

PRIMARY HEALTH CARE MATTERS



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Foreword

by Advocate Rose Colley, Consumer Council Chairman

Following on for our highly successful and informative Primary Health Care survey in 2012 and the more recent focus groups, which got into the *nitty gritty* of accessibility to see if it is merely an issue of cost, or rather an attitude to Primary Health provisions, the **Consumer Council** is determined to make a real & valued difference.

Advocate Rose Colley, **Consumer Council** Chairman says 'it is imperative that the patient is the focal point of our health change process and the ensuing results. The **Council** recognises the need to ensure that budget is not over looked but a health service suitable for island life is delivered'

In summer 2014 we presented the Focus Group findings to the Minister for Health, Social Security, Primary Care Body, Health & Social Services Department, Jersey Dental Association and other representatives from the Primary Health sector.

The **Council Chairman** urges health decision makers and representatives not to underestimate the voice of the patient.

Introduction

Sustainable Primary Care Review; The Importance Of The Consumer Council's Investigations Into Primary Health Matters In Adding To The Debate

By Jim Hopley

(Honorary Chair of Jersey's Voluntary and Community Sector Partnership and Jersey Disability Partnership) – Primary Care Review Board Member.

A Sustainable Primary Care Review Board was formally established in April 2014 tasked with the role of setting out a vision of an integrated health and social care system designed to meet the challenges, both current and future, facing the Island's Health and Social Services. The specific, measurable, achievable and realistic deliverables expected at the end of the Project are:

1. A strategy which integrates Primary Care into the transformed health and social care system.
2. An agreed proposed model for safe, sustainable and affordable Primary Care.
3. A proposed preferred approach for contractual and governance mechanisms to deliver the agreed primary care strategy.

This on-going work has already been greatly informed by the detailed investigation both Quantitative through the Council's Primary Health Questionnaire issued to the whole island; achieving a fantastic response and Qualitative through a whole series of structured Focus Groups, run by 4insight and funded by the Consumer Council, to identify the current thoughts and concerns of the most important people of all in this the General Public, the Patients and the Recipients of Services.

In any investigation and review of this sort of course the views of the 'professionals' both inside Health but also from related Primary Care Disciplines (GP's Dentists, Opticians and Pharmacists) are critical but equally so are the thoughts and perceptions of the current system, where the weaknesses lie and how things might be improved from the standpoint of the Public. This is precisely what the work of the Consumer Council contributes to in substantial measure.

As the "voice" of the patient and of the Voluntary Sector in this process I have benefitted tremendously by being able to draw on this raft of data consistently in an effort to maintain balance across the Review.

Research Methodology

4Insight, an independent research consultancy, ran the focus groups, on behalf of the Council, to reflect different age groups and health care circumstances, Advocate Rose Colley, **Consumer Council** Chairman says ' we were overwhelmed by participants honesty, raw emotion and contribution in each group, the qualitative results are enlightening and will undoubtedly be invaluable to those in decision making roles as the Primary Healthcare Sustainability Project Sustainable Primary Care Project progresses'.

There is currently a major health review on going and we wanted to explore the 'accessibility' issue within Primary Health Care for consumers / patients /carers.

The **Council** gained support from Social Security, Primary Care Body, Health & Social Services Department and the Jersey Dental Association, as we were very keen to involve them in the process and more importantly to seek resolution where possible of the Focus Groups.

The report contains comments from several of the organisations in response to the points raised.

The following topics were investigated in depth:

- Costs and affordability, as more than 60% in the all island JCC Primary Health Care survey felt General Practitioner/ Doctor (GP) costs restricted or stopped visits. 67.6% commented that cost restricted or prevented them from visiting the dentist.

