Healthcare Improvement Scotland

Primary Care Phased Investment Programme

Exploring Patient Experiences in Primary Care Improvement

Leading quality health and care for Scotland

NHS SCOTLAND

Housekeeping

Cameras and mics have been disabled.

Please note, **we will be recording this session.**
The chat box will not be visible during the recording.

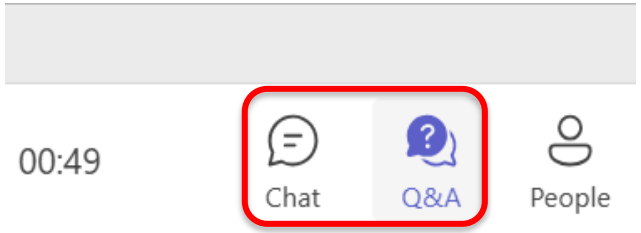
<u>To use the session **Q&A**:</u>

a. The session Q&A is found next to the chat function on the upper left of the screen

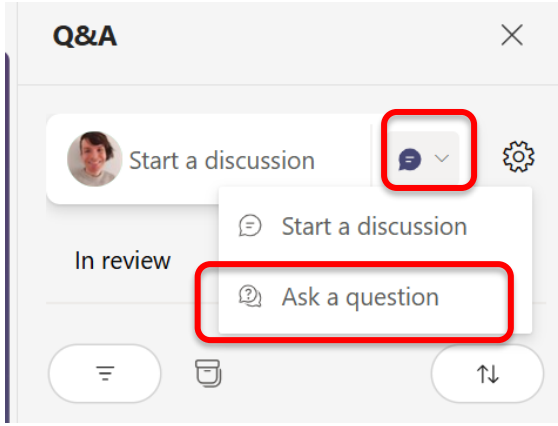
b. To ask a question click on the drop, down and click 'Ask a question'

Please note: the Q&A function should be used for questions only, and discussion held in the Chat.

a.



b.



Scene setting

Dr Peter Cawston

Health inequalities advisor, clinical faculty,
HIS Primary Care Improvement Portfolio

Question guidelines:

- We will answer as many questions as possible live; unanswered ones will be shared with the resources from this webinar.
- Please note that questions on Scottish Government decisions or contractual matters are out with our remit and cannot be answered.

Today's speakers

Dr Marianne McCallum

GP Faculty, Healthcare Improvement Scotland

Kieron McIlveen

Implementation and Improvement Facilitator, Healthcare Improvement Scotland

Alice Maguire

PCIP Project Manager, NHS Borders

Stacy McGrath

Primary Care Educator CTAC NHS Ayrshire & Arran

Webinar overview

- Juggling multiple conditions in primary care: Robert's story
- Understanding the reality of patients' experiences in primary care
- The primary care journey and discovery conversations in Primary Care Phased Investment Programme (PCPIP)
- Challenges and opportunities to improve patient journeys panel discussion

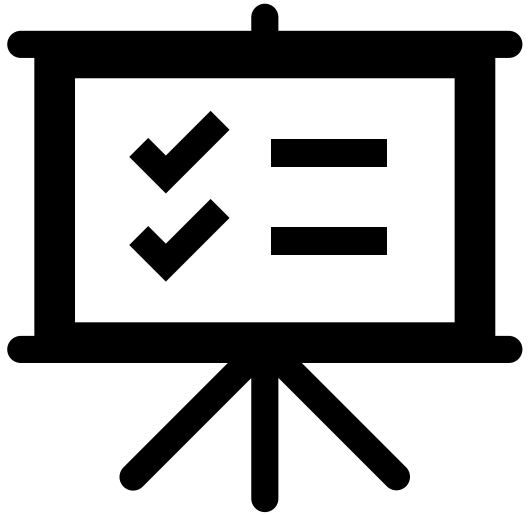


Image credit: stock images

Background to Robert's story

SysteMatic

"A research collaboration between the University of Liverpool and the University of Glasgow, to reimagine how health and care systems support people living with Multiple Long-Term Conditions"

