

# Tell us what matters to you when choosing, changing and visiting your GP (General Practitioner)

Findings from four workshops with patients from the Auckland, Counties and Waitemata Metro DHB area

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Special thanks to Rosalie Glynn, Chair of the Counties Manukau Consumer Council, who co-developed and co-facilitated the workshops and contributed to this report.

All those participating in the workshops, and many others who registered to attend, asked that results be reported back to them. This report is written with them in mind.

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## Listening to 'what matters': Key messages

Having a 'good' GP is important to everyone, as is having 'good' information to decide which practice is the right one for you. For some time now the three Auckland Metro DHBs (Waitemata, Auckland and Counties Manukau) have been working in partnership with the city's Primary Health Organisations (PHOs) under the banner of a General Practice Transparency of Information project, sponsored by the Metro Auckland Clinical Governance Forum. This work aims to provide the public with more information on general practices, and to encourage and promote quality improvements in the sector. Understanding how general practice services relate in practice to peoples' everyday lives and what's important to them is critical to the success of this work.

This community consultation sought to find out more about peoples' experiences of choosing, changing and visiting their GP. In June 2017 we asked a group of people from each of the Metro Auckland DHB areas to tell us what's relevant, meaningful and useful for them. Across the region we heard clear and consistent messages from a diverse group of participants. Here's a summary of what they had to say...

We asked



You said

**What information do people require when choosing, changing or assessing the care provided by a General Practitioner (GP)?**

*We'd like information relevant to our personal and family circumstances from an up-to-date trusted and reliable source.*

*A single, independent web-based source is preferred. Ideally this would contain both general service and patient experience information.*

*An online system - 'patient portals' - with open notes, would also go a long way to fulfilling our personalised health information needs and give us a great sense of both autonomy and partnership with our healthcare providers.*

**What general service information is important, relevant and meaningful for people?**

*The most important 'need to know' information we require is... can I see the GP of my choice within a reasonable time frame?*

*Information about access to practices ... opening hours, free care for our children, transport and parking, and what it costs to attend... matter a great deal too.*

## We asked



## You said

What system level clinical information is important, relevant and meaningful for people?

*To us the 'person' of the GP and the relationship we have with them is more important than the 'pass rate' for any clinical measures.*

*While it's reassuring to see the proposed clinical measures, they are too narrow; GPs have a lot more skills than these. If you are going to report clinical measures we'd like to see breast, prostate and bowel cancer screening, along with mental health added to the mix.*

What are the preferred ways to present and access general service and clinical information about general practice?

*One trusted web-based source, that's easy for everyone to use, including on a smart phone would be a life saver! The site needs to present everything in everyday language. Sound, visuals and pictures must be part of the mix, and it needs to cover the wide range of criteria that's relevant and meaningful to us.*

How do people experience going to the GP? What matters, and what works best at each step of the journey?

*Feeling welcomed, safe, respected and valued at each step of the journey matters most.*

*The GP spends as much time as is needed with us so we feel listened to and all issues are discussed clearly. We never feel 'stupid,' we are trusted to understand what our health issues are.*

What gives people confidence in the health services and care their GP provides?

*First and foremost our confidence comes from our own experience of the health services and care our GP provides.*

*Easy access to independent patient experience information including what the practice does best, and what it could improve on, would also give us confidence in the health services and care on offer there.*

## Detailed Findings

### Introduction & background

Having a 'good' GP is important to everyone, as is having 'good' information to decide which practice is the right one for you. For some time now the three Auckland Metro DHBs (Waitemata (WDHB), Auckland (ADHB) and Counties Manukau (CMDHB)) have been working in partnership with the city's Primary Health Organisations (PHOs) under the banner of a General Practice Transparency of Information project sponsored by the Metro Auckland Clinical Governance Forum. This work aims to provide the public with more information on general practices, and to encourage and promote quality improvements in the sector.

