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PRIMARY CARE ABUSE TOWARDS STAFF RESEARCH
NOVEMBER 2021

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Approach & Methodology.

In November 2021, a series of consultations were undertaken with patients who had recently had an experience with primary care e.g. GP surgeries, pharmacists etc. Further to this, they were patients that recognised that they were becoming increasingly frustrated with primary care

The aim of these consultations was to identify patient frustrations with primary care, and to understand what could alleviate these frustrations and reduce the amount of abuse that primary care staff are facing.

As part of this, we also stress-tested potential territories and propositions that could help to shape and optimise engagement and impact of future communication campaigns relating to the abuse of primary care staff.

We recruited to ensure that we have a good mix of patients in terms of; Health Complaint, Ethnicity and Local Authority within West Yorkshire. All of whom will have stated to having a recent experience with primary care and feeling frustrated, angry or upset during the experience.

Due to the individual nature of each person and their experiences, the consultations were carried out as an individual discussion via a in-depth interview lasting up one hour using Zoom.

Ethnicity Breakdown

White British or Irish	7
None White British	5

Discussions Topics:

Background and Context

Recent experiences of Primary Care

Reviewing the Territories

Reviewing the Propositions

Driving engagement

Communication channels

Recent Primary Care Experiences

For many their recent experiences with Primary Care have been a negative experience

This negativity is generally the build up of a number of experiences with Primary Care, which has given patients the impression that primary care is convoluted, inefficient and is no longer focused on quality patient care within the first instance.

Focus is on quantity over quality

Too many huddles to cross to actually get an appointment in the first instance

Patient perception is that the receptionists aim to filter out as many patients as possible at the appointment booking stage

Telephone consultations act as a triage system for patients and filter out those that do not need a face-to-face appointment.

'Ring on the day' system and long telephone queues mean that many patients give up on trying to get an appointment or become increasingly frustrated.

This causes many patients to either give up or become frustrated and angry at the difficulty in getting an appointment once they finally get to speak to a member of staff.

Ensuring that patients are informed of all their options regarding making an appointment e.g. reinforcing an online booking facility for non-urgent appointments as this could help to ease some pressure on the telephone booking system.

Patients do not fully understand why Primary Care is facing the pressure it is at the moment

Patients feel that there has been little or no communication about the struggles in Primary Care and more importantly feel that they should be informed of this as patients. Further to this, Patients do not understand why Primary Care should be facing difficulties, unlike hospital services where patients recognise that there have been a number of delays to services because of covid restrictions.

Expect to see and hear more in the media specifically referring to Primary Care.

Expect to hear directly from their GP Surgery about their current situation and why they're under strain.

Many stated that they feel that covid is being used as an excuse as the cracks in Primary Care were visible prior to covid.

Ultimately, patients feel that they have a right to know and understand what is causing the level of care to be below standard in their opinion and when they can expect it to go back to some kind of normality.

This has been going on way before COVID, it's just a smoke screen for poor service. I think it's all about making cuts to save money.

I don't understand why they are struggling? It's not like the hospitals that have a backlog of patients to see! I do feel that they should be more accountable.

Patients also feel that Primary Care should bring back face-to-face appointments

Understand that the NHS is different to every day life and should be more cautious with the easing of restrictions. However, there is a feeling that relying on telephone appointments is offering substandard care, especially in situations where patients feel like they should be seen in person e.g. *to have a physical examination because they have found a lump.*

It is this 'battle' with staff that can lead to patients feeling frustrated, scared and anxious which can cause them to 'vent' at staff. Further to this, the attitude of staff can also 'rub patients up the wrong way'. Patients understand that it is difficult for Primary Care staff, as they are frontline workers, but being sharp or dismissive with patients can exacerbate the situation further.

Patients do feel that if they were informed of the struggles in more detail, this would help build empathy with staff. However, patients still feel that Primary Care needs to listen to patients more and expedite face-to-face appointments for those who feel that they need to physically see a doctor in person.