Dr. Nic Dickson - The People Insights Team

"A participatory, arts-based research approach exploring the experiences of people who have multiple long-term health conditions and live in the most deprived communities"

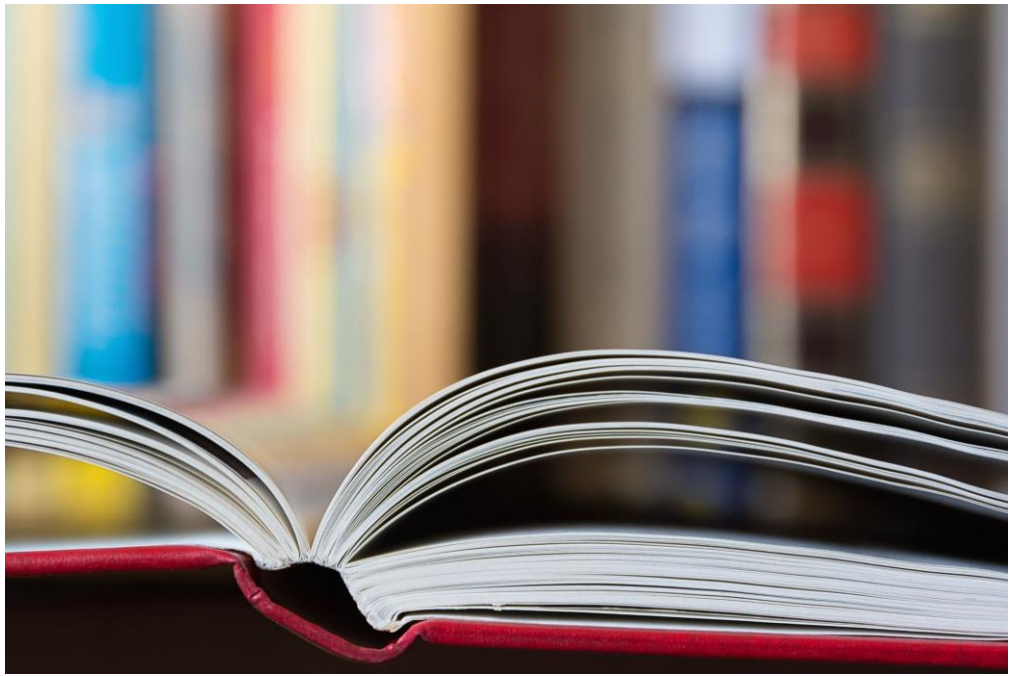


Image credit: stock images

Robert’s story

video credit: SysteMatic

Poll reflections

What words come to mind when you think about Robert's experience of primary care?

Image credit: stock images

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Patient Experience

Dr Marianne McCallum

Academic GP, University of Glasgow

GP advisor Health inequalities, Healthcare Improvement Scotland

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Recognise the system

"Health Systems are designed by healthy people for healthy people"