- If accessibility is based on ease of transport, parking opening times and GP availability
- Referrals to secondary care (on & off island) & back to primary care
- Customer care
- Any particular needs for the under 5 year olds or the elderly
- Any restrictions on use
- Any other perceived reasons why people attend A & E rather than visit their GP or Dentist
- Out patient appointments & waiting times

We held 8 x 90 minute focus groups with 54 respondents and each group was made up of a range of ages, family situations, socio-demographics, ethnicity and from a range of Parishes:

- 2 x focus groups of adults
- 2 x focus groups 65+
- 2 x focus groups of people who often visit A & E for non-emergencies
- 1 x focus group parents with young children
- 1 x focus group of people who have not visited the dentist in recent years

It should be noted that those who are currently working in healthcare or politics were excluded – we are hoping that staff are invited to participate in further focus groups organised by the Primary Health Care Sustainability Project.

Focus groups are a good method for providing **quality insight and exploring the patient voice** due to the richness gained through the sharing of experiences and opinions, and the moderated discussions that unfold.

The focus groups lasted 90 – 120 minutes and we were able to watch any of the groups live and add additional questions or clarifications before the groups closed.

For easy reading this paper splits the results into a number of sections. The sections are based on key themes, which arose from the focus groups

- [Customer Service](#)
- [Costs](#)
- [Communication & Awareness](#)

In addition, based on the results we have added some first line health responses and where appropriate we have identified some 'Patient Pleas' and relevant 'Consumer Council' considerations under each heading.

The focus groups results clearly indicate that patients do not aspire to free Primary Health Care as they are mindful of the potential consequences in terms of the availability of a GP plus the implications of who should fund the service?

'Consumers felt that the health system may get clogged and abused if doctors appointments were free'

Some felt that the individual should take greater responsibility for their own health.

Encouragingly, most take a responsible attitude towards their health but the discussions highlighted that many islanders have a strong moral belief that visiting Accident & Emergency (A&E) is not an entitlement but for a real need. However some felt that individual needs to take greater responsibility for their own health.

The **Council** has presented the findings to several groups prior to the compilation of this final report.

We recognise that there is a huge volume of work and tasks to be undertaken in the health sector. The **Council** urge actions to be undertaken to respond to the patient perceptions; whilst they may not be new observations they are clearly reoccurring issues that patients' perceive as unresolved and of high importance.

Focus Groups

The moderator planned a discussion guide to ensure we explored topics in a methodical and balanced approach with each group; the topics were based on '**Transparency, Relationships and Governance and Accessibility**'.

The participants' responses however broadly fell into the three themes as previously detailed.

Customer Service

The importance of 'Customer service' is a very strong message from each focus group when considering Primary Health Care.

When initially probed waiting times emerged as a major issue for participants; there was a significant amount of frustration and disdain that patients can often be kept waiting a long time in the surgery waiting room by their GP and all too often resulting in the patient returning to work late.

There was a feeling that patients' time is perceived as less important since they are left in the waiting room by their GP and without any penalty yet the patient is charged double if they enjoy a longer appointment. Participants said that opening times at most doctors' surgeries are too restrictive for patients who work.

However respondents report that they have a good relationship with their doctor and this is noted as even higher in the 65+ age group.

The Primary Health Care Body representative Doctor Nigel Minihane comments in response to this issue

'Customer satisfaction has always been a priority for GPs in Jersey. We have traditionally been in competition and for a patient to change practice is a very simple affair. Consequently there is every incentive to keep our patients happy. I take on board the criticism of patients waiting for prolonged periods. This varies markedly from doctor to doctor and patients are often aware of the variation in practice. It's often a question of balance. Doctors can be criticised for 'being too quick' and remaining punctual and the reverse applying by taking time with patients who need it. In addition it is now mandatory for all GPs, through the revalidation process, to be provided with

360 feedback from those they work with and participate in regular, independent patient satisfaction surveys.'

There does appear to be a potential conflict between the role of the business and customer/patient service.

The focus groups highlighted different customer care issues when attending accident and emergency (A&E) a very common concern from the groups being the lack of privacy when reporting to A & E and explaining the reason for your attendance.

The groups also highlighted that the customer service at A & E is variable and some commented that it is dependant upon the staff on shift as well as the volume and severity of patients being looked after.

Waiting times were also raised as a patient irritant in relation to Outpatients; these fell into two categories.