Quality is a complex concept and there is no agreed definition of what constitutes quality in general practice.<sup>1</sup> However, there is evidence to suggest that transparency is a powerful driver of choice, and choice can be an effective way to improve services in many areas.<sup>2</sup> The type of information we shine a light on is critical. First and foremost we need to ensure general service and clinical information provides value to people (patients and potential patients). That the information is relevant, meaningful, and easily accessible so individuals and families can make informed choices about their GP care.

As part of the General Practice Transparency of Information project a draft set of general service information and system-level clinical measures has been developed by a multi-stakeholder working group (made up of members of the DHBs and PHOs above, and lay people – who are sometimes called healthcare consumers). The consultation process provided an opportunity to gather rich and specific feedback on this material. In addition, we sought to learn what other information people might like to help give them confidence in their general practice.

### Consultation process

In May 2017 invitations were sent from the three Metro DHBs (across multiple networks and channels) asking people to register to participate in four workshops to be held in June.

**“We are running a number of community workshops to learn more about what matters to you when visiting the GP, and to give you an opportunity to have a say about what information is most relevant and useful when choosing or changing GPs”**

<sup>1</sup> De Silva, D., Bamber J., (2014) *No.23 Improving quality in general practice*, The Health Foundation  
<http://www.health.org.uk/sites/health/files/ImprovingQualityInGeneralPractice.pdf>

<sup>2</sup> Henke, N. Kelsey T. & Watley H., (2011) *Transparency – the most powerful driver of healthcare improvement?* Health International, No 11, McKinsey Health Systems and Service Practice. Pgs.64-73  
<https://www.mckinseyTransparency.ashx>

The response to an online registration process was immediate and significant, with all the workshops over-subscribed.<sup>3</sup> Individual places were offered to randomly selected participants and others were waitlisted.

We held one workshop each week in the four Metro Auckland DHB areas (WDHB North, WDHB West, ADHB and CMDHB) during the month of June 2017 (three during the day and one in the evening).

Each two-hour workshop contained four exercises reported in detail in the sections below.

- A feedback exercise around the proposed general service-related information
- A feedback exercise around the proposed clinical measures information
- Journey mapping the experience of visiting the GP
- An exercise introducing two other ways of ascertaining information about general practice and comparing practices.

## Participants

Forty five people with a wide range of circumstances and experience participated. Forty three people participated at the workshops, and two (who had registered to attend but were unwell at the time), and subsequently contributed insight via email and phone conversation. There were 34 women and 11 men. Ages ranged from 20s-70s, and ethnic affiliations included Maori, Samoan, Tongan, Chinese, Malaysian, Indian, Middle Eastern, Filipino, South American, Israeli and NZ Pakeha. While most people were keenly interested individuals, a small percentage also had affiliations to a range of sectors, or were members of various support and advocacy groups. These included: Diabetes NZ, The Asian Network (TANI), Chinese Action Network, Citizens Advice Bureau, Disability – Neuro-developmental, Disability – Haemophilia Foundation NZ, Disability- physical, Disability Autism Spectrum (ASD), and a Local Community Board (Auckland Council).

In this report we privilege participants' voices. After all, the purpose of the consultation was to hear what people had to say. Throughout the document verbatim comments recorded during the workshops are highlighted in *italicized text*.

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<sup>3</sup> Time and resource constraints limited the number of workshops and how many people could participate in each. However we now have a database of over 150 people interested to contribute and receive updates about this work.

## General Practice Information: feedback on Metro Auckland proposals.

### General service information

We asked people to consider and prioritise 18 service-related indicators agreed by the Metro Auckland General Practice Transparency of Information Working Group.<sup>4</sup>

Firstly, to individually sort the information into three categories:

- **Important** and useful information for me
- **Neutral** – good to know but not a priority for me
- **Don't need to know**, or don't care so much about this information

Secondly, we asked people to consider the same 18 indicators from a community and/or interest group perspective and agree what information is most important and useful from this standpoint.

We also provided blank cards so people could add service information they considered important.

### *Relationships and access matter most*

Access (including gaining access to a trusted practitioner) is one of the cornerstones of a successful care process and is recognised as an important aspect of the quality of care.<sup>5</sup>

The responses from participants overwhelmingly agreed with this international finding. The most important 'need to know' fact from both an individual and community perspective was the ability to access the GP of their choice in a timely way.