I found a lump in my stomach and it really worried me, but it took ages to get an appointment, Even when I explained what was wrong, the receptionist still said 'call back tomorrow'. My partner has found a lump in her armpit and her doctor just said it's probably a fatty lump, but they've not seen her and just said to keep an eye on it.

All agree that abuse is wrong, but steps need to be taken to ensure that patients do not get to this stage

Be honest and upfront about the current situation within the GP surgery, pharmacy etc.

Ensure that patients are consistently reminded of the ways to contact and book appointments, request repeat prescriptions etc.

Make patients aware of the amount of abuse that staff are facing; focusing on threats and physical abuse to highlight that it is not acceptable.

I think many customer-facing staff experience difficult situations and sometimes you've got to have a thick skin. Having said that, abuse shouldn't be tolerated and some of the examples given are shocking. Maybe highlighting that threats of violent or physical abuse will not be tolerated.

Context Summary

- Patients do not understand why Primary Care has been affected by the pandemic so badly, and further to this feel that it is just an excuse to cover up years of underfunding and inefficiency
- There is no dialogue between patients and Primary Care explaining the situation, so that patients can understand and empathise
- Frustration builds in the number of places from;
 - Trying to get through to their surgery to book an appointment
 - Trying to actually get an appointment
 - Trying to get a face-to-face appointment
 - Trying to get a referral to investigate or resolve the health complaint
- Patients would like more information about what is happening and why, and further to this when can they expect services to return to some normality as covid is here to stay so some risk is always going to be there.

Territories.

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Generally the insights informing territories resonated with patients either personally or from what they have heard from family and friends.

All territories have aspects that are relatable through their recent experiences with dealing with Primary Care services.

On the whole, the territories were well understood and the key message or essence resonated.
Only a few had aspect which polarised or needed clarity.

Therefore the propositions born out of the territories, should have a good foundation to build on in terms of engaging patients.

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Doctors & nurses doing their best resonated, but implies that receptionists are the main cause of the failures in Primary Care

INSIGHT: TERRITORY 1

"I know the doctors and nurses are all doing their best and want to help, but I just feel like everyone else, like the receptionists, are just there to get in the way and stop me from getting the help I need."

Patients do feel like the doctors and nurses are doing their best, as why would they enter the profession if they didn't want to help people.

Whilst receptionists are notorious for acting as a gatekeeper, this territory does imply that they are the main cause of problems in Primary Care, which isn't the case.

Generally feels that whilst elements of this territory do strike a cord, its not fully encapsulating the sentiment of patients and their experiences. It's not that people are getting in the way, it's that the system is overwhelmed and inefficient.

The key takeout was the receptionists are the blockage in primary care, which only accounts for a small part of the patient's experience.

I know the receptionists can be a pain and act as a blockage, but it's not just down to them. They're only being told to triage the situation and it's not down to them that you can't get an appointment or a face-to-face appointment..

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Agree that the frustration is born out of the situation and not at a specific individual

INSIGHT: TERRITORY 2

"I'm not angry at anybody in particular, I'm frustrated with the system, the lack of funding, why should I have to suffer - I pay my taxes and should be entitled to better treatment. It's not personal about the person on the end of the phone or in front of me but I'm out of patience."

Generally, most can relate to this scenario and many of the patient's frustrations are not directed at an individual it just a way of venting about the current situation.

Lack of funding is polarising, as some patients feel that there is only so much money available and something has to give, whilst others do agree that more money should go into Primary Care.

The word entitled is a sticking point as it feels too righteous and no one is 'entitled' to something. However, if the wording was changed to 'receive' this would have a tone more in line with how patients feel about Primary Care.

Yes, I can relate to this as I'm not angry with anyone just things in general.

There's only so much money available and where do you draw the line?!

I don't like the word entitled, it just doesn't sit right with me. Sounds wrong, as there's not many things you should be entitled to in life.

Patients were polarised to whether or not things are as tough for staff now as they were earlier on in the pandemic

INSIGHT: TERRITORY 3

"I used to go out and clap for the NHS and key workers every week because I think **they were real heroes** through the pandemic, but that was a long time ago and **it's not as tough for them now as it was then.**"

All agree that key workers, including NHS staff, have been the heroes during the pandemic.

