Healthcare Improvement Scotland | Community Engagement

Gathering Views and Citizens' Panel for health and social care

General Practice Access Principles

Report, June 2023

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Executive Summary

Feedback from discussion groups

Views were gathered by Healthcare Improvement Scotland – Community Engagement using a mix of face to face interviews and group discussions. In total, 30 people shared their feedback. People were recruited from community groups including Patient Participation Groups in Tayside and Ayrshire, Coll Collaborative Group, NHS Western Isles Patient Panel, South Lanarkshire Health & Social Care Forum and Chance to Change Group (Glasgow)

When participants were asked what mattered to them about accessing a general practice, they said it was important to be able to contact "*the right person"* and being able to speak to someone or access services when they needed to. They stressed the importance of getting *"timely support"* whether that be from the general practitioner or another member of the multi-disciplinary team (MDT). There were issues raised about timely access via telephone, appointment availability and concerns about confidentiality.

Participants discussed what good access would look like and compared this to where it would, in their opinion, fall short.

Participants considered the Scottish Government's draft principles and overall they felt that they were positive and much needed. There was some feedback about accessibility and the language used and this is documented in the full report. Each of the principles was considered in turn and the feedback captured.

Participants generally felt the principles were *"good, clear, concise and easily understood",* providing some of the terms and wording was changed to add clarity. Some participants though felt the principles were *"too clinical and operational"* and questioned whether they would be meaningful to all patients. They also felt that implementation of the principles needed to be monitored in some way and there shouldn't be a reliance on patient complaints to assess whether they were working or not. Participants expressed the need for choices for accessing services should be more available for everyone and recognition that not all patients had or could access a telephone or IT facilities (for example, some older people).

Some participants said that it was *"quite disheartening"* to know that ways of working were not as described by the principles already. They felt the principles needed to be in Easy Read and Plain English and others wondered whether they were aimed at professionals or patients because of the way they were currently worded and possibly not easily understood by patients.

Within the discussion participants considered what a practice meeting all the principles would look like and said that it would be one which was *"accessible, equitable, flexible, inclusive, responsive, approachable, welcoming and non judgemental".*

Participants felt there was a need to encourage health professionals to demonstrate the benefits of multi-disciplinary team working within primary care and moreover patients needed information about *"who does what"* within the practice – one participant said that a lot of people don't understand who the different staff were nor how to access them.

Whilst the discussions centred on gathering views on the draft principles, it was clear that there was an appetite to discuss how people can access general practice services more generally and a real willingness to share their experiences.

Feedback from Citizens' Panel

A survey was sent by email to all 938 panel members whom we hold email addresses for. A total of 449 responses (48% response rate) were received by email. This level of return provides data which is statistically robust at national population level and representative of sex, age, deprivation and housing tenure.

The survey opened by asking respondents what they believe matters most when accessing their general practice. Most important to panel members was being able to access appropriate care in a reasonable time (45%), followed by a reliable appointment system (31%) and appointments with appropriate healthcare practitioners (26%).

When respondents were asked for their opinions on the three principles to accessing their general practice and whether they agree or disagree with them:

- Almost all respondents agreed or agreed strongly with each of the principles with respondents being most likely to strongly agree that access to general practice for people should be easy, clear and fair and at a time in keeping with need (89%)
- Slightly fewer respondents strongly agreed that general practices should help people to get seen by the best and most appropriate person to see them (85%) or that people should have a reasonable choice about how they access services, and that services should be approachable, sensitive and considerate to needs (77%).

Panel members were shown a list of principles and statements and asked which were most important to them. The three principles which were identified as being most important were:

- When appointment availability is limited general practices should ensure that those with the most urgent care needs are met (72%).
- People and general practices should have a positive and trusting relationship (66%).
- People who live with frailty and health needs must have a known and trusted member of the general practice team aligned with their care (60%).

The majority of panel members (59%) agreed fully that the principles were clear and understandable and a further 38% agreed somewhat. Only 3% disagreed that the principles were clear and understandable and 1% were unsure.

Those who said the principles were not clear or understandable were asked how these could be improved. Around a third of comments were where respondents felt the principles should be clearer (33%), and a further 21% felt they should be understandable to everyone. Other suggestions were for examples to be provided on what the statements mean (18%) and where they questioned what the statements mean in practice (17%).

All panel members were asked if there was anything else they would like to see included in the principles or statements. Over half of respondents who answered said there was nothing else they would like to see included (54%). The most common suggestions were regarding lengthy waits for appointments or on the telephone (10%), accessing appropriate care (9%) and regarding the role of receptionists as gatekeepers (6%).