Can I see the GP  
of my choice  
within a  
reasonable time  
frame?

The importance of continuity of care and timeliness was followed by information about access to practices.

- Opening hours
- Transport and parking (including mobility parking and wheelchair access, public transport and free parking within easy walking distance of the practice)
- Whether the practice is accepting new patients
- Free care for children under 6 and 13 years of age

Access to an online booking system was also considered important. We found the majority of participants were not familiar with either the concept or term, 'patient portal'. When explained that this online 24/7 facility gives secure access to personal health information and ways to interact with their general practice (likened to Internet Banking) people were very enthusiastic. All participants agreed that a patient portal, with

<sup>4</sup> See appendices 1 & 2 for the indicators and how they were prioritised by individuals and sub-groups

<sup>5</sup> Schrijvers, Gus (2016) *Integrated Care: better and cheaper*. Reed Business Information, Amsterdam, pg. 153



open notes, would go a long way towards fulfilling personalised health information needs, and a greater sense of both autonomy and partnership with their health care providers.

### **Additional important information**

Factors, not in the proposed general information, and added by participants were:

- Financial access: The costs involved in visiting a practice, including flexibility around fees and payment are important to people. Participants added suggestions about how to make multiple visits at set costs, and 'subscription' arrangements where people pay a monthly amount regardless of whether they attend or not, on the understanding that when they do need to visit the practice any fees incurred are covered.
- The makeup and experience of the practice workforce; including the number of male/female GPs, and the areas of expertise and interest both for GPs and nurses.
- The availability of GPs during the week (individual clinicians days/hours worked)
- Information about the culture, values and philosophy of the practice. People used these three terms with regards to information they require about the ethos of a practice. Examples included: *"Are we treated like a product on a factory line... in and out and feeling rushed?"* *"What are the GPs values for the community?"* *"Is it a family focused practice?"*

### **Good to know but not a priority**

Of lesser priority was information around any additional services on site (pharmacy, radiology), the number of patients enrolled in the practice, whether the practice was a teaching practice, and which languages are spoken at the practice. However, the lower priority people placed on these factors is not to suggest they are unimportant. As one participant commented, the number of patients a GP has, *"would be useful to know as this could affect the quality of your care."* Also, the lack of emphasis on languages spoken may be indicative of the make-up of the consultation group. Although English was not a first language for a number of people, all those participating in the workshops were fluent English speakers.

## **Proposed clinical measures information**

The General Practice Transparency of Information Working Group proposed public reporting on four nationally set system level clinical measures.

1. Cardiovascular Disease Risk Assessment (CVDRA)
2. Smoking: status and brief advice
3. Immunisation: 8 months and 2 years old
4. Cervical screening

In the workshops we used a video to introduce the proposed clinical measures. In the video a GP briefly describes the measures and the targets required. He explains their clinical importance, and why people can have some confidence in the quality of care from a general practice that is meeting these targets.

We asked participants to comment on the importance and usefulness of this information via a check sheet<sup>6</sup> and in a roundtable discussion.

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<sup>6</sup> See appendix 3

### **Awareness and usefulness of clinical measures information**




Participants did not know about the clinical measures. Most found the video interesting and informative. Reaction to the importance and usefulness of the information was mixed. This ranged from those who considered it was, *“good to know there is a structure and they’ve thought about it,”* and found it *“reassuring to see these measures,”* to those who felt, *“GPs have a lot more skills than these, I want to know if their skills are up-to-date, any recent training they’ve done and what they are studying and learning.”* A number of people regarded the information as *“too general and just statistics for bureaucrats,”* and others worried that collecting the information, *“will make GPs put more time on administration stuff rather than focussing on their medical and professional development.”*<sup>7</sup>

Of the proposed measures, those around smoking status and cessation advice were the most contentious, with a significant number noting it is not useful to report on these indicators. The general consensus across all the workshops was that the clinical measures are too narrow. In each workshop people suggested that if reporting on clinical measures was to be adopted they would like to see the following areas included:

- Breast cancer screening
- Prostate cancer screening
- Bowel cancer screening
- Mental health – which ranged from screening for self-harm and suicidality, to those who wanted to know a GP would ask questions in this domain. *“I’d like a GP that says, ‘how are you feeling in yourself?’ He raises it, so I can then talk to this.”* [Pakeha male, 66 years old]

### **Specific feedback on the proposed clinical measures ‘Traffic Light’ reporting**

A ‘traffic light’ reporting framework was suggested, should the proposed clinical measures be adopted. We asked, “Is this a useful way to present the information” – and offered participants a tick box yes/no option.

