Patient Experiences of Physician Associates in Primary Care

Response to Call for Evidence for the Independent Review of Physician Associates and Anaesthesia Associates from Healthwatch Richmond upon Thames

Healthwatch Richmond is the independent health and social care champion for services across the London Borough of Richmond upon Thames. As an independent body, we regularly undertake research projects investigating patient experience of NHS and social care services in our borough. Based on our findings, we then make specific recommendations to help improve patient experience.

This independent review of physician associates (PA) and anaesthesia associates reports to be "underpinned by patient experience." We applaud this position and are submitting evidence towards this aim of prioritising patients.

We are aware that there is limited research on the effectiveness and patient experience of the Additional Roles Reimbursement Scheme. Of the 9,841 reports listed on the Healthwatch National reports Library, only 2 detail experiences of PA. Published research citations point to very limited published research related to patient experience, rather than public perceptions of, PA. This is an ongoing issue that we sought to address through a research project. We now believe that our work is the largest dataset of patient experience of PA in primary care in England.

In 2024, we collected 2700 survey responses asking Richmond residents about their experience of local GP practices. This survey was designed and distributed with the collaboration of GP practices and relevant organisations across Richmond including South West London Integrated Care Board. This survey covered three key areas of patient experience:

1. Contacting practices
2. Different types of appointments
3. Additional Roles

While these themes largely overlap with the quantitative 2024 General Practice Patient Survey (GPPS), the majority of our survey questions were qualitative. While the GPPS is an excellent tool for gathering a large national data set on patient experience of general practice, we used qualitative questions to understand **why** patients felt they did. For example: Why were patients dissatisfied with calling their GP practice? Why were patients not using online appointment booking options? Why did patients prefer to see the same GP?

Within our survey section on the Additional Roles Reimbursement Scheme, we asked patients the following questions:

- In the last 6 months, have you had an appointment at a GP Practice with any of the following?
- Were your needs met during the appointment?
- Would you be happy to see the professional(s) again instead of a GP for a similar issue?
- Open text boxes asking for any other feedback or detail.

The full report is linked here. This report briefly details patient experience of seven additional roles. This document expands on the material covered in the report and seeks to address the themes of this call for evidence.

In what follows, we breakdown patient feedback into the following themes:

- Overall Feedback
- Supervising GPs
- Prescriptions
- Public Perceptions

It must be noted that we are not clinicians and our original project did not seek to address the above themes. For this reason we do not seek to address issues of patient safety or effectiveness within MDTs. The quotes that are included within this response were from open-text boxes asking for any and all feedback. We did not conduct any follow up interviews with individual participants. As a result, these quotes will not give the full picture but instead patients' own interpretations and views of PA.

Overall Feedback

In response to the question, 'Would you be happy to see the professional(s) again instead of a GP for a similar issue?', 68 percent of patients said they would be willing to see a PA again. Notably, these figures are slightly lower than those for other roles (e.g. Nurse, Pharmacist and Paramedic) but closely aligned to those for Physiotherapists and GP Assistants.

From this data and qualitative feedback, we would suggest that there is a difference in perception and satisfaction between roles that patients are well acquainted with and those that are new to them. Patients, on the whole, understand the clinical expertise and limitations of a nurse, pharmacist or paramedic. In other words, they know what to expect from an appointment with one of these professionals. By contrast, patients do not know what to expect from a PA, Physiotherapist or GP Assistant working in primary care. This, as well as poor

individual experiences of these roles, reduced patient willingness to see 'newer' professionals again.

From the open text boxes, positive qualitative feedback about PA included:

"My needs were met as if it was an appointment with the GP."

"Physician associate was extremely helpful and sorted me out."

In the above quotes, we see PA fulfilling their role: taking pressure off GPs by meeting patient's needs. These patients are happy with their experience and seem confident in PA abilities. These patients said they would be willing to see a PA again.

However, qualitative feedback was not all positive, and some patients reported that the PAs did not have sufficient skills or experience to help them:

"PA did not have depth of knowledge or experience. I would want to see a GP"

One issue we would like to highlight from the start is the view that PA are **'better than nothing'**. This was a repeated refrain with many additional roles but particularly PA.

"For me this is was not quite as satisfactory as seeing a GP, but if there are no GPs available I'm glad of their help… I would rather see a qualified Doctor. I am concerned that I am likely to end up seeing nurses or substitutes for a GP, more than an actual doctor, as they become less available."

"Would rather see someone then wait for a GP appointment, and a PA can then always refer"

In the above story, we see patients' real time experiences of the strain that the NHS is under in terms of workforce and capacity. Patients understand the role that PA play a role in assisting and managing excessive GP workloads. Patients are usually extremely grateful for the help they receive from PA, GPs and primary care as a whole. Nonetheless, we see that patients would often prefer to see a GP.

In many ways, patient experiences and views of PA were comparable to their views of telephone consultations with GPs: PA were not the preferred option for most patients but in certain circumstance, and used with the appropriate safeguards,

they can be an acceptable option. However, like with telephone appointments, there needs to be a period of learning and confidence building. Right now, patients do not know what role PA perform within general practice and many have limited confidence in their abilities.