Finally, Panel members were asked how they think general practices should raise awareness of when patients should use the services of the multidisciplinary team rather than the GP. The most common response was for information to be provided on the general practice website (54%) and this was followed by information made available at the general practice, for example via leaflets or posters (50%) or directly from the receptionist (44%).

Recommendations

Based on the feedback, it is recommended that:

- General practices across Scotland are encouraged to increase the involvement of patients in changes to services.
- General practices look towards the development of new ways, systems and processes for capturing patient experience particularly in the design of services and change ideas.
- As a matter of course, general practices use the Scottish Government's principles when engaging with their practice population.
- Healthcare Improvement Scotland – Community Engagement considers whether a further Gathering Views exercise on access to general practice services would be beneficial in the longer term.

Introduction

1.1 Healthcare Improvement Scotland – Community Engagement has developed an approach called Gathering Views. It aims to gather lived experience views to inform the development of policy and services. Gathering Views exercises are not undertaken as formal research or public consultation. Instead, the engagement is intended to supplement work undertaken by the Scottish Government or other commissioners, consider new or different ideas and make recommendations based on the findings.

There are examples of our previous Gathering Views exercises available on our website www.hisengage.scot.

1.2 Access to general practice services continues to be a highly emotive subject and has been for many years. It is a topic of discussion by all health and social care staff, patients and service users, their families and carers, wider society, politicians, policy makers and the press. A common definition of what access is or what it should deliver can be difficult to achieve. 'Appropriate access' does not tend to be readily understood. On the back of a pandemic that changed practice processes, it is sensible to consider exactly what general practices should aim to deliver from a resource limited, but critically important part of the National Health Service in Scotland.

1.3 The Scottish Government set up a General Practice Access working group that met for the first time in November 2022. The aim of the group was to develop a set of principles about access to primary care services, which captures the views of general practice staff, clinicians, health boards, health and social care partnerships, professional bodies, other key stakeholders, and people.

1.4 A workshop was held in December 2022 by the Scottish Government to start the process of developing those principles where it was agreed what was to be included and excluded. This has been applied to this Gathering Views exercise. Within scope: all general practices across Scotland and all patients, people and citizens. Outwith scope: the needs of special groups, finding answers and solutions to access and fixing demand and capacity in general practice.

1.5 The Scottish Government commissioned Healthcare Improvement Scotland – Community Engagement to conduct discussion groups and a Citizens' Panel survey to gather patient and public views on the draft set of principles. This took place during March and April 2023. The rest of this report contains a summary of the key findings from both the discussion groups and the survey.

Discussion Groups and Interviews

As part of the approach, views were gathered by Healthcare Improvement Scotland – Community Engagement using a mix of face to face interviews and group discussions. In total, 30 people shared their feedback. People were recruited from community groups including Patient Participation Groups in Tayside and Ayrshire, Coll Collaborative Group, NHS Western Isles' Patient Panel, South Lanarkshire Health & Social Care Forum and Chance to Change Group (Glasgow)

The feedback received is summarised below.

Q1
What matters to you when accessing your general practice?

When participants were asked what mattered to them about accessing a general practice, they said it was important to be able to contact "*the right person"* and being able to speak to someone or access services when they needed to. They stressed the importance of getting *"timely support"* from the general practitioner or members of the multi-disciplinary team (MDT). However, they felt there was a need for improved signposting to other members of the MDT when it was not necessary to be seen by a general practitioner.

A number of participants said that waiting for a call to be answered or *"queuing"* (call holding) was a real problem as well as the length of practices' automated messages. We heard one participant describe and others acknowledge a *"mad scramble"* when calling the practice first thing in the morning for an appointment. This combined with the length of time it took to get through was described as frustrating and particularly challenging for older people. Participants also highlighted that listening to lengthy telephone answering messages was both expensive (for example if using a mobile telephone) and stressful and we heard examples of where this could take up to 30 minutes to get through to the practice. Participants suggested that there needed to be more simplicity around the messaging systems with clear and easily understood options. Referring to making an appointment or the practice messaging system, some participants said they were not sure what constituted either *"urgent or emergency treatment".*

Participants mentioned the lack of appointment availability in most sessions and suggested that slots should be made available or even dedicated (other than on the day appointments) for people with certain conditions, such as long term or chronic conditions. The timing of appointments was described as another barrier particularly for people who were in employment. The view was expressed that patients currently had very little choice in terms of how they could access services and the emphasis on telephone consultations rather than face to face was of concern to some. Some participants acknowledged that access to services in remote areas tended to be much easier.

