

Community Engagement in Primary Care

Session 4 – Themed Discussions & Networking

Breakout Room 1 – Finding engagement methods to suit a diverse public

Questions

Working differently in the pandemic has been a challenge for everyone, how has it worked for you?

- As a community link worker we work to link with a diverse community. We work within GP surgeries so are lucky that way.
- I am struggling to find good engagement methods.
- We don't want the same people engaging all the time.
- I have found that doing 1-1 sessions in the GP surgery, when people are there, have been very effective because of the environment we are in, people are very honest.

Are people willing to stop and chat?

- Yes, community link workers are deliberately wandering about the surgery, we have a trusted presence, people know we are there, they stop and look at things. Before, when it was feet on the street, people were less likely to stop as they think you're trying to sell something. We are in a trusted environment people stop and listen to what we say and it's also captures the needs of the community.

How has that worked during the pandemic?

- We have been restricted in the numbers of people allowed in the practice, we have spoken to people when they have been waiting on the GP appointment. We have also been having telephone conversations, utilising the feedback we can get from people.

Does this cover diversity of the population?

- Not in its entirety but we do see a range of people. We get a far bigger range of diversity than we do when we are on the street.
- I have been shielding in a small village in the borders. I am also a resilient coordinator. I have 49 volunteers in the community, there's a general feeling that the community is all in it together.
- I have taken part in a Scottish Government consultation over the phone and I have also been doing surveys in the hospital, writing what matters to people on a tree.
- In the community some people avoid you, they 'don't want to be caught'. We use survey monkey to get feedback about topics like the community hall and what is important to them.
- I am doing a phone survey of older people for my local authority.

It's about capturing what you can when you can?

- Yes just having a table with paper writing down capturing what people like and don't like, not just asking their opinion, it's less structured.
- Some people don't want to be reached and that is a choice. I worry about the internet and assuming everyone has access. I have concerns about people who can't speak for themselves to get engaged, advocacy is important.

Do others have experience of different ways to reach people?

- We have used a phone survey for parents of paediatric patients regarding the use of technology during COVID-19, we have done a similar survey online for speech and language therapy for the same demographic. The online survey had a much higher response rate.
- The community link workers have changed the way we communicate, we have an ageing population so find it hard to engage over the internet. We have been putting leaflets in supermarkets, mail drops through every door and using survey monkey.

Do you have evidence that the information leaflets are having an impact and reached a wider range of older people?

- We are at the point where we are still looking at this and asked the Co-op to keep details and pass on information from people who are interested in the information in the leaflet.

We had a person who used sign language, I am concerned about how deaf people communicate when people are wearing masks in the pandemic, how do we reach them?

- My advice as a person with limited hearing is don't use the phone! NHS Near Me video platform is great.
- We work with people with hearing and sight loss, shielding has been a great leveller of reach, they have all been getting the same treatment as others, we have found these people and don't want them to slip back through the net. The language we use can be a barrier to engage with the public too. I don't say 'I'm going for an engagement' with my neighbour, I go for a cup of tea. We should think about the language that we use.

- Completely agree, we talk about health literacy regarding how we write to people but it is so accurate regarding how we speak and the language we use.
- This is right regarding the shielding population, how do we maintain the contact?
- As part of the support hubs we gave people contact leaflets so they knew who we were, what support we can give them and where we are. We are also planning to do this over the Christmas period, these will be wellbeing leaflet that will be given out when, for example, someone is getting a prescription collected or dropped off.
- Being a rural community we've linked with our local shops and given them the leaflets too. We took this opportunity to promote ourselves. The Co-op is a hub in the community and I can tell you the people who have come to us because of the ladies signposting to us in the Co-op, people go there for a chat. They might say how they really feel as it's a more relaxed environment.
- We have a role that we need to be engaging with other people and services so they confidently know where to go. Going to the place where people are instead of them going to you.
- Some GP practices have been using Facebook to share key messages about the practice e.g. about access, they will also signpost e.g. to pharmacy and key messages have been sent out via schools which covers a broad section of the community.
- Schools are a great place to share key messages regarding availability of support.
- Agreed, schools are a great way of engaging with broader community.
- My local GP practice is using Facebook really well.
- Transport and low income can stop people being engaged with, also people are working long hours for low wages. Transport was an ongoing issue before COVID-19 and it is getting worse.
- I've found it very difficult to access groups as support workers in 3rd sector have been furloughed.

Comments

- Hello, I'm from [Democratic Society](#) as part of our Public Square action research programme, we worked with 4 local areas (Glasgow, Calderdale, Frome and Kensington & Chelsea) to design participation and engagement activities. This report, from Calderdale, might be useful for some > www.thepublicsquare.org.uk/files/2020/06/Calderdale-Prototyping-report.pdf.

Breakout Room 2 - Finding Time and Resources for Public Engagement

Questions

Have changes to your approach to work due to COVID-19 given you more time or less time in your working day? If it's given you more time, how have you been filling this time?

- Working within my charity, we've been very busy since COVID-19, running online sessions, which GPs have signposted people to. Whilst GPs do signpost to the Third Sector, there seems to be no partnership working with the NHS beyond that.