Dr Adam Burley Clinical Psychologist

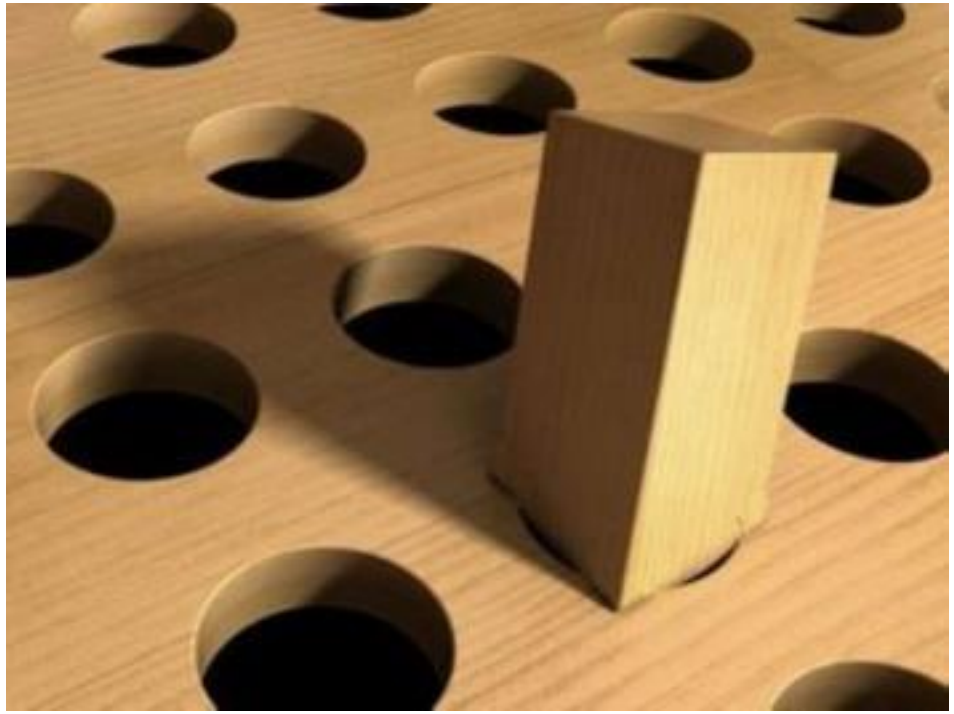


Image credit: This Photo by Unknown Author is licensed under CC BY-SA

It’s Relationship Stupid!

Image credit: Dr Marianne McCallum

Barriers

Image credite: https://www.frontiersin.org/

Relational care

- Reduces Mortality (1)
- Reduces Hospitalisation (2,3)
- Increases patient trust (4)
- Multiple other benefits (5)

Image credit: Dr Marianne McCallum

1.Baker R, Freeman GK, Haggerty JL, Bankart MJ, Nockels KH. Primary medical care continuity and patient mortality: a systematic review. British Journal of General Practice. 2020;70(698):e600-e11.

2. Hansen AH, Halvorsen PA, Aaraas IJ, Førde OH. Continuity of GP care is related to reduced specialist healthcare use: a cross-sectional survey. British Journal of General Practice. 2013

3. Barker I, Steventon A, Deeny S. Continuity of care in general practice is associated with fewer ambulatory care sensitive hospital admissions: a cross-sectional study of routinely collected, person-level data. Clinical Medicine. 2017;17(3, Supplement):s16

4.Murphy M, Salisbury C. Relational continuity and patients' perception of GP trust and respect: a qualitative study. British Journal of General Practice. 2020;70(698):e676-e83.

5. The Evidence | Continuity benefits patients

Understanding barriers: habitus and capital

Image credit: ThePhoto by PhotoAuthor is licensed under CCYYSA.

Dickson N, McBride L, Mason C, Devine F, McCallum M. Meaningful community engagement: a Deep End perspective. British Journal of General Practice. 2025;75(752):126-7.

