

Addressing Primary Care Access Challenges: Leveraging Behavioural Science for Service Excellence

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Contributors

"Thank you to everyone involved in the development of this white paper. Your dedication, expertise, and feedback have been essential in shaping this. Each of you brought a unique perspective that added depth and rigour to our findings and recommendations. Your collaboration has been instrumental in creating a valuable resource for our clients and peers."

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Executive Summary

In April 2016, the NHS published their 5-year General Practice (GP) Forward View, committing to an additional £2.4 billion in annual funding to improve access and outcomes for patients in primary care. In 2019, further ambitions for primary care were set out as part of the NHS Long Term Plan. Fast forward to 2023, and despite the additional focus and funding, patient satisfaction with access to primary care services has not met expectations, even when accounting for the impact of the COVID-19 pandemic.

Numerous potential factors contribute to the current low satisfaction rates. Frequently cited reasons by patients indicate a perceived lack of immediacy in their care. In a world dominated by next-day delivery and viral 20-second videos, there is an inherent expectation for instant gratification in all facets of life. To understand the implications of these factors, it is important to appreciate the behavioural factors that underpin patient experience. In this paper, we posit that examining existing primary care access issues through a behavioural lens is vital for future service improvement. We propose that behavioural science – the study of human habits, actions, and intentions – and its most widely recognised application (nudge), is key to ensuring that patients experience, and can easily access, the best care possible. This paper explores how nudging – altering how choices are presented to people, to encourage predictable and positive behaviour, without restricting freedom of choice – has been successfully applied to change behaviour and improve outcomes in a primary care setting.

Whilst we acknowledge, and have ourselves demonstrated, the current success of applied behavioural science in primary care, we also advocate for taking it one step further. We introduce behavioural strategy as an evolution of behavioural science that can be integrated into primary care processes at all levels of access need. We provide recommendations on what we believe is necessary to truly ensure that the service is “fit for the future”.

Introduction

***“Providing care based on need
and free at the point of delivery.”***

That was the response British Medical Journal (BMJ) readers gave when asked, in a 2018 poll celebrating 70 years of the NHS, what was the system's greatest achievement (Moberly, 2018). Five years later, despite the unprecedented strain of COVID-19 pandemic, public sentiment towards the NHS, and what the service represents, remains largely positive but not necessarily optimistic, particularly regarding its future direction and preparedness to tackle key challenges (Buzelli et al., 2023). Despite the public's generally positive, and arguably idealistic, perception of the NHS as an institution, data from our Insights360™ platform (Figure 1) reveals a stark contrast. Overall satisfaction with the service has plummeted to an all-time low of just 29%, with over half of respondents expressing dissatisfaction with how the service runs today. This trend extends to primary care access – the front door of the NHS and the first point of contact for most people. Satisfaction levels for GP services and dentistry have also sharply declined to record lows of 35% and 25%, respectively (Morris et al., 2022). These figures may also shed light on the steady increase in private healthcare in-patient/day-care admissions (both insured and self-pay), particularly in wake of COVID-19. (PHIN, 2023).

Public satisfaction with the NHS, 1993 to 2022

Question : 'All in all, how satisfied or dissatisfied would you say you are with the way in which the National Health Service runs nowadays?'

% Response : Very or Quite Satisfied



% Response : Very or Quite Dissatisfied



Source: The King's Fund and Nuffield Trust analysis of NatCen's BSA survey data
2022 sample size = 3,362. 'don't know' and 'refusal' responses are not shown, in 2022 these response categories were selected by 0.16 per cent of respondents. Data has been carefully weighted to minimise differences due to the change in methodology ..

Figure 1 – (Data Sourced from Insights360.) Public Satisfaction with the NHS, 1993 to 2022.

What underlies the steep decline in primary care patient satisfaction? Could it be the undeniable impact of the COVID-19 pandemic, which necessitated an almost overnight change in processes without any clear understanding of their long-term suitability or acceptability? Could it be a question of funding, which, despite lagging below the long-term average growth (BMA, 2023), received significant funding injections during the pandemic, placing the UK currently 6th among OECD countries in terms of health expenditure as a percentage of GDP (OECD, 2023)?

Or could it be the result of a gradual shift in the public's expectations around healthcare services and the country's primary provider?

This shift has been taking shape for almost a decade, during which time people have come to expect their healthcare provider-patient relationship to mirror their interactions with service providers and retailers in other markets (Paul & Hogan, 2014). A shift that, to a certain extent, is not solely due to a more savvy and entrepreneurial healthcare consumer but reflects the transformation that the NHS has undergone from the single national healthcare provider to a hybrid model incorporating both national and private healthcare providers operating under the umbrella of the NHS brand (Sturgeon, 2014).

This latter point is particularly significant, as one driver is an ever-growing consumer demand for immediacy and instant gratification. In today's "I want it now" culture, speed and convenience dominate consumer expectations, with services, experiences, and products expected to be delivered immediately and to the highest standard. Today, you can open the Amazon app, buy almost any product you desire, and have it shipped to your door the next day, at no extra cost, all within the click of a button. You can book almost any appointment, be it for a service or with the bank, online and with minimum effort. In this context, any service that fails to offer this level of perceived convenience and immediacy risks being deemed subpar.