1. Waiting a long time to be given an appointment and all too often the specialist in attendance appears not to know enough about the individual's case – requests more tests and then the patient waits several more months with very little progress
2. 'The waiting times once at outpatients are unacceptable – why are there multiple people with the same appointment time?'

A key topic was the perceived lack of customer service in relation to mental health care; participants reported being let down by the system, teenagers waiting far too long for help and parents feeling outraged, let down and very frightened.

Patient Pleas

- GP practices to review opening times to suit their customer base
- More discreet way of patients to share their 'ailment' with A & E reception
- More checks at A & E to ensure the patient

- is eligible to be in receipt of A & E care
- Please do not make multiple bookings for outpatients appointments
- Please ensure that outpatients appointments are prepared for and productive

Consumer Council Considerations

- *Look to alternative methods of engaging with some patients to give greater flexibility on appointment times and possibly costs*
- *Ensure that there is a meaningful mechanism to collect and report on customer satisfaction*

- *There needs to be publicly released A & E statistics regarding cases treated, age profile of patients and eligibility to the health system. How much is reclaimed via patient charges, etc.*

The Primary Care Body (the body who cover local doctors) has given us the following response to our Patient Plea related to opening times;

'We could offer extended opening hours to suit patients but there would be an increase in costs; related to this service – reception staff pay and time etc. We would also need to ensure that other support services such as pharmacy and laboratories were open to ensure that a visit to the GP was maximally efficient for the patient. It's not to say that we can't – but the price of the extra convenience needs to be understood'.

This is an understandably commercial response however the Focus Groups reveal that patients are keen to see a review of practice opening times.



GP Costs

We simply asked all the focus groups respondents 'what are the first words/associations that come to mind when visiting the GP/ family doctor?'

The size of the words below indicate the frequency with which the word was used – we can see that the groups perceive cost as a key factor when considering a visit to the family GP/doctor.

Cost was identified as a key issue and is perceived as too expensive and therefore restricting visits.

An interesting theme which was discussed voluntarily in each group was the variation in both doctor and dentist charges. Participants commented that *'price inconsistencies across surgeries are unfair'* and that *'there are less payment options for the retired as they do not get private healthcare from work and the Westfield Health scheme is means tested on savings'*

The groups went on to agree that 'fees are disproportionately expensive for groups who visit often (children, the chronically ill and the elderly).

Jersey Evening Post Headline Monday 2nd February

'Under-16's to go free at biggest GP surgery' – Dr Mair said that he had been looking at last year's Consumer Council Primary Care research

Another main point to be drawn from the group discussions was that there was a feeling of annoyance towards the GP's as it was perceived that the cost was not equal to the value of the appointment; this was cited where we ask for a repeat prescription to be issued, asking about



both children in one appointment and being charged double time at routine check ups).

The Council asked the Primary Care Body (PCB) for their response to your comments regarding cost; they said that *'many surgeries discount children from the headline rate as we recognise that common ailments can often need more than one visit. This allows us to manage an illness more appropriately as prescribing antibiotics is not always in the child's best interests and a period of observation and reassessment may be better'*

They went on to say that 'there is significant amount of discounting that goes on and in a recent study from Social Security up to 40% of consultations were discounted in some way, with 19% of encounters resulting in no charge to the patient at all – and only a claim from the Health Insurance Fund being made on behalf of the patient. We are aware that there is not a clearly understandable pricing policy within in Primary Care and it can vary even within practice. This is something that as professionals we too find frustrating and it is a priority to ensure that this is addressed in the work being done in partnership with the States about Sustainable Primary Care'.

Additionally they said 'We too would welcome a more structured pricing policy based on ability to pay and recognise that an individual may be vulnerable either through financial hardship or because of physical or mental health issues. Means testing and a way to incentivize patients to budget for their health care would be very helpful and supported by the GPs

The point has already been made that we try and respond to people's needs in a consultation and whilst some consultations may seem very short and expensive, some are much longer and still get charged the same fee. Our current payment structure is not flexible enough to respond to variable needs, but again, this is an issue that is being addressed in the Sustainable Primary Care work'.