- Our PPG has been meeting by Zoom since last February, but the problem has been getting a time commitment from GPs, not the other participants.
- Time and the priority for engagement is definitely an issue in the COVID-19 environment, particularly for clinicians, and more so as we move into the winter months. Arguably, it's even more important as services adapt and change the way they deliver services to ensure they are built around person centred care rather than what the services want to/are able to deliver.
- The change to embracing digital technology such as Teams and Zoom calls has helped to improve access and has also helped to free up some time. This also helps to reduce the costs of expenses such as travel and other costs that can be a barrier for people agreeing to get involved in some groups for individuals.

Have you found more time to engage with your communities during the pandemic? What methods have you used?

- I'm part of a community link working team and we've adapted by trying to look at other ways of engaging. We've used Access Anywhere but again they have to have an understanding for this and they have to have internet access. We are limited by what's open and available and are tapping into some groups that are still meeting. We are meeting patients and going for a walk and when allowed, a coffee. We go by what restrictions are in place.
- We do counselling – face to face, Zoom, telephone sessions and have supported 2,500 people since lockdown, but not through partnership working. It's a lot for a team of 6.
- I work for a third sector interface and also linked in with Connecting Scotland to overcome digital exclusion and bring digital solutions to the community. Amazing results in the long run but it requires a lot of staff/volunteer time and resource.

How do you think you could use some of the methods and technology being used to cope with COVID-19 to free up time and engage with members of the public?

- We have ladies of all ages (one is 85), using Zoom and they now help others to get online. There is a practical element to sessions, aromatherapy, yoga etc., as well as forming relationships and combatting isolation.
- I'm a Patient Support Advisor in a medical practice and we applied for iPads and Mifi (mobile internet) devices through Connecting Scotland. We now do digital training by phone, prioritising those who are shielding.
- It's excellent. The patients just wanted to access things like online prescriptions and shopping and now they are doing a lot more than that. Hopefully these types of initiatives will keep going.
- People who have disabilities or chronic illness find they can encounter challenges in getting about, so digital technology can reduce barriers for some.

Are there other resources that you've found or being using to engage with communities?

- There are lots of engagement resources out there, but it's important to understand that some may be restricted by licence.
- People who have disabilities or chronic illness find they can encounter challenges in getting about, so digital technology can really reduce barriers for some.

- Part of a community link working team we have adapted by trying to look at other ways of engaging.
- Chest Heart and Stroke Scotland are matching volunteers who are making kindness calls to people at risk.
- In considering barriers it's important to acknowledge that it can take some time for people to look at digital technology. Having support to access it does help, including offering telephone support on a regular basis.
- We have people who remain connected by phone and they've acknowledged the level of support in helping them cope over the last few months.

What kind of resource do you think you'd need to make it easier to engage with communities?

- It's important to acknowledge that people still want to have face to face sessions too.
- In a digital platform, there is no barrier to people making new friendships so the social connectivity it has enabled has been great.

I want advice about running a Patient Participation Group, we have a constitution but aren't sure how it aligns with best practice guidelines.

- The Engagement Officers can support with this. We can meet you following today's workshop and talk about how we can take something forward together and look at reviewing the group and the constitution.

Breakout Room 3 – Timing of meetings to suit people's needs

Questions

In your experience what do you think is the best time of day for meetings?

- Depends who you want to engage with – generally early times to engage with disabled people is not good.
- I have engaged with Young People and it was difficult to begin with but persevered and it paid off, one thing to remember with young people is that you are in their environment. One of the groups was an After School Group – first week was strange, loud music, football, badminton going on, but within a few visits felt like one of them and the engagement went well.
- Timing has always been a problem with the group, never easy to schedule meetings to capture everyone, can't get a proper balance and restricted by venues availability.
- The local GP Practice are happy to have people in after hours so that helps but always a problem to find a suitable time for everyone. Generally the people who attend the PPG are retired with no work commitments which is easier. We now alternate times each month i.e. 1 month we meet in the afternoon, the next we meet in the evening, although we have noticed this does not really make a difference as usually there is a core of members who attend.
- It is difficult to attract younger, working people at night, need to look at a variety of engagement tools – not just meetings!

Facilitator asked about weekend meetings. Are they better, more successful, do you have any experience?

- No one had success regarding weekend meetings and mentioned that again venues can be a problem – not many around to hold/host meetings at weekends.
- COVID-19 put an end to ‘meetings’ as such and ‘virtual meetings’ have taken over.
- One participant suggested virtual meetings to the PPG but there was very little response with no interest.
- They have been using blogs and emailing information to keep members informed.
- One point raised was the not everyone has internet or is interested in using it.

Facilitator asked if people had experience of using different methods of engagement.

- Going to where young people are and making it convenient for them worked well. On the first night, was told by the young people: ‘You are welcome to be here but don’t come wearing a suit and don’t come dressed as us either’.
- We keep our patients up to date with information with a GP Practice Facebook Page and also a Practice Newsletter. The Facebook page is a good way to engage and get information out quickly. You can see how many people have read the post. It is not used for ‘engagement’ purposes, purely to share updates.
- We had considered a Facebook Page but the big problem is moderation of the page and the comments.
- We also shared about engagement which took place between the Practice Manager and the young people at the local High School. A good relationship was developed between them which enabled the practice to seek views and share information with the young people leading to a change in services within the practice. Following a session held between Practice Manger, school staff and young people, the Practice set up Contraception and Sexual Health Services which were requested by the young people.
- Timings of meetings, it was felt, work best if you are able to accommodate others i.e. with regards to the young people – going out to them and meeting them where they are comfortable. Facebook has also been highlighted as a good source of sharing information, although not the best in terms of carrying out engagement.