Mixed opinions on whether or not it is still as tough for them now. Some thinking that it isn't as tough for them now and question whether or not it has ever been tough in Primary Care. Others feel that it still is a difficult situation and will be for sometime to come whilst we learn to live with covid.

The territory really highlights the disparity in patient attitudes, where some recognise the continued struggles and others don't.

I agree, but. I don't think it was ever been difficult for Primary Care. They closed their doors and started doing telephone appointments. It must be easier now than what it has been previous winters!

I disagree, I think it is still difficult for them as they have the vaccine to rollout and all the winter coughs and colds that are about at the minute, on top of covid.

Elicited mixed reactions with some patients, highlighting the range of opinions that exist

INSIGHT: TERRITORY 4

"I don't understand what the problem is? Covid is pretty much over and everything is almost back to normal so why are the NHS staff struggling so much?"

Some patients didn't understand what the problem was and why Primary Care should still be struggling and operating in the different way.

All acknowledged that things are slowly getting back to normal more generally in society. However, patients did feel that this could have had a negative effect on the NHS with people now questioning why the NHS wasn't getting back to normal e.g. *face-to-face appointments* when other things are getting back to business as usual.

I agree, I don't understand what the problem is why they can't see patients in person and why they're struggling? I think they've had it too easy if I'm honest.

I think the fact that somethings are back to normal doesn't help here, because people want to know why they can go out to the pub or on holiday, but can't see their doctor when ill.

Similar to Territory 4, the opinions towards this is mixed

INSIGHT: TERRITORY 5

"I think covid-19 is now just being used as an excuse. The pandemic is pretty much over and everything is almost back to normal so I don't understand why they are struggling so much?"

Again, some patients genuinely didn't understand what the problem was and why Primary Care should still be struggling as much as it is.

Understand that hospitals will be struggling with the backlog, but not GP surgeries.

Mixed opinions on whether or not the pandemic is over, some believe it is and others believe it is getting under control but will never be 'over' and we'll just learn to live with it.

I agree, it is pretty much over and they're just using it as an excuse, as many organisations are.

I agree with the don't understand why they are struggling so much. They obviously are but I don't know why they are. It would be nice to know and be told the reasons.

Generally resonates well and encapsulates the sentiment that patients are feeling

INSIGHT: TERRITORY 6

"It's not just me who is frustrated, everybody is feeling the same. Speak to anybody and they'll tell you it's impossible to get an appointment and it's like nobody wants to help."

Patients do feel that most people are frustrated with the whole Primary Care system and the lack of appointments, especially face-to-face appointments is a real cause for concern. Some patients even went as far as to say that frustration doesn't go far enough, distressed would be a more appropriate word, as you can be fearful of the consequences of not being seen quickly enough or referred.

Disagree that nobody wants to help, would maybe be more on point if it said and 'nobody can help'.

Yes spot on that. Everyone is frustrated, it's not just one person or one surgery that is affected, everyone is experiencing the same at the moment and it's very frustrating.

Propositions

Born out of the territories that generally resonated well, so should have a good foundation to build on.

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Provides context to the repercussions that can occur after staff face verbal or physical abuse

PROPOSITION 7

Staff shortages are one of the main reasons for the delays across our services, and being abused verbally or physically is one of the main reasons why staff leave.

Keeps the message factual and contextualises the scale of the problem. Helps patients to understand the wider impact and consequences of abusing staff. Further to this, it goes some way to explaining the Primary Care is short of staff at the moment and that this is one of the reasons why they are struggling to deal with current demand.

A message that is considered to work well across different media e.g. TV, Radio and especially print and still get the message across clearly and with impact.

Feel this would work well supported by stats that bring the scale to life and make patients realise that by being patient and respectful, longer term they will feel the benefit of this behaviour.

If that's true, then it's a really important message to get out there and make everyone understand the pressure that staff are under and the impact this has.

Is a little more open book and actually explains why there are delays to services. It could go further and use fact and figures, but it's a good start.