The Jersey Royal Pharmaceutical Society indicate that high demands on our health care services could in part be alleviated by the pharmacy profession being more appropriately utilised as an

integral and highly qualified member of the health care team to help address these problems. They suggest that they have a role to communicate with those patients who currently do not visit their GP to help with minor ailments and medicines reviews. The Society suggest that pharmacists could help with the costs of medicines to ensure patients take them correctly and to provide extended services for patients in care homes to name but a few areas where they perceive their role could greatly enhance patients care.

Dental Costs

We asked all the focus groups respondents ‘what are the first words/associations that come to mind in relation to dentist visits?’

Cost is again a key consideration in relation to dental care; resulting in consumers not attending any form of dental care. Dentists are perceived as much more expensive than GP’s.

The groups identified that dentists offer payment schemes so that they can at least access routine dental check ups ‘although these differ hugely in price’ from practice to practice.

In all groups there was support for the idea that people who go to A & E for non-urgent matters should be charged as it ‘would deter others from doing it’. Although the groups were mindful about tolerance and subjectivity i.e. new parents.

Jersey Dental Association comment that ‘Dentistry is perceived as expensive in Jersey. Dentists are

conscious of this and do endeavour to keep costs down. Dental practices on the Island are independent businesses and as such are burdened by having to meet all their overheads by themselves. These include payment for staff, equipment, dental materials, IT, maintenance, rates and rent for premises. To maintain high standards, dentists are obliged to remain updated and attend educational courses at their own expense in addition to annual registration fees and professional indemnity insurance. On a positive note, the best available materials are used in Jersey patients, unlike NHS treatments, which are restricted by cost. Prices do vary widely but if patients shop around they will find affordable treatment. In the past, fixed pricing lead to accusations of cartel formation. Dental practices are obliged to display their prices and should provide a written quote. Some offer to arrange finance while others have payment plans.



The States of Jersey could help dental practice by minimizing unnecessary costly bureaucracy and by increasing the scope and funding for existing schemes such as the JDFS and +65 Westfield insurance with the aim of making dentistry more accessible'.

The importance of Dental care cannot be underestimated. Extract from Primary Health Care Jersey Consumer Council Report 'Target' Proposals and Other Key Issues for Debate 2013:

- *Good Dental Health helps us communicate more effectively, eat and enjoy a variety of foods and generally contributes to better health and wellbeing.*
- *Poor dental health results in pain, discomfort, sleepless nights, limited diet and therefore poor nutrition, time off work and school and poorer physical and mental health*
- *The cost of getting dental care when in pain is a significant problem for those on lower incomes, who do not quite qualify for the £500 emergency treatment benefit*
- *Children, those with mental health problems, learning difficulties and the elderly are often among those with a disproportionate risk of poor dental health, which leads to further deterioration in their general health and social circumstances*
- *More affordable access to dental services for these vulnerable groups should be considered.*

The Council proposes that the costs of visiting the dentist and treatments be reviewed as consumers clearly restrict visits to the dentist and research indicates that poor dental hygiene significantly increases the risk of a variety of other illnesses, contributing to cardiovascular disease for example.

Which February 2015 reveals that their survey highlighted that people who delay and cancel dental treatments because of cost can result in losing teeth and, in such cases as undiagnosed oral cancer, have serious health implications.

The **Council** is awaiting the results of a study undertaken last year regarding the levels of tooth decay in Jersey's children. What is the reality of tooth decay amongst young islanders? How accessible is dental care for our young people?

The Cooperative has commented that they are looking at the dental market following their successful move into General Practise in three surgeries across the island.

There has been increasing disquiet in the national media regarding the transparency of dental charges. Our local dental practices are required to adhere to the standards specified by the British Dental Association including written quotations of planned treatments.

Patient Pleas

- We need affordable dental care in Jersey
- Consumers support reduced doctor fees for under 5's, chronically ill and elderly and this could be based on means testing
- Public would welcome practice nurses to help with blood test, blood pressure tests etc. for cheaper appointment costs
- Participants were very clear that free is not an option as this would impact considerably on funding, system overload but rather all health provision should be means tested
- Please give us full treatment quotes and options. It feel uncomfortable to always ask about costs
- Participants suggested that perhaps we should re-introduce charging for prescriptions in the range of £6 - £10 excluding the under 5's and the over 65's – but once again based on means testing.