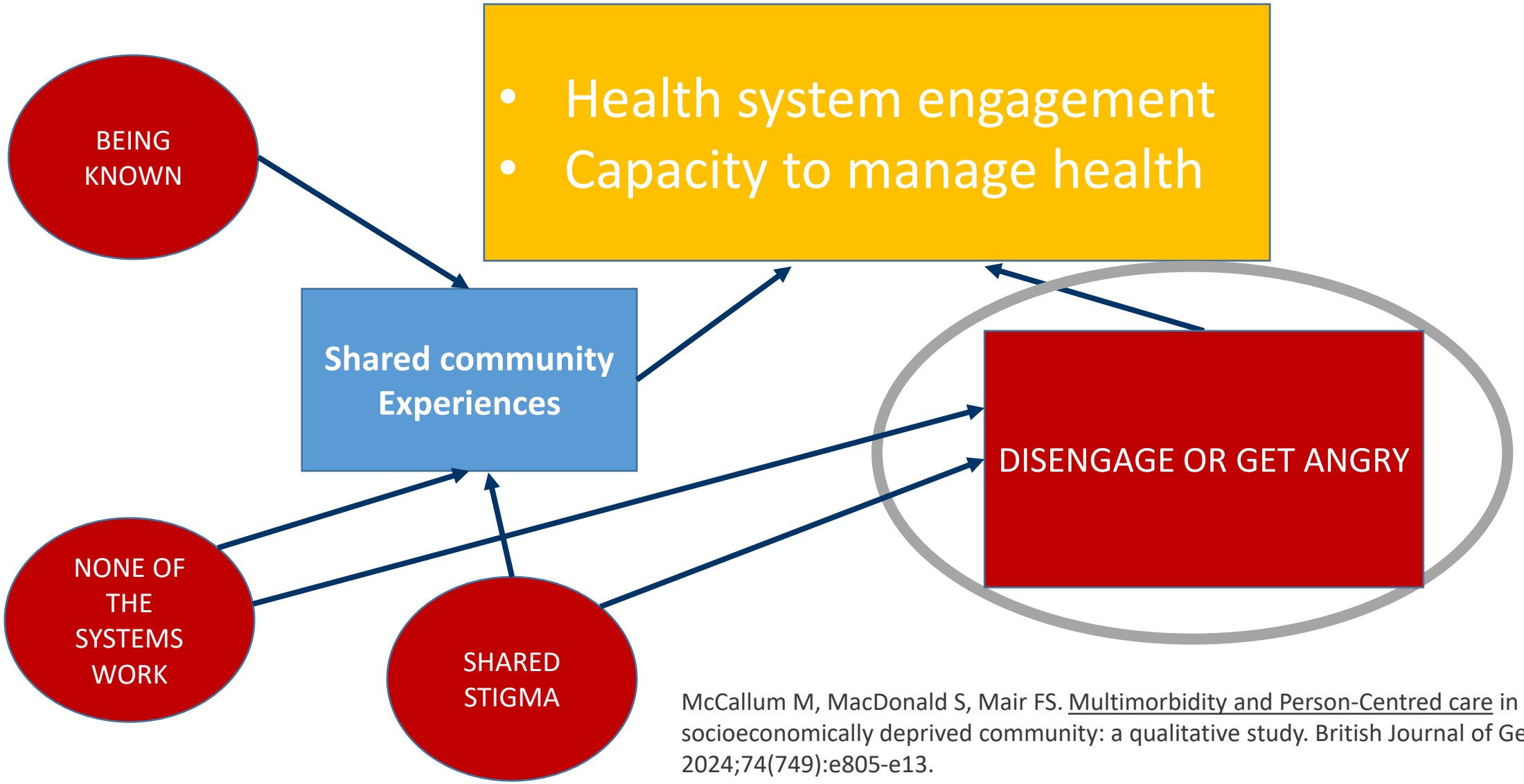
Community

- Being Known
- Stigma
- None of the Systems work

Image credit: stock images

Multimorbidity and person-centred care in a socioeconomically deprived community: a qualitative study
McCallum M, Macdonald S, Mair F. British Journal of General Practice 2024; 74 (749): e805-e813