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This proposition was considered effective at reinforcing the human behind the 'job'

PROPOSITION 6

Almost every patient treats me with respect and I'm proud to help every one of them, but just one conversation, a moment of anger, can be enough to hurt me.

Most people treat me with respect, but just it just takes one person to hurt me.

Emphasises that it can just be one moment that can hurt a person and therefore think before you act.

The human touch brings an emotional connection to the patients and drives empathy towards staff.

Patients thought this this kind of approach would work well on social media, TV and radio advertising has it could tell an individual's story to create a stronger connection with patients. Patients were unsure as to whether or not the message would convey as well on printed media, feel that facts and figures work better in printed media.

That's good, it does make us remember that they are people, we're only human and abuse does hurt.

It's shame that this needs pointing out but it's good at bringing it back to a person.

Whilst the patients did agree with the sentiment of the proposition, they needed it to go further with proof points

PROPOSITION 2

You might feel upset and frustrated with the situation, I understand because I do too.

Whilst your anger might not be personal, it is to me.

I'm doing everything I can to help you.

Like the mirroring of the feeling upset and frustrated, helps to find a common ground and shared experience.

Like the reinforcing of the anger not being personal, but it is to the person on the receiving end.

Would like more explanation about what they're doing to help patients to drive empathy on both sides.

Feels like it's on the right lines in starting to build empathy and understanding, but needs to go a little further and support this with facts and figures. The blend of light and shade between the patient and staff works well and helps

I like the 'your anger might not be personal, it is to me' as it does make you remember that it's a person you're speaking to.

'I'm doing everything I can to help you' really what? I want to see and know what they're doing to help.

Appealed as it provides more detail and understanding about why Primary Care is struggling, but can go further

PROPOSITION 5

We're still dealing with the pandemic every single day, and the backlog it caused across our services.

The pandemic put us on hold and we had to delay so much. We're now doing everything to catch back up.

Polarised views on the use of 'pandemic' as many feel that it's being used as an excuse by many organisations. Would prefer to focus on what is being done to deal with the difficulties created by the pandemic and how Primary Care will try and get back to some normality.

Like referring to the backlog caused by the pandemic, but still need some proof points regarding why there is a backlog for Primary Care. Patients understand how this could be the case for hospitals, but not for GPs and pharmacies. More understanding is needed on the linkages between Primary and Secondary Care.

Using a proposition such as the above with proof points e.g. stats could help to educate patients on why Primary Care is under strain and this understanding can help to drive empathy with staff and reduce abuse towards staff.

I like how it refers to the backlog caused, but I'd want to know how has it caused a backlog for the GPs, as you could just think it's an excuse.

It just needs to go a little further such as; what are they doing to catch-up?

Agree with parts, but need to understand the issues in Primary Care before patients can show patience

PROPOSITION 1

Every single member of our team - doctors, nurses, receptionists - are here for one reason; to

help you.

We're all in this together, so please help us to help you by being patient, and being kind.

Do believe that the staff are there to help, as frustrating as it may be.

Like 'being kind' as a phrase that has been used a lot over recent years and does encapsulate how people should behave, even if it isn't always the case.

'All in this together' polarised patients with some feeling that it doesn't reflect the current situation, Primary Care would need to do more to prove this. Also being patient was considered a little patronising, especially if someone is feeling really poorly and in some distress.

'Help us to help you' feels like a bit of a cop out and patients want to know how would this help staff? Feels too woolly and vague.

I do believe that they want to help, otherwise why would you do that job. We sometimes need reminding of that.

Help us to help you, how? Makes it sound like it's the patients fault!

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This polarised patients with some things believing that the pandemic was over, whilst others felt it was some way off

PROPOSITION 4

It might feel like the pandemic is over, but it's not for me. Please show me the same support as you did last year, because we're still as busy as we were then.

Polarised viewed of whether or not the pandemic was over. Some believing that because restrictions have been eased, the pandemic was over in the UK. Others stated that it wasn't over and appreciated that healthcare would open up again at a difficult rate.