Supervising GPs

Patients actively reflected on PA checking in and getting sign off from their supervising GP. Some patients were positive about this experience:

"Physician Associate correctly asked GP for guidance… I am aware of Physician Associate's limitations and will happily see if I think appropriate"

"Saw physician assistant to check symptoms- she was very thorough and liaised with her supervisor GP"

In the first response, it is notable that the patient appears to be educated and informed about a PA's abilities and limitations as well as the role of the supervising GP. In the second response, the patient praises the PA for their perceived "thoroughness" in checking in with their supervising GP, which clearly instilled confidence in the PA's abilities.

Some patients, however, were negative about PAs needing to check in with their supervising GP, viewing this as a limitation of the role:

"I have not had much success with the practice's physician associate as in each case she needed to consult with a doctor who was too busy. I had to make another GP appointment so wasted her and my time."

"Could not prescribe medication I needed, had to wait for GP to sign… Seemed alright but very limited. I did not have much faith in her, understand not medically trained."

"It was difficult as the associate had to go and keep asking the real doctor."

For these patients, PAs having to check in with their supervising GP led to perceived delays in their care. Indeed, the description of the GP as the 'real doctor' as compared to the PA demonstrates a lack of faith, trust and confidence in PAs from patients due to their lack of clinical training.

Treatment and Prescriptions

One key issue patients raised was around both diagnosis and prescriptions:

> "The physician associate was poor and I had to educate her on my symptoms and also medications which could interact. We need more GP's… I would rather wait until they close and go to the walk in [urgent treatment centre]."

> "I went twice for a chest infection. The first visit was with a physician associate, although I didn't realise it at first. She listened to my chest through two jumpers and took blood pressure on top of all my layers. I thought that was odd. I was prescribed basic antibiotics and, although my records show difficulties with steroids, she asked if I wanted to take them anyway. I would not want to see the associate again. She seemed inexperienced and I could have had more useful advice if I'd seen the doctor."

> "I was in a lot of pain and was surprised to be offered an appointment the next day. I specifically asked for a doctor as I wanted to discuss having an operation but when I got there I found I was seeing a Physician Associate and all I got was [painkillers]. It has put me off contacting the surgery except for repeat prescriptions… I have no faith in the practice now and no longer feel cared for by them."

There are three multiple key themes that emerge from these stories. Firstly, patients did not know that their appointments were going to be with PA. This raises significant questions about the appointment booking processes as well as pre-appointment communication from GP practices. Practices need to clearly inform patients who their appointment will be with and enable patients to make informed decisions.

Secondly, these stories highlight the importance of appropriate triage: patients should only be seen by a PA if their request fits within the clinical knowledge and skills of a PA. Receptionists need to know which conditions can be managed by a PA and when it if appropriate to offer a patient an appointment with a PA rather than another professional.

Thirdly, we see patients raising issues around PA recommending medications. We see two patients commenting on issues regarding confusion over whether different

medications can be taken together and previous poor reactions to medications. What is perhaps most notable is that absence of patient understanding that PA cannot prescribe. These patients do not report knowing that it is not the PA that will prescribe the medication. It needs to be made clear to patients that PA make recommendations to GPs and that GPs sign off on any prescriptions.

Fourth, patients did not leave the appointments with PAs feeling confident in the quality of care they had received. Patients said they would want to see the practice doctor in the future. These experiences lessen patients' trust not only in PAs but with general practice as a whole. Patients need to feel confident in not just the clinicians they are seeing but also in the primary care system.

All these issues need to be effectively addressed if PA continue to be employed within general practice. Without solving these issues, we predict there will be ongoing and increasing numbers of patients who have poor experiences and lose trust in primary care.

Referrals

We received two notable pieces of feedback about referrals from PA in primary care:

"Consultation with Physician Associate re suspicious lump. She sent me straight on to Breast check clinic. All was well."

"I thought I was seeing my GP when I discuss by damaged knee. The physician associate gave me pain killers and referral to Physio. I subsequently made an appointment to see my GP."

These two stories tell opposing stories. The first respondent appears very happy with the PA appointment and the referral. The second respondent is not. Indeed, they were so displeased with the treatment from the PA that they made a follow up appointment with a GP. This particular patient experience undermines the very function that PA are meant to perform: free up GP's time to perform the clinical functions that only they can do.

Public Perceptions

In the final question to the survey – "Do you have any other feedback about your GP practice?" – we received nine responses about PA. Notably, these responses were from patients who had not seen a PA and did not want to:

"I hope I will never, ever be asked to see a Physician Associate because I will refuse - they are not qualified to carry out a diagnosis."

"I don't agree with Physician Assistants and would never accept an appointment with them."

We believe that these opinions are the result of recent media stories about PA. This negative perception of PA needs to be addressed if PAs are going to play an effective role in general practice.

Modifications

To summarise the points made above, we believe that the following actions need to happen in order to improve future safety and wider confidence in the PA role within primary care:

1. Patients need to be explicitly asked to consent to see a PA. For this to happen:
    a. Patients need to be informed who their appointment is with, prior to the appointment.
    b. Patients need to be informed as to what the remit, limitations and supervision of PA are within primary care.
    c. The patient's needs must be assessed as being appropriate for being met by a PA (i.e. appropriate triage).
2. The processes around prescriptions and referrals need to be made clear to patients.
3. An educational media campaign needs to take place to rehabilitate perceptions of PA and inform the public of the role that they play in primary care.