<b>Achieved - at or above target</b>	
<b>Partially achieved - within 10% of target</b>	
<b>Target not achieved</b> <i>Also include a comment box for explanation by general practice</i>	

Again, responses were mixed with people again taking the opportunity to write comments and suggest a broader more holistic and person-centred approach.

Yes	Yes with additional information	No	Unsure
22	7	13	3

*“Targets and traffic lights don’t give any idea of whether the practice is making a difference for people.”*

Across all the workshops people stressed the vital importance of presenting any clinical information in everyday language at a level that everyone can understand. Reporting must also be designed in ways that are

<sup>7</sup> This concern with administrative overload was echoed in a letter from “A GPs wife” brought to the workshop by one of the participants.

accessible to all in the community across a range of disability requirements. *“Sound visuals and pictures must also be part of the mix.”*

One participant who had worked as a health consumer at a national governance level considered that rather than clinical measures, it would be more useful to report (and display in the practice) Cornerstone Accreditation or Accident and Medical Clinics accreditation. Again, with the strong proviso that explaining and publicising what these accreditations meant must be done in a clear and meaningful way, in everyday language. A simple star rating for practices was also suggested – similar to the Auckland Council food safety rating certificates. This was mentioned by a number of participants. People suggested practices could display the certificates prominently online and in waiting rooms, *“I would like this on the walls at the practice as we have long waits and I would notice it here.”*

Concerns were voiced about the independence of any clinical measures reporting, with people wanting to see, and be assured of independent monitoring and administration.

Another clear theme was a need for comprehensive and on-going publicity about any clinical measures that may be adopted. The GP video we showed was well received. People suggested a version of this could go on Health TV in practices, on Healthpoint and in electronic and printed community papers and newsletters. A number suggested clinical measures results and regional “best practitioners” information could be published in these places once a year. While people agreed the proposed clinical measures may be useful to report, they don’t consider the information a priority. A comment written on the clinical measures feedback form summarises well what matters most to people.

*“It would be very useful to see the GPs special interest and expertise. To us the ‘person’ of the GP and the relationship we have with them is more important than the ‘pass rate’ for these clinical measures. It is a trust relationship that develops over time and with multiple visits. And also just the ‘feel’ of the GP, are they the right ‘fit’ for our needs?”*

### **Preferred clinical information ... plus**

A broader and more holistic approach to information, so well voiced in the quote above, is what matters most. Participants clearly told us a more person-centred and personalised informational picture would give them the greatest confidence in the health services and care the practice provides. This means people require both clinical information, specific to individual and family needs and preferences, and relational information about the ‘person’ of the GP.

*“I want to know about the doctors and their medical interests.”* [Mother of a son who has haemophilia]

*“I’m looking for a partner; I’m not looking for a technical expert.”* [Person with Type 1 Diabetes]

*“I want to feel comfortable with a GP who is the same sex as me as I have been through rape.”*

At the top of peoples’ meaningful and useful list is a requirement for ‘biographical’ information about the GPs and nurses at a practice. This to include technical and medical expertise, training and interests, alongside information that conveys who the staff are as people. Conveying values and empathy is very important.

*"I want to know about the GPs special skills and interests, and up-to-date professional development."*

*"You might get a doctor who's technically good but is not really a human being, has no person side."*

*"How do you know how a doctor treats chronic things that you have to live with every day?"*

### **Reporting whole practice, and wider system information**

There was general consensus that information covering these clinical and relational domains could easily be shared on health information (Healthpoint<sup>8</sup>) and practice websites. Here, the practice and its staff could be introduced to prospective patients, along with topical updates for current patients. Some practices are already moving in this direction.<sup>9</sup>

A third area also regarded as important was a requirement for information about the culture of the practice and its relationships with its broader community. This was generally voiced in regards to the practices' connections with NGOs and local community services.