Consumer Council Considerations

- *Look to alternative methods of engaging with some patients to give greater flexibility on appointment times and possibly costs*
- *Advise patients to check websites where apparently all costs are displayed.*
- *Dentists please display your price lists and help all patients to understand treatment options.*

Communication & Awareness

The focus group discussions identified communication as a challenge and as a root cause in so many of the potential touch points with patients/customers.

- The discussions highlighted that there is scant understanding of how the funding system currently works and how it is applied in relation to Primary Health Care
- Participants commented that price lists were still not evident at GP practices. The price lists need to be displayed
- Participants comment that if they visit their dentist price lists are available but a breakdown of required treatment before agreeing to treatment, would be welcome

There appears to be a huge amount of confusion surrounding the provision of GP services away from the normal clinic times;

- Is there a 'community GP based at the hospital to whom you are directed if you present at A & E with anything other than an emergency?'
- 'Who visits you if you call the doctor out to you – is it your doctor?'

The groups also discussed out of hours and community GP's

'So if I go to A & E it's free and if I go to the Community GP based at the hospital it will cost me £70 ...it's a no brainer'

'How much does the out of hours GP cost?'

The focus groups raised concerns that there is no mechanism for patients to be able to comment on the service and care they receive;

- Very few doctors/dentists have a channel through which patients can feedback with many participants commenting that few surgeries have the feedback style boxes for patient comments
- Your complaint may not be the particular doctor's fault but a procedural issue, so not so relevant to the practice
- Perceived a real need for regulatory bodies over doctors & dentists. People could go to them with feedback and they could standardise best practice and monitor quality
- Concern that if you complained directly to the practice, you may be treated differently (particularly with doctors)
- Participants considered that a hotline or email address to enable both negative and positive feedback to be collected would be an improvement
- Follow up letter or email, ensure it is soon after appointment

'My mum said don't bother, it might affect your future care. Used to happen doctors made notes about the person's character on their profile. I thought twice about reporting it' (Parent, 31-50)

‘Need an authority like the JFSC, where you can go there and complain, and that regulatory body can penalise them’ (A&E for non emergency, 31-50)

The groups indicated that people appreciated the quality of the relationships that they have with their GPs.

Patient Pleas

- Is it possible to have a list of what each GP specialises in – to help us make informed decisions?
- Please ensure price lists are clearly displayed which are easy to read in the surgeries not just on websites
- A big plea ...‘let us make necessary follow up outpatient appointments when we are in the clinic rather than send us a letter ‘
- We need an impartial mechanism to be able to pass back both positive and negative comments regarding all Primary Health Care services without ‘fear’ of personal repercussions
- We may be anxious and unsure about what is wrong, and want to speak to a medical professional for peace of mind (particularly parents of young children and the elderly). We would welcome a way in which we could do just this!

‘We love the text reminder service for outpatient appointments’

Consumer Council Considerations

- *The hospital patient listening post needs greater support and profile – greater coverage and reporting and feedback mechanisms to make a real inroad into patient opinion.*
- *We need some simple and effective communications to help patients/consumers understand the funding structure of visiting the GP and the Dentist*
- *Additional clarity for patients regarding the GP practice and business regulations and CICRA.*

Our local Primary Health practices all operate according to strict guidelines and the PCB helped us to understand the current regulatory framework for our local GP’s. They stated that *‘All GPs are regulated by a UK body the General Medical Council (GMC) and have to go through a process called revalidation in which we have to demonstrate that we are up-to-date and fit to practice. We have external GP’s looking closely at our practice on an annual basis. Each practice has a complaints policy and we are encouraged to try and sort complaints out with the patient in the practice. If not they are able to direct a complaint to the Primary Care Governance Team, which is the local representative organisation of the GMC. Complaints are the way in which we can reflect and make changes in our practice and in our organizations and we have a robust policy for dealing with these issues’.*

Thematic Apperception Testing

The focus groups also involved utilising the Projective and Enabling Technique Thematic Apperception testing which provides the respondent with the opportunity to project their thought onto faceless characters, removing themselves from potential judgment by others- allows for open and honest sharing of rationale as well as emotive views.