Many participants spoke about the challenges with the current triage system and the process of practice nurses phoning patients back. These follow up calls tended to be at the end of the day when pharmacies

and practices were then closed. Some spoke about challenges of only being permitted to discuss *"one issue at a time"* with some GPs. Participants also mentioned there should be an acknowledgement that patients often knew when they needed to see a GP – one participant said *"the patient knows their own body."*

In terms of the Gathering Views process, a number of participants said they would very much welcome the opportunity to have a more in depth discussion about access to general practice services and how they could be developed and changed based on their experiences.

A few times, the lack of privacy within the practice was mentioned – this was mostly in relation to reception staff who could be familiar with patients, such as in a small rural area or those patients who were involved in NHS and practice related public engagement activities. Some participants mentioned the challenges of not being able to speak to a doctor in private, for example where no alternative times were being offered for the GP to call (and you happened to be in a place where you could be overheard). It was mentioned that in remote and rural areas where practices tended to be smaller, patients were reluctant to divulge medical conditions to non-clinical staff feeling that *"care navigators"* often knew patients as part of the local community.

Participants highlighted challenges in relation to practice receptionists and how they were often seen as *"the gatekeeper"* to services. Some participants described how they had developed a positive relationship (or rapport) with practice staff and how this had helped their continuity of care. Some participants mentioned that delivery of kind and compassionate services should be a basic principle given that they felt that general practice staff had *"pre conceived ideas or views",* for example, towards people with addictions, etc.

Q2

Please think about the following scenario. Stephanie has Irritable Bowel Syndrome (IBS) and recently her symptoms have got worse. She calls her general practice on Monday morning looking for help. What would good access to care from the practice look like for Stephanie?

Feedback about what <u>good access</u> to care would look like comprised of:

- quick access and a speedy onward referral if it was needed
- the chance for the patient to speak to the right person at the right time and to discuss her issues and see a general practitioner and/or have a telephone consultation without waiting
- ability to have a scheduled appointment and not have to go through the repetitive *"call again in the morning routine"*
- being able to get through to the practice easily on the phone and speaking to a member of staff who can advise on the next steps
- being offered an appointment promptly and/or signposted if needed
- a helpful receptionist who is reassuring and able to offer an appointment that day
- an option to contact the practice direct when needed without having to go through reception staff
- access to her general practitioner and potentially a specialist helpline

- doctor checks notes, phones her and speaks to her and invites into practice to discuss changes in condition – access to other health professionals and support letter to employer/occupational therapist
- self-management advice in addition to appointment.

Q3
What would poor access look like for Stephanie?

Feedback about what poor access to care would look like comprised:

- unable to get through to the practice via telephone, not able to speak to anyone, symptoms getting worse and results in a hospital admission
- not getting appropriate support and/or advice from the practice
- being referred elsewhere when the need was immediate (potential waiting list)
- not being listened to or told there are no appointments available
- being referred and seen by the wrong clinical care team
- having to wait
- not having to describe her symptoms to the receptionist and being able to chat in sufficient privacy
- describing the condition to the receptionist and no personalised support
- being told to call back
- experiencing *"Monday morning challenges"*
- lack of empathy for her situation
- not being able to gather all the information from a telephone appointment, for example then having to provide a sample.

Q4
We would like to know what you think about the principles. Is there anything missing or something you would like to see included?

General feedback from participants about the principles is summarised under Question 5. Below is feedback received specifically relating to some of the supplementary principles.

Where General Practices don't have immediate capacity to see people, people should be advised that this is the case, and for routine care offered access within a clinically suitable timescale. For urgent care, practices should offer sufficient capacity to meet the expected urgent care demand. Where this is maximised, there should be local agreement between the NHS Health Board and Practices how this should be managed within the terms of the GMS Contract.

Participants felt there was a need to define what was meant by a *"suitable timescale". S*ome interpreted this principle as suggesting that, if the general practitioner was *"pushed for time",* then people would be signposted elsewhere. Others felt this principle was so important that it should be *"elevated"* to a main one. Some participants said they were not aware of what the GMS contract was. Some participants felt

that the approach of providing the *"Right Care, Right Place and Right Time"* was not working in practice for patients.

Participants felt that when general practitioners did not have immediate capacity to see people then patients should be advised of that. They felt it was important for people routine care within a safe and suitable timescale. For urgent care, practices should have sufficient capacity to meet the expected urgent care demand.