*"How linked into the community are they, what about referrals to NGOs?"*

*We need GPs to know more about what's out there... mine felt helpless as he didn't have local info."*

In line with international trends towards integrated person and community-centred approaches to healthcare, participants agreed that broader information, located in one place, would go some way towards joining services and sectors and be a win-win for all involved.<sup>10 11</sup> When we asked if it would be useful to have community services listed by locality on Healthpoint, the comment *"this would be a lifesaver"* represents participants' views well.

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<sup>8</sup> [www.healthpoint.co.nz](http://www.healthpoint.co.nz)

<sup>9</sup> For examples see : The Fono Health and Social Services, <http://thefono.org/about-us/medical-team/> Pukekohe Family Health Care, <http://pfhcraft.weebly.com/our-doctors.html> Orakei Health Services <http://orakeihealth.com/our-staff/>

<sup>10</sup> Innovation Unit, GMPH Network, (2016) *Developing Asset Based Approaches to Primary Care*. <http://www.innovationunit.org/Greater-Manchester-Guide.pdf>

<sup>11</sup> Wood, Finnis, Khan and EJbye (2016) *At the Heart of Health: realising the value of people and communities*, The Health Foundation/Nesta. <http://www.nesta.org.uk/publications/heart-health-realising-value-people-and-communities>

## Exploring the patient journey... what matters, what works best

During the workshops we asked people about what matters to them when going to the GP. We predicted that how people experience services, or expect to experience services, would add to the picture of what they value most. This in turn would link with their informational needs and priorities.



We asked participants to think about a visit to the GP as a journey; to tell us about their first-hand experiences, and to describe an ideal experience at each 'touch point' along the way. Touch points are the main areas of contact with a service. They involve the people and tangible things that shape the experience of a process or environment.<sup>12</sup>

We focused on experience, not attitude, opinion or satisfaction, which are well-known but inadequate concepts prone to a number of biases. Improvements in patient satisfaction have not been linked to quality improvements. However, peoples' actual experiences are strongly co-related with better outcomes, and have been shown to provide richer and more actionable service improvement information.<sup>13 14 15</sup>

As expected, we found common themes emerged when people talked about their experiences at each step along the pathway. We learned in more detail about the multi-dimensionality of general practice, how systems and relationships (and not just with the doctors) impact on people's experience of health care in many and varied ways.

The table below highlights positive and negative aspects and what matters most for participants at each touch point.

<sup>12</sup> Parker, Sonia; Heapy, Joe (2006) *The Journey to the Interface: How public service design can connect users to reform*. Demos, London <http://lx.iriss.org.uk/content/journey-interface-how-public-service-design-can-connect-users-reform>

<sup>13</sup> Mathew, P., Manary, M., Boulding, W., Staelin, R., & Glickman S., (2013) The Patient Experience and Health Outcomes, *The New England Journal of Medicine*, 368, p.201-203

<sup>14</sup> Bate, Paul, Robert, Glenn (2007) *Bringing User Experience to Healthcare Improvement: the concepts, methods and practices of experience-based design*. Radcliffe Publishing, Oxford

<sup>15</sup> KPMG Global Healthcare (2014) *Creating new value with patients, carers and communities*, p.16 [www.kpmg.com/healthcare](http://www.kpmg.com/healthcare)

## Choose GP and enrol

### What matters, what works best

People want to feel confident about their decisions when choosing and enrolling in a general practice. The ability to easily access trusted and reliable information that covers a wide range of criteria relevant to personal and family circumstances is what matters most.

😊 Positive experiences were characterised by an ability to obtain information from sources people considered reliable. Examples given included recommendations by colleagues, family and friends.