'Show the same support as last year' – some patients associated the 'Clap for the NHS' as being aimed at hospital staff working on the covid wards and key workers working on the frontline, not Primary Care. This was due to feeling that Primary Care staff were relatively well protected as they closed their doors and operated remotely from the first lockdown in March 2020 and therefore didn't need to be clapped.

Generally, patients don't understand why Primary Care is so busy. Again, there is an understanding of the backlog in Secondary Care, but not how this translates it's way through into Primary Care and they're not receiving any feedback superficially from their GP surgery explaining this.

Why? I don't understand why it's so difficult for them (Primary Care). They've not had to cancel things like the hospitals. I think it's just an excuse.

I'd like to know why they're so busy. I'm not saying that they're not busy, but why is it so bad now. I think covid is an excuse and actually it's down to a lack of staff and they can't recruitment due to Brexit creating a skills shortage.

The 'take a moment' part was relatable and practical to help stop patients lashing out at staff when frustrated

PROPOSITION 8

When we're frustrated or angry we're more likely to act with aggression and say things we wouldn't normally. So please take a moment for yourself, before speaking to a member of staff.

Like the 'please take a moment' because it can just remind patients that they can be snap when feeling frustrated and take a moment to calm down, although they're not sure how practical that is over the telephone.

The beginning section polarised patients with some feeling that it was relatable, whilst others thought it was a little patronising.

Could imagine a message similar to this working well on a telephone waiting voiceover trying to pre-condition patients to take a moment to think before speaking to staff, especially if they are feeling frustrated or annoyed. Again, they just weren't sure how practical it is taking a moment when on the telephone.

The watch out on this was to ensure that the message is executed in a way that will be accepted by patients and not patronise.

I get what it's trying to say but it can sound a little patronising and could be counter productive.

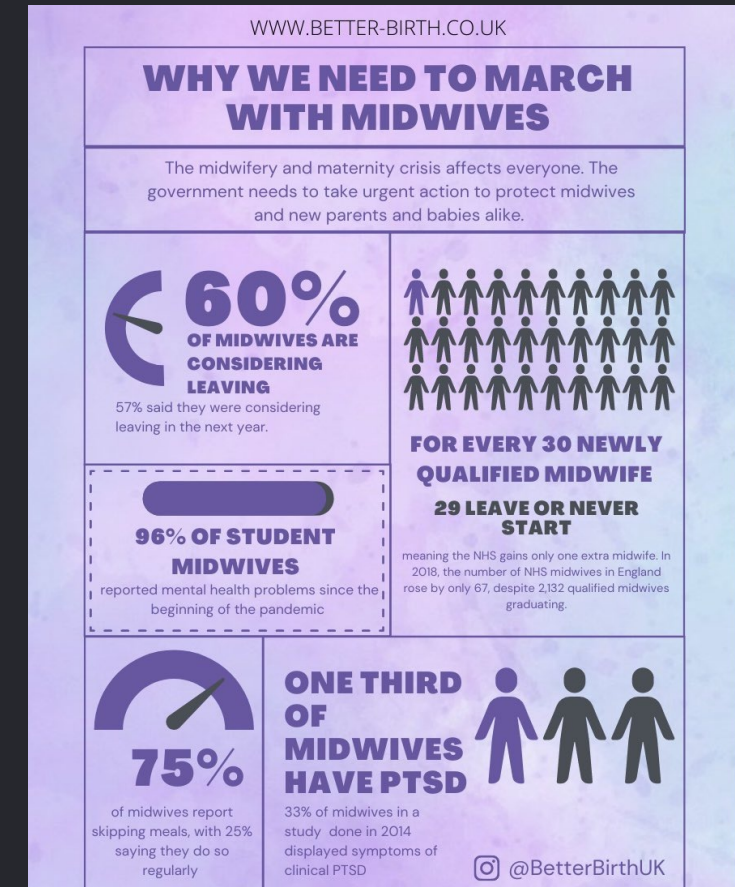
I do like 'take a moment...' because it will make people pause and think before they speak, which has to be a good thing.

How to drive engagement?