Today's society is experiencing what behavioural science terms as 'temporal discounting', our tendency to value immediate gains much higher than delayed rewards (Critchfield & Kollins, 2002). Consider a person with these modern expectations, often enabled by technology, attempting to book an appointment with their GP service. They are confronted with a highly fragmented and often outdated system in which, more often than not, they may not get their preferred service, let alone experience any

sense of instant gratification. How might this influence their experience and perceptions of the service? Here lies a potential rationale that can help us contextualise aspects of this steady decline in patient satisfaction with primary care services and initiate the process of improving their offerings. The key lies in understanding people's motivations, intentions, and decision-making processes systematically, a cornerstone in the field of behavioural science. Over the past decade, this field has been instrumental in improving public and commercial service offerings. Behavioural science amalgamates methods from various fields and disciplines including psychology, economics, data analytics, and service improvement. At its core, it involves understanding decision-making processes at an individual level to guide the development of interventions that support people to make positive choices for themselves and the wider society, without restricting their freedom of choice.

In this paper, we will explore how behavioural science can be integrated into, and drive, service improvement in primary care access. We will delve into the barriers currently hindering primary care access for the general public, outline key behavioural science frameworks in healthcare, and provide examples of how these have begun to revolutionise primary care access. This discussion will lead to a proposal of what we believe to be the future of primary care. We advocate for extending the reach of behavioural science beyond being a purely reactive solution by proactively embedding it into service design from outset. We will conclude with guiding principles for future implementation based on our extensive experience in applying these techniques to generate real positive patient outcomes and experiences.

Barriers to Access

A wealth of research exists examining the barriers people face in accessing primary care services. While one might expect significant variations between different countries, populations, and healthcare systems, a recent international analysis by Corscadden et al. (2018) suggests commonalities, particularly among vulnerable groups. For instance, individuals from lower-income households, those with mental health conditions, and service users born outside their country of residence all faced multiple barriers, before and after reaching a primary care provider.

Previous research suggests that increased barriers to timely access to primary care services can ripple across the broader healthcare system. For example, research from the USA suggested that people with Medicaid insurance were much more likely to face multiple barriers in accessing primary care services in a timely manner and, as a result, had higher numbers in utilising emergency services (Cheung et al., 2012). What is interesting from this USA study is the specific barriers people listed in choosing to visit an A&E department. Reasons such as “couldn’t get an appointment soon enough” and “having to wait too long to see the physician” suggest limited supply of available primary care options for them. A familiar tale for UK healthcare service users, as well. In recent years, UK media has been awash with stories about how inadequate access to primary care services puts pressure on hospitals and A&E department.

Indeed, data suggests that there is substantial truth in these reports. Research from the King’s Fund (2022) indicates that the A&E four-hour standard wait time, measuring time from arrival to discharge, has not been met since 2013/14, with waiting times significantly worsening. Moreover, and in line with the research from the USA, individuals from deprived areas are much more likely to visit an A&E department than their local GP for various reasons, such as difficulty getting GP appointments and quicker test results, thinking that doctors working in A&E are more knowledgeable than GPs (Curtice et al., 2019).

An interesting aspect in examining the various barriers people face in accessing primary care and GP services can also be revealed by looking at official complaints made by service users. Data from our Insights360™ platform indicates a 25% rise in official complaints recorded for primary care services in England since 2016. Breaking these numbers down by the subject of the complaint reveals that most of them are attributed to communication and clinical treatment of GP services as well as staff behaviour and attitudes. However, what stands out is the sharp increases over the past year of recorded data, particularly around appointment availability and length (88%), waiting time for appointment (67%) and obtaining an appointment (56%; Figure 2).



Top 10 Primary Care Complaint Reasons

England by Volume & % Change 2020/21 to 2021/22



Data on written complaints in the NHS.

<https://digital.nhs.uk/data-and-information/publications/statistical/data-on-written-complaints-in-the-nhs>

Figure 2 – (Data Sourced from Insights360.) GP Written Complaints by Subject of Complaint, 2016–2022.

There are, undoubtedly, several legitimate factors that have put primary care services, and the NHS overall, in this challenging position. As mentioned in the introduction, the COVID-19 pandemic, questions on funding and efficiency, an increasing pressure on GP services are all contributing factors. When we also consider staffing issues, such as declining retention rates in some specialisations, a decline in staff wellbeing and morale, inadequate space and deteriorating estates, and outdated IT systems, it becomes clear why public perception of primary care services is declining, and why the system finds itself at a crossroads.

Addressing barriers to access in primary healthcare requires an approach that considers both supply and demand factors and puts service users at its core. Leveson et al. (2019) proposed an approach, where access is described as the opportunity to identify healthcare needs, seek, reach, and obtain healthcare services, and to what extent those initial needs are adequately met. In this approach, service providers should consider five areas to create accessible primary care services, namely, approachability, acceptability, availability and accommodation, affordability, and appropriateness. Simultaneously, they need to consider the service user perspective in accessing primary care and address areas such as the ability to perceive, seek, reach, pay, and engage with services.

In such a patient centred approach, behavioural science can play a crucial role in addressing different areas for both service providers and users. For instance, consider the concept of immediacy and temporal discounting we mentioned earlier. Current reference points of service users indicate an expectation for immediate access and fulfilment of their perceived healthcare needs – something that is currently not being met by primary care providers. Behavioural science allows us to dissect a service user's rational and decision-making process, identify what enables and prevents desired behaviours and how to best elicit and maintain them. By doing so, we can then redesign different service offerings of primary care to accommodate them in a cost-effective and efficient manner, while always preserving freedom of choice and prioritising patients' best interests. The next section will explore some fundamental behavioural science frameworks and how they have been successfully applied in primary healthcare services.