Understanding barriers: community matters



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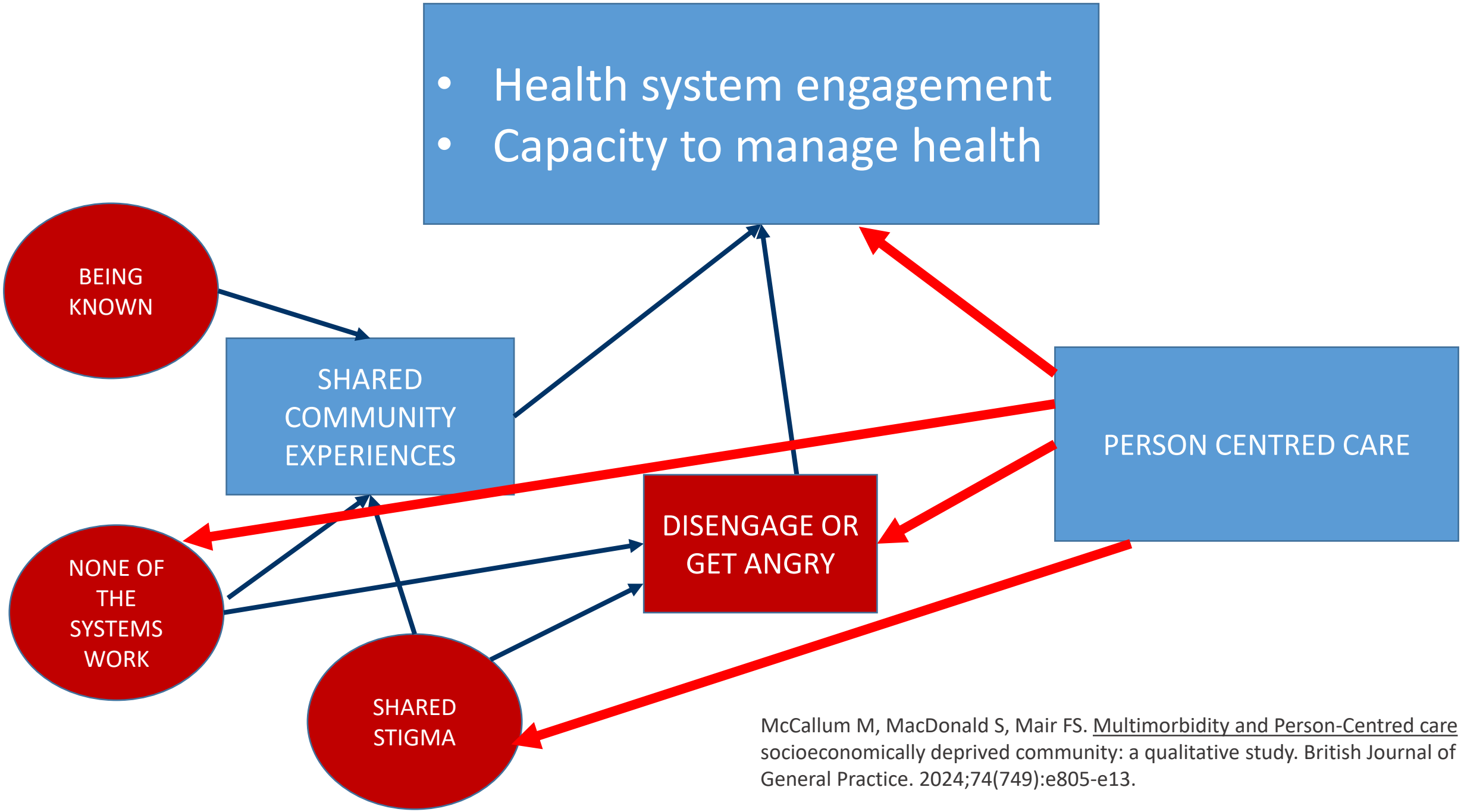


McCallum M, MacDonald S, Mair FS. Multimorbidity and Person-Centred care in a socioeconomically deprived community: a qualitative study. British Journal of General Practice. 2024;74(749):e805-e13.

