Ullesthorpe)	52
<b><i>Fosseway PCN Total</i></b>	<b>982</b>
<b><u>G3 PCN:</u></b>	
Groby Road Medical Centre ( <i>located in Leicester City</i> )	6
Groby Surgery	1
The Glenfield Surgery	7
<b><i>G3 PCN Total</i></b>	<b>14</b>
<b><u>Hinckley Central PCN:</u></b>	
Castle Mead Medical Centre (Hinckley and Stoke Golding)	290
Maples Family Medical Practice (Hinckley)	13
Station View Health Centre (Hinckley)	7
The Centre Surgery (Hinckley)	111
<b><i>Hinckley Central PCN Total</i></b>	<b>421</b>
<b><u>Market Harborough &amp; Bosworth PCN:</u></b>	
Husbands Bosworth Medical Centre	192
Market Harborough Med.Ctr (and St Lukes branch)	968
<b><i>Market Harborough &amp; Bosworth PCN Total</i></b>	<b>1,160</b>
<b><u>Melton, Syston And Vale PCN:</u></b>	
Latham House Medical Practice (and Asfordby branch)	178
Long Clawson Medical Practice	12
The County Practice (Syston)	8
The Jubilee Medical Practice (Syston)	32
<b><i>Melton, Syston And Vale PCN Total</i></b>	<b>230</b>

**Appendix: Q3. Which GP Practice are you registered with? Leicestershire**  
**OVERALL RESULTS** (all Leicestershire responses: n=4,608).

General Practice	Number of Responses
<b><u>North Blaby PCN:</u></b>	
Enderby Medical Centre	8
Forest House Medical Centre	8
Kingsway Surgery (Braunstone Town)	85
The Limes Medical Centre (Narborough)	19
<b><i>North Blaby PCN Total</i></b>	<b>120</b>
<b><u>North West Leicestershire PCN:</u></b>	
Broom Leys Surgery (Coalville)	384
Castle Donington Surgery	8
Castle Medical Group (Ashby de la Zouch)	18
Hugglescote Surgery	6
Ibstock & Barlestone Surgeries (Ibstock House)	4
Long Lane Surgery (Coalville)	16
Manor House Surgery (Belton)	2
Markfield Medical Centre	12
Measham Medical Unit	13
The Surgery (Whitwick Road, Coalville)	11
Whitwick Health Centre (Dr Patel and Dr Tailor)	105
Whitwick Health Centre (Dr Virmani and Dr Bedi)	14
<b><i>North West Leicestershire PCN Total</i></b>	<b>593</b>
<b><u>Oadby &amp; Wigston PCN:</u></b>	
Bushloe Surgery (Wigston)	16
Rosemead Drive Surgery (and Harbrough Rd branch, Oadby)	151
South Wigston Health Centre	9
The Central Surgery (Oadby)	4
The Croft Medical Centre (Oadby)	8
Wigston Central Surgery	413
<b><i>Oadby &amp; Wigston PCN Total</i></b>	<b>601</b>

**Appendix: Q3. Which GP Practice are you registered with? Leicestershire**  
**OVERALL RESULTS** (all Leicestershire responses: n=4,608).

General Practice	Number of Responses
<b><u>Soar Valley PCN:</u></b>	
Alpine House Surgery (Mountsorrel)	14
Barrow Health Centre	4
Charnwood Surgery (Mountsorrel)	1
Dr MK Lakhani Practice, Sileby (Highgate Medical Centre)	4
Dr NW Osborne Practice (The Anstey Surgery/The Nook)	11
Dr SJC Clay Practice (The Cottage Surgery)	7
Quorn Medical Centre	53
The Banks Surgery (Sileby)	8
<b><i>Soar Valley PCN Total</i></b>	<b>102</b>
<b><u>South Blaby &amp; Lutterworth PCN:</u></b>	
Countesthorpe Health Centre	10
Hazelmere Medical Centre (Blaby)	3
Northfield Medical Centre	18
The Masharani Practice (Lutterworth)	11
The Wycliffe Medical Practice (Lutterworth)	10
<b><i>South Blaby &amp; Lutterworth PCN Total</i></b>	<b>52</b>
<b><u>Watermead PCN:</u></b>	
Birstall Medical Centre (Whiles Lane & Border Drive)	6
Greengate Medical Centre (Birstall)	24
Severn Surgery (Oadby)	3
Silverdale Medical Centre (Thurmaston)	5
Thurmaston Health Centre	1
<b><i>Watermead PCN Total</i></b>	<b>39</b>

**Appendix: Q3. Which GP Practice are you registered with? Rutland  
OVERALL RESULTS** (all Rutland responses: n=129).

General Practice	Number of Responses
<b><u>Rutland Health PCN:</u></b>	
Empingham Medical Centre	22
Market Overton and Somerby Surgeries	14
Oakham Medical Practice	52
The Uppingham Surgery (and Barrowden and Gretton)	41
<b><i>Rutland Health PCN Total</i></b>	<b>129</b>