Methods of access should be clear and transparent for people who have the appropriate knowledge and information they require to access the right service for their needs

Participants felt that the term *"methods of access"* would not be easily understood by patients.

Care Navigation by receptionists is the norm and should maximise appropriate care by the wider multi-disciplinary team

A number of participants said they were not comfortable with this principle and care navigation by non-medically qualified staff. They also felt that care navigation by receptionists would only work effectively if full training was given to staff. It was felt that wider training for frontline staff on what services are available to patients, for example, signposting, understanding patient needs, being trauma-informed, listening skills and providing access to information easily and accessibly would be beneficial. It was also felt there was a need to raise public awareness of care navigators and what this meant in practice for patients.

Utilisation of the multi-disciplinary team is the norm, with patients understanding the different roles and that they don't always need to see a GP

Participants felt there was a lack of awareness of the multi-disciplinary team and this contributed to a reluctance amongst patients to see anyone other than a general practitioner. It was suggested that more attention be given to raising awareness of the multi-disciplinary team's role.

Access is equitable and fair for all irrespective of geography, deprivation, age, gender, marital status, disability, race including nationality and ethnicity, religion or belief and sex

Participants felt strongly that this principle needed to be implemented to ensure that no matter where you lived you will receive the same equity of access and level of care. They also highlighted it was crucial that all principles, especially this one, were monitored in some way to ensure compliance.

Continuity of care is the norm

Participants stressed the importance of continuity of care but also felt that, in practice, it was lacking when accessing general practice services. Some said they were not quite sure of what the term *"continuity of care"* meant.

Patients will have wider determinants of health addressed/ prevention implemented with long-term solutions

Participants felt this principle needed to be reworded so that it was better understood by patients and particularly in relation to the meaning of *"wider determinants of health"*.

There should be a positive relationship and trust between General Practices, clinicians and people.

Participants felt this was an important principle and mentioned more should be done to encourage and facilitate Patient Participation Groups in all general practices as well as increased public engagement.

Digital resources will be utilised where appropriate to meet the persons' needs, and digital inclusion will also be considered

Again, participants felt this was an important principle but highlighted that many people, especially older people, were *"not technically savvy"* and some could be reluctant and *"possibly incapable"* of using technology. They stressed that people should not be disadvantaged by online appointment systems.

People should take responsibility for their own health and use NHS services wisely and appropriately after first considering self-management, online resources such as NHS Inform and other services such as Community Pharmacy or optometry before contacting their General Practice

Participants said it was important that people took responsibility for their own health but that needed to be promoted more to raise awareness. They also said that some patients would need support to take that responsibility. Some felt that many patients would have an appetite to self-manage their conditions but what prevented them was finding the right information, which wasn't contradictory and from reliable sources. The massive investment in the roll out of Link Workers in Scotland's general practices was highlighted and which some participants felt should be developed further to ensure that all practices had access (to Link Workers) and likewise that Link Workers were fully aware of the appropriate voluntary and third sector organisations that provide specific support to patients.

Q5

Do you think they will be easily understood by people or anything that could be better explained?

Participants generally felt the principles were *"good, clear, concise and easily understood",* providing some of the terms and wording were changed. However, they asked how the principles would be put into practice or how they would be implemented. Some participants though felt the principles were *"too clinical and operational"* and questioned whether they would be meaningful to all patients. They also felt that implementation of the principles needed to be monitored in some way and there shouldn't be a reliance on patient complaints to assess whether they were working or not. Participants said they would like there to be choices for everyone and recognition that not all patients had or could access a telephone or IT facilities (for example, some older people).

There was a feeling that many services that used to be part of general practice services were now being centralised post-pandemic. This meant patients were having to travel much further for treatment, resulting in a decrease in health centre services. Some mentioned the challenges around travelling further afield for treatment, especially where carers were involved or where patients found themselves in a new environment, which could be distressing.

Others mentioned that there was no reference within the principles to equality and diversity and they felt this should be included. Some participants felt there was also a need to highlight links with other programmes such as the See Me Programme.

Some participants said that it was *"quite disheartening"* to know that ways of working were not as described by the principles already. They felt the principles needed to be in Easy Read and Plain English and others wondered whether they were aimed at professionals or patients because of the way they were currently worded and possibly not easily understood by patients.

Participants said there was a lack of awareness of services such as Pharmacy First (formerly the Minor Ailments Service). They felt this service had benefits of reducing unnecessary contact with general practices.

Some said that including reference to the *"What Matters to You"* Programme, mention of the importance of shared decision making and reference to patient safety would enhance the principles. Others highlighted that the principles contained no mention of the importance of taking a holistic approach to a patient's health and wellbeing.