The importance of relational care and community

- High SED context shifts primary care to a system that is “for them”

- Deep End Report 42:
  - Policy levers
  - Practice level
  - Research and evidence building
  - Training and education

Image credit: Dr Marianne McCallum

1. McCallum M, Macdonald S, Mair F (2024) Multimorbidity and person-centred care in a socioeconomically deprived community: a qualitative study
2. GPs at the Deep End: Report 42, available at www.gla.ac.uk/deepend

The Patient Experience: Burden of Treatment Theory

Capacity

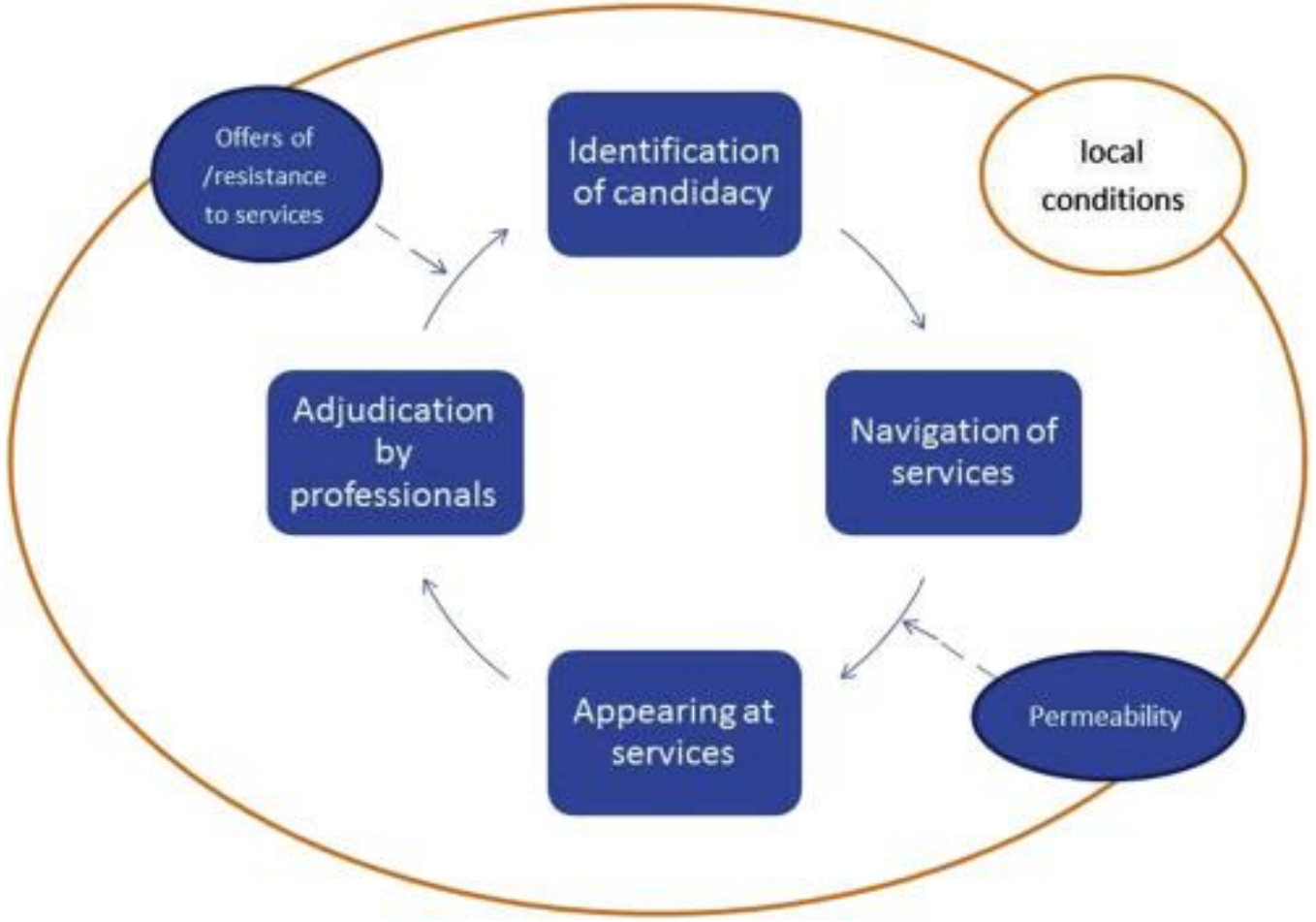
Ability to carry out that work

Treatment Burden

Work clinicians give patients

Image credit: Dr Marianne McCallum

The Patient Experience: Candidacy



Macdonald, S., et al. (2016). "Illness identity as an important component of candidacy: Contrasting experiences of help-seeking and access to care in cancer and heart disease." SOCIAL SCIENCE & MEDICINE **168**: 101-110.
Dixon-Woods, M., et al. (2006). "Conducting a critical interpretive synthesis of the literature on access to healthcare by vulnerable groups." BMC Medical Research Methodology **6**(1).

DNAs and “Missingness”

- Increased risk all cause mortality
  - Particularly in those with mental health issues.[1]
- Increased use Outpatient Appointments.[2]
- Higher hospital admissions.[2]
- Association low school attendance, exclusion and lower educational achievement.[3]

Image credit: stock images

1. McQueenie, R., et al. (2019). "Morbidity, mortality and missed appointments in healthcare: a national retrospective data linkage study." BMC Medicine **17**(1): 2.