Most often the character opening a conversation took a strong stance defending the action with the character on the right disagreeing strongly, embodying the 'model citizen'.

“For some people it’s a no brainer; pay for GP or get treatment for free from A&E (31-50)

Profile	Character 1			Character 2		
	Say	Think	Feel	Say	Think	Feel
General (46/46 inc. 6/46 misc.)	I’m thinking of using A&E instead of GP	It’ll save me £40,	Guilty	That’s not right	Tight person, will clog system	Annoyed
If they can do it, why wouldn’t they?! (14/46)	It’s a good idea to use A&E instead of GP	Why not? Other people do it	Smug	Why when you should go GP?	This costs tax/Soc. Sec.	Cheated
Against the ‘entitled’ (12/46)	I’m going to A&E instead of GP	I’ve paid my way, it’s my right	Arrogant	You shouldn’t do that, other people need it	I can’t believe I’m friends with this person	Shocked and angry
Time precious (9/46)	I think I might need to go A&E	I better make sure it’s O.K	Worried	Again? What’s it this time?	Wasting doctors’ time	Annoyed
Open and honest (5/46)	I’m using A&E to get seen quicker and it’s cheaper	I don’t care what anyone thinks	Happy	Be sure to go when it’ not too busy	Might get to see a specialist quicker as well	Empathetic

	Character 1- The 'protagonist'			Character 2- The 'antagonist'		
	Say	Think	Feel	Say	Think	Feel
Person 1	I'm booking a dentist appointment today	I really hope I don't need any treatment	Worried	I hope it is just a check-up!	I must do that, I haven't been for ages	Guilty
Person 2	I need to make an appointment but know that they will suggest a hygienist or orthodontic appointment	I need to pay for childcare and bills, so will leave it a couple of months	Defeated	You should really go in-case they miss something and it's really expensive (crown/bridge)	Wish I had a dental plan	Thoughtful
Person 3	(Seasonal worker) Is the dentist free over here, as I have a horrible ache	I know in England it's free	Curious about future healthcare on the island	(Employer) No, you have to pay. Don't you get it free where you're from?	That's my taxes on the increase	Annoyed
Person 4	I want to book a dentist appointment	I feel I need advice on this, I never go	Anxious	Do you need it or is it to get them whitened?	It's so expensive, is it needed?	Worried
Person 5	I know I should get a check-up but it costs so much	Can I wait another 6 months/year?	Yes, I will hang on	You should get checked every 6 months	But I don't always do that either	Perhaps I will wait 12 months
Person 6	My tooth is killing me	I'm going to have to go to the dentist or it will cost a fortune	Annoyed/ Anxious	It might clear up, try and give it a few days	Unlikely, maybe I should get health insurance & check up	Relief/ Focussed
Person 7	I need to see the dentist. Not been for years, and my jaw hurts	Wonder how much I will pay? Will the treatment hurt and take long?	Worried about jaw and cost	Going to cost you. Do you have the money? When are you going?	Hope they can afford it, I've not been for a while	Feeling sorry for friend
Person 8	I'm going to the dentist today as I'm in pain	I wish that they could bring my appointment forward	In pain/ frustrated	Is it a routine check-up?	It must be extremely frustrating for them	Wish I could help her

Participant suggestions and additional ideas regarding Primary Health Care

The focus groups were asked for their ideas and suggestions regarding improvements to Primary Health Care in Jersey;

