Healthcare Improvement Scotland

Primary Care Phased Investment Programme: Final report

Appendix 11: Service user data analysis from qualitative data

Service user data collection explored service users' perceptions and experiences of primary care related to the 4C's[1] – contact, comprehensiveness, coordination, and continuity. Whilst the service user dataset was relatively homogenous, it provided valuable insights and highlighted important areas for consideration and further evaluation in primary care.

Contact

Many service users reported some difficulties and frustrations with the process of making appointments at their local practice.

- The perceived urgency of symptoms at the point of administrative triage affected how long they had to wait for an appointment.
- Inefficiencies in how and when appointments could be made, for example not able to access follow-up appointments during an existing one.
- They were unable to make appointments at the practice reception desk and being asked instead to make contact via telephone.

There was a broad understanding amongst service users that it may be appropriate to have their appointment with a member of the multidisciplinary team (MDT) that was not the general practitioner (GP). In some cases, service users perceived that they received more specialist input from other MDT members including physiotherapists, pharmacists and mental health nurses, which was in some ways 'better' than the GP.

Several unintended consequences of the current system were identified from the service user data in relation to 'contact'.

- Service users who do not receive timely appointments exploring other options such as consultations via the private healthcare system.
- Risk of service users disengaging from primary care services if they are unable to make timely appointments.
- Detrimental impact of inflexible 'do not attend' general practice policies on service users with mental health conditions, who may miss appointments because of their mental health and social circumstances. But they can end up being excluded from care, thereby increasing their levels of unmet need. This risk was also discussed by primary care MDT staff.
- Service users not accessing the correct clinician at their first appointment and requiring repeated appointments before being seen by the most appropriate member of the MDT, usually the GP. This

[1] Dr. Barbara Starfield's core functions forming the foundation of high-quality, continuous general practice and primary care

consequence was also discussed by primary care MDT staff, who reported seeing service users multiple times before referring to a GP.

Comprehensiveness

Some service users reported feeling well cared for, listened to, and not rushed in appointments. Primary care staff who were experienced as being methodical and were perceived to show genuine interest in service users, were found to support a holistic care experience and to foster trust in primary care staff.

Other service users discussed that whilst their healthcare needs were technically being met by various members of the MDT, they felt unknown to primary care staff and perceived themselves to be 'just a file'. Some service users discussed their care as being 'in-situ' and that staff did not take a long-term view nor understand the long-term care needs they may have. Further, service users placed high value on thoroughness of primary care staff. GPs who were perceived to take time for comprehensive examinations and investigations, for example, were highlighted as important. Reported experiences of feeling dismissed, and that healthcare concerns or symptoms were not adequately investigated, undermined trust in primary care staff.

Comprehensiveness was captured through service users' experiences of health promotion, prevention, treatment and rehabilitation within the primary care context, whereas the guiding principles of the GMS 2018 contract emphasises that comprehensiveness is achieved through a primary care MDT approach, in which 'the primary care MDT meets service users' health "needs"'. Service user data suggests there is a distinction between comprehensive and holistic care, and that there is a need for primary care to address the balance between the two. This was also supported by findings from the staff data.

Coordination

Service users described a range of experiences when asked how joined up their care was. Some service users perceived care to be more joined-up than it has been in the past. Examples of positive experiences included:

- new diagnoses appearing promptly in GP systems ahead of nurse appointments, and some primary care staff appearing to have comprehensive access to information. Having access to relevant data systems to obtain service user information in advance or during appointments was also discussed by primary care MDT staff
- professionals such as physiotherapists advising on secondary care processes, such as waiting list status, and
- GPs appearing to have contact with hospital doctors, indicating pockets of effective communication across sectors.

Service users also reported challenges experienced in the coordination of their care and how they perceived different parts of the health sector to integrate. Service user expectations were that hospital and GP systems, and different primary care staff groups, should work seamlessly together, but experience could sometimes be of fragmented systems and processes.

- Prescription requests were often perceived as 'going into cyberspace' or getting lost. This eroded trust in the system and processes. Coordination issues between GP practices and community pharmacies further contributed to delays and confusion.

- Within practices, communication gaps between professional groups were reported as noticeable. For example, phlebotomists being unaware of the purpose of tests, and appointment administration failures such as service users being turned away because appointment bookings had not been processed.
- GPs did not appear to have access to scan results that they have requested and blood test results took a long time to reach practices (suggesting data sharing limitations).

These findings suggest challenges in care coordination and in how different health sectors integrate, which could continue to shape service user trust in the system.

When asked how well informed they felt around primary care services, several service users stated a preference for following national health service (NHS) guidance before approaching their practice to begin their care journey, such as visiting a community pharmacy first. This suggests an awareness amongst service users regarding when to access primary care services, which might stem from public awareness campaigns. Some service users, however, reported delaying seeking help from primary care services so as not to burden the NHS. These findings suggest that there is a need for better advertising of services and clearer guidance on how and when to access them. Consideration may also need to be given to those service users who rarely visit the practice creating a communication gap for missing or less frequent service users.

Continuity

Continuity of care was considered important by service users as it helps them feel known, understood and genuinely cared for. Continuity was found to build trust and foster a stronger therapeutic relationship, creating a sense that the healthcare professional has a holistic understanding of service user health needs and personal circumstances. Importantly, service users reported that continuity negated the need to repeat their story multiple times, which many discussed as frustrating, tiring or emotionally difficult.

Continuity was further reported as important as it:

- avoids conflicting advice or differing clinical opinions between healthcare professionals
- provides confidence that healthcare professionals are fully informed and familiar with service user health conditions and that notes are reviewed in advance of the appointment, and
- strengthens the overall trust in the practice, especially when follow-up with the same healthcare professional was arranged directly.

Continuity of care was reported to be most important in complex, chronic or long-term conditions where ongoing review and knowledge of clinical history was viewed as important. Having a healthcare professional who already knows their history and circumstances gives a sense of stability, especially to those with mental health issues or for sensitive conditions where service users prefer not to repeat personal details to multiple people.

Further circumstances where continuity of care was considered most important were:

- situations where patients fear inconsistent advice or want assurance that a healthcare professional understands the progression of their condition
- where the service user has had a longstanding relationship with a GP and values that sense of a ‘family doctor’
- for service users managing ongoing symptoms, and

- arrangement of follow-up appointments by the healthcare professional previously involved in their care was viewed as both valuable and reassuring.

Continuity of care was reported to be less important for urgent or acute, one-off conditions where minimising wait to secure an appointment was considered a priority over seeing the same healthcare professional. These findings suggest that relational and informational continuity of care matters to service users as it builds trust, reduces the need to retell their story, and helps them feel known and supported. It appears to be most important when managing long-term, complex or sensitive conditions.

Suggested improvements/changes

There were a number of suggested improvements to primary care made by service users, based on their experiences and perceptions. These included:

- easier and more reliable methods of making appointments, including alternatives to the 8 o'clock phone bottleneck, online booking, shorter waits and clearer signposting on the website
- a hybrid access model (such as walk-ins in the morning, pre-booked slots later) and extended opening hours
- continuity by condition such as having the same GP manage the same aspect of care, especially for mental health
- reception interactions that feel supportive with clearer explanations for questions asked
- stronger self-management support (resources, guidance, signposting)
- overcome car parking constraints which can impact on access and experience, especially at busy or shared sites, and
- increased flexibility in practice opening hours.

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