

Exploring Patient Experience in Primary Care

Webinar Questions and Answers

This webinar was part of Healthcare Improvement Scotland's (HIS) work on the Primary Care Phased Investment Programme (PCPIP) on 21 August 2025 via MS Teams. The topics for our programme of learning events are based on themes collated from PCPIP participants at earlier events, workshops, webinars and professional networks.

This document provides answers from the webinar speakers to questions posted by webinar participants that were not addressed during the live Question and Answer session.

Please also note that we can only answer questions directly relating to HIS' role in PCPIP. This means that we cannot answer questions about Scottish Government policy, resourcing or finance.

Q. How do we ensure patient and practice staff experiences are captured and any learning incorporated into service redesign on an ongoing basis?

Marianne McCallum: *"I think this is a broad question, and to a certain extent will be context specific. However, I think being willing to ask is the obvious first point. Many of us may be involved in management discussions about service improvement, but also are aware, if we are being honest, that in this process big or small we are not always asking what matters to our patients. We tend to assume.*

There are lots of ways to do this, and I think the tools presented in the webinar are a great starting point. I think it is important to share that learning within our local networks and HIS learning communities can also be a great way to do that.

Stacy McGrath: *"We need to ensure that we get together as a team to theme and agree on points raised by patients. Small wins can be determined and implemented, and future work can be agreed. It is important to cascade this information out to staff and patients. This informs all involved with information gathered and next steps. Very much like the "You said. We did" approach. This should be a regular event as it would be disappointing if we gathered great information from conversations and did not use it."*

Q. To what extent are patient experiences driven by the way in which their registered general practice operates?

Marianne McCallum: *I think how each general practice operates will have an important impact on patient experience. Looking at our whole system from the lens of those who use it rather than just those who work in it is very helpful. How your system might feel for people who have some of those things that make you vulnerable. For example, how does this system work for someone who is in precarious employment and can't take lots of time off? How does this system account for people whose income is low and have little access to transport. Do the systems (all of them not just GPs) promote relational care? Or make it hard to do? What is the system doing to catch those who struggle to navigate it?*

How the wider system operates and how different parts communicate is important. The running of CTAC services, or what pharmacotherapy does, is often decided at an HSCP level, as are the referral processes, where these services are operated and what they do. That can sometimes result in services that look good on paper but maybe don't always "fit" as was expected in their context.

Also, patient experience is very much determined by people's capacity and treatment burden. Capacity is often driven by a combination of individual and community factors that health systems in and of themselves may not be able to do much about (although relational continuity is an important part of supporting capacity).

Stacy McGrath: (A) *"I would say they are very much driven by the way the practice operates. A common topic that arises with almost all conversations for us is how difficult it is to get an appointment. Throughout the conversation the focus is on the patient journey but also the role CTAC has to play in that. We try and ask questions about the CTAC experience as opposed to the practice. Our patient appointments are allocated by the practice admin team so that is part of how CTAC operates too. If a patient does raise points regarding the practice, we listen and pass on to practice team."*

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Published | August 2025

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