- Drop in clinic at hospital, charge slightly more than doctor in normal hours (so as not to take patients away from surgeries) and reasonable rate out of hours (less than call out GP)
- Charge for prescriptions that can be bought over the counter
- Drop in clinic once a month at Parish Halls for young children
- 'Care in the community' nurses who visit elderly people's places of residence
- Provide services to the elderly like helping them fill out forms for help they are entitled to
- Encourage people to use Pharmacists for advice and reassurance, perhaps allowing Pharmacists to prescribe some medications e.g. antibiotics
- Allow senior nurses to take on some of the doctors' roles, like taking blood, routine checks e.g. BP and repeat prescriptions, charging a cheaper rate for such appointments, £10-15
- Hotline with a specialist on call who can advise whether to go to A&E or GP, especially helpful for elderly or new parents
- 24 hour pharmacy
- Doctors surgeries opening till later in the evening and 6 days a week

'In Jersey it's either A&E or doctors. Abroad you can go to the pharmacy and get some advice. They can sometimes prescribe antibiotics which may be useful over here. Pharmacists are good at giving advice and lots of people don't know that' (65+)

'Would help to have a hotline, a doctor who is employed to listen and give you advice. Think it would cut out a lot of people going down to A&E'

The PCB have also responded to the above Patient Pleas:

'With regard to a drop-in clinic at the hospital – the success and good outcomes with General Practice depend on the continuity of care and also the presence of patient registration with a practice. A drop-in clinic would not facilitate this and ensure that the patient's holistic needs were cared for e.g. screening, immunization, and long-term condition management. In essence, a patient needs to "belong" somewhere to ensure their best interests are met.

This also applies to "drop in clinics" at Parish Halls. GPs are very keen to work more closely with Health Visitors attached to the practices and discussions are on-going related to this. In this way – more of a "drop in" culture for child clinics might be more achievable.

"Care in Community Nurse" who visits elderly at home. This is again something that as GPs we are very keen to explore. The concept of a team of professionals clustered around a group of patients has been discussed in the Sustainable Primary Care work.

Pharmacists to give advice about simple ailments works very well in many areas. We have to be wary of opening up to widespread prescribing of antibiotics in the community as this can lead to increased antibiotic resistance which is a real threat to our future ability to fight disease.

Hotline for advice about which service to access – does exist – GP out of hours 445445. Advice free currently'

The above responses highlight that there is always two sides to every situation but nonetheless patients are pleading for more accessible ways to meet their essential medical needs either via drop in clinics or nurse care.

Conclusion

The focus groups raised a broad range of issues relating to our current Primary Health Care in Jersey. Whilst we recognise that they may not all be new issues these are key perceptions which still exist and therefore patients would appear to have their comments falling on deaf ears.

To conclude

- Healthcare accessibility drivers were costs, affordability and entitlement
- Cost is a key barrier to access to both GPs and dentists. Dentists in particular were perceived as even more expensive
- GP prices perceived as too high and poor value for money
- Those with under 5s, retired, and or chronic illnesses were suggested to have lower fees (£10-£15); means testing suggested by some
- Middle income felt to be 'squeezed' the most
- Trade-off of A&E waiting time vs paying for GP was perceived to be worthwhile by those using A&E
- Felt that A&E should check a patient's entitlement to visit then charge as appropriate
- Low awareness of out of hours clinic at the hospital and perceived too expensive
- There was perceived to be transparency in cost for Dentists, especially for procedures, although appreciation that prices between practices were variable. However GP costs/policies perceived to be less transparent especially with repeat visits, routine checks and young children
- General trust in GPs and appreciation of availability (particularly from those who had lived elsewhere). Dentists less trusted; concern that unnecessary procedures may be recommended
- Clear need for feedback systems and regulatory bodies for both GPs and Dentists
- Some respondents felt strongly that Mental Health had inadequate resources, knowledge, recognition and slow action, and that certain policies (e.g. immediate cessation of parental disclosure from child of 17 to adult of 18) should be reviewed

Primary Healthcare would be greatly improved if...