2. Williamson, A. E., et al. (2021). "‘Missingness’ in health care: Associations between hospital utilization and missed appointments in general practice. A retrospective cohort study." PLoS One **16**(6): e0253163.
3. McQueenie, R., et al. (2021). "Educational associations with missed GP appointments for patients under 35 years old: administrative data linkage study." BMC Medicine **19**(1): 219

Missingness

- Patients not feeling an appointment is ‘for them’
- Appointments as sites of poor communication
- Power imbalance and relational threat
- Patients being exposed to competing demands, priorities and urgencies
- Issues of travel and mobility
- Absence of choice or flexibility in when, where and with whom appointments take place.

Image credit: stock images

Lindsay, C., Baruffati, D., Mackenzie, M. *et al.* Understanding the causes of missingness in primary care: a realist review. *BMC Med* **22**, 235 (2024).

Conclusion

- Centre patient perspective
- “It’s relationship stupid”
- Community shapes experience
- Consider capacity and work
- Consider Missingness

Healthcare Improvement Scotland

The primary care journey and discovery conversations in PCPIP

Kieron McIlveen
Implementation and Improvement Facilitator,
Healthcare Improvement Scotland

Leading quality health and care for Scotland

NHS SCOTLAND

Understanding Patient Experience: What we've learned in PCPIP

Patient voice prioritised

Engagement built into MoUs

Teams explored user experience

CEIM used to listen and act

Today: real world examples

Image credit: stock images

Why Care Experience Improvement Model (CEIM)?

Focuses on what matters

Uses real stories

Encourages reflection and testing

Works in any setting

Turns listening into action

Image credit: stock images

What is CEIM?