Participants advocated for the principles to be shared or on view in general practices - they felt this would make them more transparent and improve clarity around patient expectations.

Q6
What would a practice that was meeting all the principles look like to you?

There was a wide range of responses when participants were asked to describe a practice that met all the principles. For example, participants tended to say that the practice would be *"accessible, equitable, flexible, inclusive, responsive, approachable, welcoming and non judgemental."*

Whilst accessibility to services and appointments was the most common, others said it would be a well-run professional service with minimum delays to whatever service patients required with ready access to medical professionals. A good practice would have well trained staff who had a flexible approach to ensuring patients had access to appropriate support by the right person in a timely manner. Some participants said it would be useful for patients to know how other services linked in with the practice and how to access them, for example, men's health services.

Some participants also mentioned the importance of the *"fabric"* of the practice and the need for the layout to be open and create an environment where people could speak to each other if they wanted whilst respecting privacy if that was their choice.

Q7

Every GP practice has a range of people who do different jobs and provide certain types of care (this is sometimes known as a multi-disciplinary team or MDT). Examples would be a practice nurse or a chiropodist. How many different people (roles) are you aware of in your practice?

Some participants were not aware of the wider multi-disciplinary team (Including one group which covered 4 general practices) beyond general practitioners, nurses and receptionists but most had an awareness and mentioned a variety of roles. Below are the various roles which participants mentioned:

Advanced Nurse Practitioner	*Practice Nurse*	*Mental Health Nurse*	*Asthma Nurse*	*General Practitioner*	*Receptionist*
Dietitian	*Diabetic Nurse*	*GP Link Worker*	*Mental Health Worker*	*Mental Health Liaison Nurse*	*Chiropodist*
Vaccination Nurse	*Asthma Nurse*	*Community Midwife*			

When talking about the various roles that were part of the multi-disciplinary team, some participants mentioned that access to health professionals was restricted because appointments could only be made through the general practitioner. For example, one participant said it was not easy to see a dietician or podiatrist unless you had first been seen by the general practitioner.

Q8

How do you think people can be supported and encouraged to use everyone within the Multi-Disciplinary Team rather than relying on the general practitioner?

Participants felt there was a need to encourage health professionals to demonstrate the benefits of multi-disciplinary team working within primary care and moreover patients needed information about *"who does what"* within the practice – one participant said that a lot of people don't understand the roles of different practice staff. Referring to accessing the team, some participants felt there needed to be a clearer pathway to different clinicians and staff as most patients were not aware there was an option to go outwith the general practitioner.

Some suggested the use of newsletters (yearly) to all practice patients advising of roles of team members – some participants said they received newsletters before and it *"made you feel like you were part of the practice".*

Participants said that promoting the excellent levels of care to build patient confidence in all roles was important, as was readily accessible information. Some participants felt the Scottish Government could have provided more easy read information to the public on the recent changes to general practice services and primary care in general and that that lack of awareness of what had changed was confusing. Some felt the pandemic had had an adverse impact on the patient/practice relationship.

Some participants felt the role of NHS 24 and NHS Inform needed to be promoted more, possibly through social media, TV and radio adverts, and posters in appropriate venues throughout community facilities. We received feedback that people often saw the team of healthcare professionals as a *"hierarchy"* and not viewed as well versed as GPs. It was suggested that posters showing the roles of various professions would be helpful with information about how to access them.

Citizens' Panel - Method

A Citizens' Panel is a large, demographically representative group of citizens regularly used to assess public preferences and opinions. A Citizens' Panel aims to be a representative, consultative body of residents. The Citizens' Panel for health and social care was established in 2016 to be nationally representative and has been developed at a size that allows statistically robust analysis of the views of the Panel members at a Scotland-wide level. You can find further information on our Citizens' Panel webpage.

At the time of this survey (Spring 2023), there are 1,022 Panel members from across all 32 local authority areas. This report details the findings from an email survey which collected feedback between March and April 2023. The survey was on General Practice Access Principles.

The survey was sent by email to all 938 panel members whom we hold email addresses for. A total of 449 responses (48% response rate) were received by email. This level of return provides data which is statistically robust at national population level and representative of sex, age, deprivation and housing tenure.

The questions for this survey were designed by Healthcare Improvement Scotland's Community Engagement Directorate in partnership with the Scottish Government. Draft questions were tested with members of the public, which influenced the final question set. It should be noted that the language used to describe the principles were simplified and shortened from the version in the discussion groups to ensure people could better understand the statements. Feedback from the discussion groups was also used to inform the development of the Citizens' Panel questionnaire.