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Key take outs from the propositions are:

- **Giving patients background information about why Primary Care is being affected so bad** – perception is just hospitals have a backlog and GPs surgeries should be back to business as usual, or some near this. Without the tools to understand why Primary Care is being affected it is difficult to have empathy with staff and the challenges that they face.
- **Patients want statistics and facts to illustrate the scale of the problem and also provide context in a way to that patients can understand the size of the problem** – an example given by a patient during the interview was the NHS current communication about midwives and the pressures faced currently when trying to train and recruit more midwives. The statistic that 'The NHS gains 1 extra midwife for every 30 trained' example (on the right) brings the scale of the problem to the patient in a very simple, yet effective way.
- **Needs to create a balance where the communication speaks to the patients about their concerns and also addresses the challenges facing the staff** – firstly starting with the patient experience and why this is happening, then introducing the staff experience to try and create some common ground to build on. It is vital that both patients and staff can empathise with each others situation in order to create a behavioural change.



The aspects to avoid:

- **Focusing purely on Primary Care staffs experiences** – whilst abuse isn't acceptable and should not be tolerated, the communication still needs to appreciate that much of the patient outbursts are likely to be driven by frustration and distress at their health complaint and that they cannot get the help and advice that they need.
- **Words that can sound disrespectful** – some words like 'entitled' can jar with how patients thinking about the NHS and make it feel like they are being unreasonable or demanding.
- **When the messages imply that only the NHS is struggling** – whilst there is some sympathy for what NHS staff have gone through, not all staff are working on covid wards on the frontline. It can feel like it underplays many other jobs which are also very difficult and stressful e.g. police, military.

Real-life example that work well at driving understanding and empathy

The nurse who went viral after posting a video about the empty shelves and being unable to buy food struck a chord with many.

It was felt that using something like this could work well on video at driving an emotional connection.

The content doesn't have to be as extreme as the one posted by Dawn Bilbrough, but having a real Primary Care worker sharing their experiences and explaining why Primary Care is struggling could help to land the message more successfully.

It was felt that this kind of message would work well on social media.



Channels of Communication.

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Patients feel that the campaign needs to be multi-faceted and across a number of touchpoints to reinforce the message

SOCIAL MEDIA	Sponsored ads that appear on the newsfeeds of Facebook, Instagram etc. and relay message via social media
LETTERS	Letters sent out directly from the GP surgeries addressing the issues and asking for patience to stop the rising cases of abuse aimed at staff
IN SURGERIES AND PHARMACIES	Reinforcing the message whilst in a Primary Care setting. Also could be played as part of the telephone wait message.
TV ADVERTS	Reinforcing the message on TV for more impactful communications
RADIO & BILLBOARDS	Radio & billboards can help to reinforce the message when out and about
GENERALLY IN THE MEDIA	Try to get the message across in mainstream media and help to highlight the issues in Primary Care

Patients felt that the message could be tweaked to get across more factual, impactful stats on printed media, whilst Social media, TV and Radio adverts could deliver the emotional content.

Summary

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**APPRECIATE
PATIENTS CONCERNS**

It's important that the message firstly addresses the concerns of patients before introducing the abuse and 'be kind'

**AVOID LANGUAGE
THAT MAY POLARISE
PATIENTS**

Language that may jar with patients and make them sound or feel unreasonable

**MIX UP THE MESSAGE
TO CONVEY FACTS &
EMOTION**

For printed media keep the message factual and use statistics to illustrate to scale of the issue e.g. *On average we receive 100 calls for every one appointment we have available'* whilst interactive media allows for more personalised story and emotion to be incorporated

**GIVE BACKGROUND
INFORMATION**

Ensure that patients are clear on why Primary Care is struggling so that they can start to understand and empathise with the situation

BE HONEST

Give patients a honest view of how long Primary Care will be under strain and when they can expect some normality, or is this the new normal and why?

**NUMEROUS
TOUCHPOINTS**

TV and Letters direct from their GP surgery are considered the best way to convey the message. The more that patients are exposed to the message, the more likely it is to changed behaviour.

Thanks

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