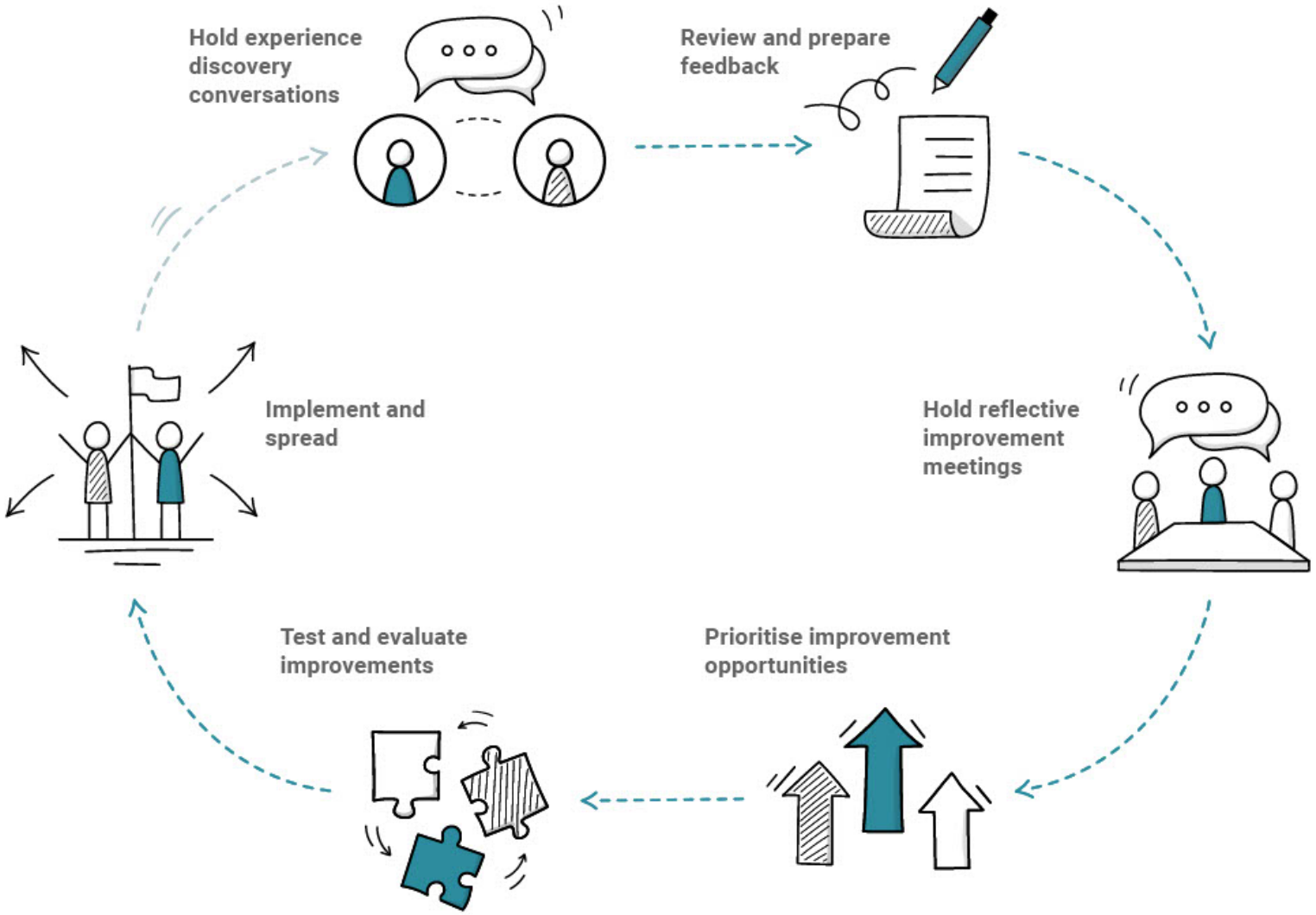


Image credit: Care Experience Improvement Model [Online Image] Available at: www.hisengage.scot

Panel discussion

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Alice Maguire

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Poll questions

How helpful was this session for giving ideas about how you might improve patient experiences in primary care?

What key learning or improvement ideas have you gained from the session?

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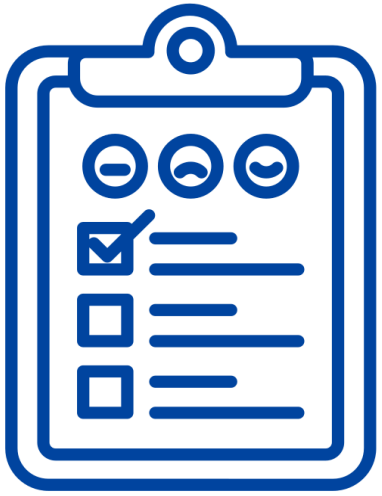
Closing info

The following resources will be shared after the webinar:

- Webinar recording
- Slide deck
- Q and A sheet
- Further resources information



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If have any questions, please contact us at **his.pcpteam@nhs.scot**.

Thank you!

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