Survey results

It was explained to Panel members that the aim of the survey was to gather the views of the Citizens' Panel to understand how people feel about accessing general practice services. Furthermore, the survey aimed to determine whether Panel members believe the principles will be easily understood by people and if anything needs to change or is missing.

The responses to the survey will help to improve access to care from general practices.

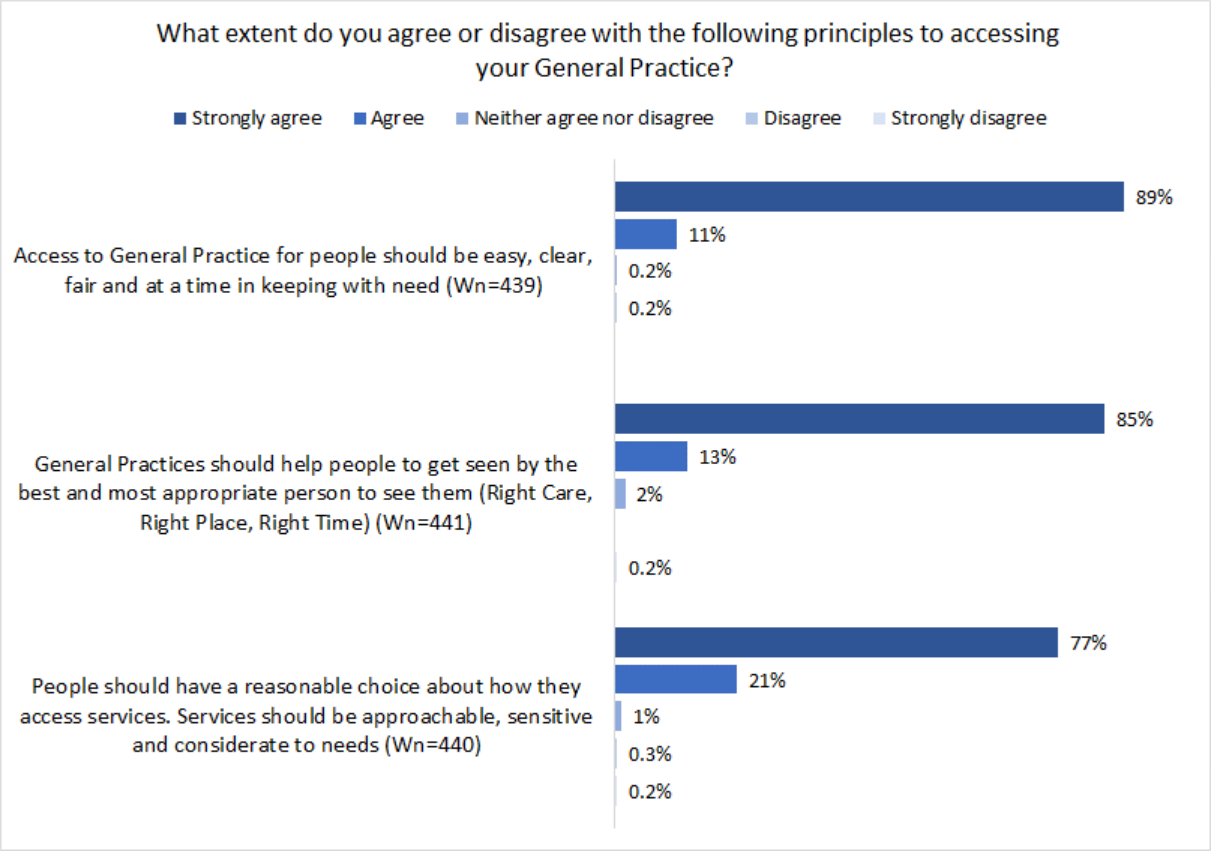
What matters most when accessing General Practice

The survey opened by asking respondents what they believed mattered most when accessing their general practice. This was asked as an open-ended question and the responses have been coded thematically. Most important to panel members was being able to access appropriate care in a reasonable time (45%), followed by a reliable appointment system (31%) and appointments with appropriate healthcare practitioners (26%).