'there was a consistent approach (care, fees etc.), transparency and approachable governing bodies' (31-50)

'the cost to the patient was REDUCED, this is the most important factor in helping the patient!' (65+)

'more nurses were given positions to deal with lower priority cases at a smaller price, this would free up A&E and give people a feeling that they are getting value for money' (non-dentist user, 21-30)''

'prices were reasonable and the GP's etc. incurred fines for making people wait, like they charge you double for long appointments. If they did not try and charge you as much as possible for no good reason' (Parent, 31-50)

'it was means tested. Also a benchmark system set up to have more consistent costs/ changes between both dental/ doctor practice' (A&E for non-urgent user, 50-64)

Appendix 1

1. The Consumer Council undertook an Island wide survey during June 2012. The survey was designed to gather information on Islanders experiences when paying for services in primary health care, including GP's, Dentists and other items provided by allied health professionals.

The report identifies 12 recommendations which are based on the 6 target themes emerging from the 6,588 respondents views.

Full Primary HealthCare Report available on our website

Target Themes

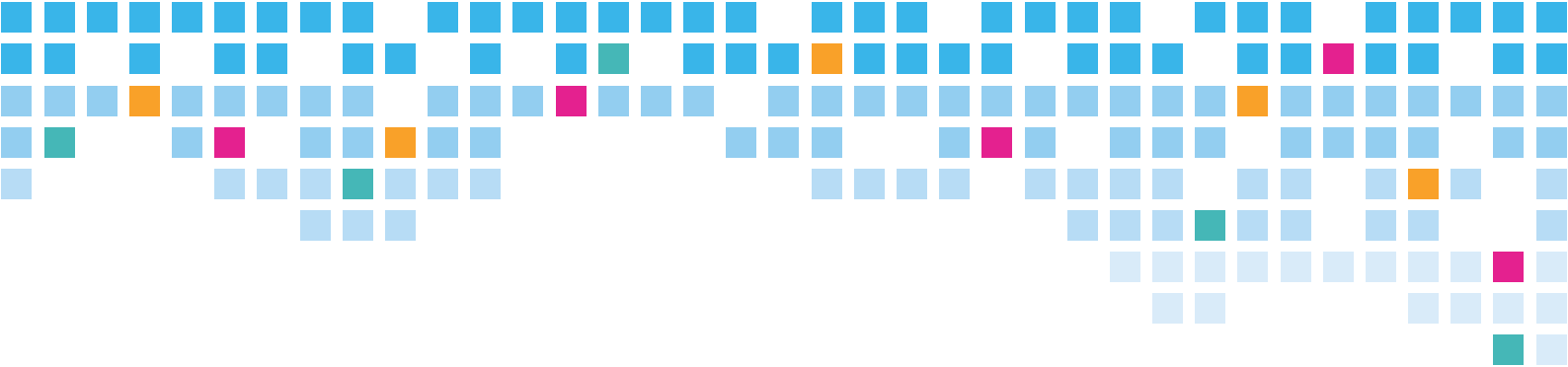
1. **Transparency** – Consumers lack clarity over costs incurred at general practitioners (GPs), dentists and other providers.
2. **Accessibility** – Consumers report avoiding care from GPs and dentists due to costs and identify using A&E as an alternative. Ability to pay for primary healthcare does not reflect willingness to pay; self-reported attendances to A&E for 'non-urgent' problems were as common in high income as low income groups.
3. **Relationships** – Better relationships can be developed between patients, public and providers. Dialogue and feedback may be supported through traditional focus groups and online patient forums.

4. **Governance** – Quality Assurance is needed for consumers using primary healthcare. We suggest this includes a formalised complaints procedure and a public information strategy to advise and signpost patients towards appropriate points of care.
5. **Elderly Care** – Respondents suggested frequently that prescription exemptions for the elderly should be considered. Public information is needed for consumers and providers of nursing and residential care to clarify the impact of the Health White Paper and forthcoming Long Term Care legislation on assets and mechanisms of funding care.
6. **Toddlers & Under 5's** – Respondents frequently suggested that universal free or subsidised access to GP appointments should be made available for the under 5's. Prescription charge exemptions for this group were also frequently suggested for consideration.

Additional topics for further debate include; charging and funding for future Jersey Health care, and understanding more about the current use of Accident & Emergency.

Notes

PHC report links: <http://www.jerseyconsumercouncil.org.je/reports/2013/health/>
www.jerseyconsumercouncil.org.je/health-care-survey-3/islanders-verdict/



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