What matters most to you when accessing your General Practice?	
Base: all who responded, wn=419	**%**
Being able to access appropriate care in a reasonable time	45%
A reliable appointment system	31%
Appointment with appropriate healthcare practitioner (GP, nurse, chiropodist etc) - this could be face to face or online, over phone	26%
Treated with respect/ friendly staff/ treated kindly	13%
Being listened to/ sufficient time in appointment	11%
Appointment with GP (this could be face to face or online, over phone)	9%
Quality care (competent and knowledgeable staff)	8%
Face to face appointment with appropriate healthcare practitioner (GP, nurse, chiropodist etc)	6%
Continuity of care	6%
Face to face appointment with GP	5%
Being taken seriously	4%
Other	5%

Opinions on General Practice Principles

Respondents were asked for their opinions on the three principles to accessing their general practice and whether they agree or disagree with them. The chart below shows that panel members were almost all in agreement with the principles with respondents being most likely to strongly agree that access to General Practice for people should be easy, clear and fair and at a time in keeping with need (89%). Slightly fewer respondents strongly agreed that General Practices should help people to get seen by the best and most appropriate person to see them (85%) or that people should have a reasonable choice about how they access services, and that services should be approachable, sensitive and considerate to needs (77%).



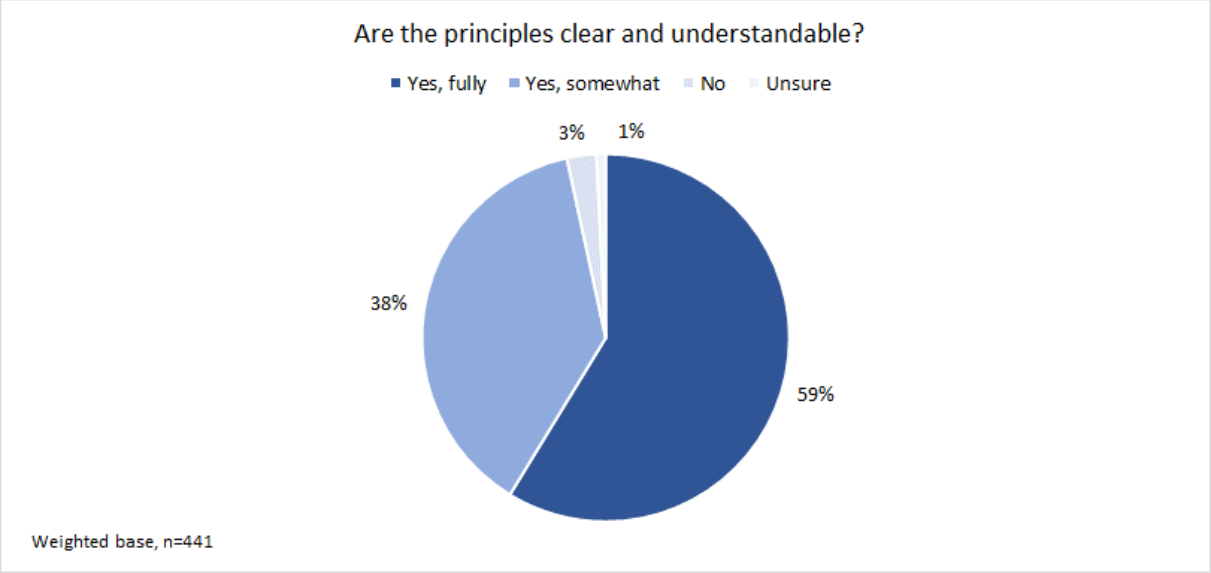
Priorities for General Practice Principles/ Statements

Respondents were asked to select from a list of principles and statements which were most important to them. Respondents were allowed to select up to 5 statements. Most important for respondents was that when appointment availability is limited General Practices should ensure that those with the most urgent care needs are met (72%). This was followed by people and general practices having a positive and trusting relationship (66%) and people who live with frailty and health needs must have a known and trusted member of the General Practice team aligned with their care (60%).

Please Select up to 5 which you feel are the most important to you.	
Base: all who responded, wn=441	**%**
When appointment availability is limited General Practices should ensure that those with the most urgent care needs are met.	72%
People and general practices should have a positive and trusting relationship	66%
People who live with frailty and health needs must have a known and trusted member of the General Practice team aligned with their care	60%
Methods of access to General Practice teams should be clear and transparent for people to access the right service for their needs.	58%
Receiving care from the wider General Practice team (other than the doctor) is the norm. People understand different roles in the General Practice team and that they don't always need to see a GP.	52%
People will be seen as a whole person which will be inclusive of social, economic and environmental factors	49%
Access to General Practice is fair and equitable irrespective of how people live their lives	48%
People should be enabled to take responsibility for their own health by • self-management of their condition. • using online resources such as NHS Inform, • Accessing other primary care services such as their local Community Pharmacy or Optometry (Opticians) or Dentists	33%
Digital resources will be used where appropriate to meet people's needs. People's digital inclusion needs will also be considered.	17%
Signposting (sometimes called Care Navigation) to the most appropriate service (both within and out with the practice) by receptionists is the norm.	13%

Clear and understandable Principles and Statements

Just under 6 in 10 respondents (59%) agreed fully and a further 38% agreed somewhat that the principles were clear and understandable. Only 3% disagreed that the principles were clear and understandable and 1% were unsure.



Suggestions for other General Practice Principles/ Statements

Those who felt the principles were not clear and understandable were asked what could improve to make them clearer and more understandable. Around a third of comments were where respondents felt the principles should be clearer (33%), and a further 21% felt they should be understandable to everyone. Other suggestions were for examples to be provided on what the statements mean (18%) and where they questioned what the statements mean in practice (17%).

If not, which principles could be improved to make clearer and more understandable?	
Base: all who responded, wn=56	**%**
Principles should be clear	33%
Understandable to everyone	21%
Provide examples of what the statements mean	18%
What do the statements mean in practice?	17%
Too much jargon	13%
Needs to be as easy as possible for people to get advice online/ not everyone is confident going online	11%
Need to define digital resources	10%
What is meant by Care Navigation	2%
What is meant by sign posting	2%
Other	9%

All respondents were asked if they felt there was anything missing or something else they would to see included in the principles or statements. Again, the open-ended responses received to this question have been coded thematically. A number of comments received to this question were where

respondents mentioned personal statements that did not relate to the question or comments which answered the previous question about what could be improved to make the statements clearer and more understandable. These comments have been excluded from the coding of the open-ended responses. The table below shows that of those who answered the question, over half said there was nothing missing or anything else they would like to see included in the principles or statements (54%). On the other hand, 10% mentioned the length or wait for an appointment or on the telephone being excessive, 9% spoke about accessing appropriate care and 6% mentioned the role of receptionists as gatekeepers.

Is there anything missing or something else you would like to see included in the principles or statements?	
Base: all who responded, wn=153	**%**
No	54%
Length of wait (for appointment or on telephone) is excessive	10%
Accessing appropriate care	9%
Role of receptionists as gatekeepers	6%
Continuity of care	5%
Importance of being seen in person	5%
Consideration for those with learning disabilities, mental health issues, language barriers, poor literacy etc. re communication and information provided	4%
Patients should be able to see a doctor if they request it	4%
Alternative ways to see a doctor for those who can't phone first thing. Work outside 'normal' hours	1%
Confidentiality assurances	1%
Other	11%

Raising awareness of the services of the multi-disciplinary team

Finally, respondents were asked how they think General Practices should raise awareness of when patients should use the services of the multi-disciplinary team rather than the GP. The most common response was for information to be provided on the General Practice website (54%) and this was followed by information made available at the General Practice, for example via leaflets or posters (50%) or directly from the receptionist (44%).

How should General Practices raise awareness of when patients should use the services of the multi-disciplinary team rather than the GP? Please choose up to 3 options which would suit you best or you can add other options below.	
Base: all who responded, wn=153	**%**
On the General Practice website	54%
Information provided at the General Practice, for example leaflets or posters	50%
From the receptionist	44%
National campaigns, for example on TV, radio, household leaflet drops	40%
From the GP	38%
From a menu of options over the phone	36%
Information at Public Places, for example libraries, council offices	19%
Text or email	2%

NHS websites	2%
Information sent out routinely from GP e.g. prescriptions, appointment letters	0.4%
At the pharmacy	0.3%
Information sent out via other organisations e.g. local authorities via council tax letters	0.2%
Other, please specify	0.1%

Conclusions and Recommendations

It is clear from the discussions and survey results that there was a real appetite amongst participants to share their views and experiences on accessing general practice services. There was also support for the implementation of principles aimed at improving access for patients providing they are easy to understand by the public and compliance was monitored in some way. Participants shared many suggestions on how access to general practice services could be improved and said they would welcome being part of further discussions to share their experiences if the opportunity arose.

Based on the feedback, it is recommended that:

- general practices across Scotland are encouraged to increase the involvement of patients in changes to services
- general practices look towards the development of new ways, systems and processes for capturing patient experience particularly in the design of services and change ideas
- as a matter of course, general practices use the Scottish Government's principles when engaging with their practice population
- Healthcare Improvement Scotland – Community Engagement considers whether a further Gathering Views exercise on access to general practice services would be beneficial in the longer term.