*I asked my brother and he directed me to my GP where I am now. I am so thankful I chose this one.*

*Good. Was recommended by colleagues.*

*I got feedback and suggestions from friends on service, efficiency and cost.*

Social media groups

*Facebook was helpful. I asked in an autism group who people used.*

GP to GP recommendations

*Your own doctor, who knows you, who you've got a good relationship with, can recommend another.*

😞 Some found the process a difficult, trial and error “pot luck” experience characterised by anxiety and confusion. Many were unsure where to begin.

*I need to change GP, but I don't know where to start or what to look for.*

*Change of address meant I had to find a new GP. No info given, no website info on GP, just a form you sign.*

*Feels unknown... what's the chemistry with GP? Do the GPs listen to their patients needs.*

Others want to have more control in the process based on...

*Testimonials by patients' on GPs*

*I want to meet the GP chosen and be free to change my mind if no connection the first time around*

## Make appointment

### What matters, what works best

**People want a straightforward, easy process. The choice of a range of channels suited to individual needs: online, phone and email (in that order of preference) works best.**

😊 Positive experiences were characterised by feeling welcome, and in control of the process.

*I felt happy, discovered a problem in the middle of the night. Made an appointment online no problem.*

*Calm, can go online and see who is available to see me.*

*I always feel good making an appointment. Great receptionist, knows me/us. Does her best to get an appointment for us ASAP.*

😞 Negative experiences were characterised by anxiety and frustration, around the availability of appointments with a preferred GP, wait times, and the attitudes of reception staff.

*Phone rang and rang, receptionist not clear, repeated 3 times, told to come in at 10.30, waited 4 hours to be seen.*

*Feel let down and anxious when the GPs we want to see have no appointments available for days.*

*Frustrated. Phoned to make a booking, my GP unavailable. Sometimes reception puts me on hold for a long period of time. Seem always to have to compromise time.*

## Arriving

### What matters, what works best

**People want to feel valued, and have their needs understood. Easy access (parking and accessibility), good signage and friendly staff matter most.**

😊 Positive experiences were characterised by feeling calm and respected.

*Parked near the door – lots of close free parking*

*Visible good signage, and clear designated areas, arrive feeling calm.*

*I enjoy the door opening and the reception ladies looking up and saying good morning.*

*A welcoming environment gives confidence.*

😞 In the absence of these factors, stress, frustration and confusion were common.

*Hectic, can feel overloaded and anxious with parking and access.*

*Confused, reception area full with people inside and outside.*

*Stressed, no parking, waiting room full, I'm composing all my strategies in my head before I see the GP.*

## Reception

### What matters, what works best

Receptionists and the reception process play a critical role in how people experience care.<sup>16</sup> We found peoples' experiences varied a lot at this touch point, and this had a significant influence on their journey as a whole. A friendly welcome, an understanding of privacy needs, and an ability to prioritise face-to-face interactions with people (over other tasks) matter and make a real difference.

😊 A personalised, patient-centred approach characterised positive experiences.  
*I feel welcomed, acknowledged, they know my name, makes me feel good.*

*Polite, calm, smiling, I feel valued.*

*Happy, always helpful if my breathing is not good, they will say take a seat and I will get a nurse for you. Feel reassured, as in safe, as in I'm important and my health a priority.*

😞 The contrast when this approach is missing is keenly felt.  
*Felt insignificant, three receptionists for a lot of people checking in and out. Not a personal experience, it's a big practice.*

*Feel invisible, ignored, receptionist too busy to acknowledge me, not helpful.*

*Annoyed, she didn't answer my questions straight and clearly. Her response was like I was bothering her.*

*Receptionist says, 'who are you?' I feel like I don't belong.*

*Embarrassed, there's no privacy whole reception can hear me confirming details, billing.*

*Embarrassed, having to explain in public why I wanted to see the doctor.*

At this touch point participants felt particularly motivated to offer suggestions for improvement.

*Ideal would be for reception to answer the phone from the back office, leave front reception to deal with people arriving and leaving.*

*Give me an indication of how long I will have to wait.*

*Understand me and know me, my access and communication needs. I will feel way better.*

*Receptionists should get some basic training about SERVICE!*

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<sup>16</sup> Neuwelt P., Kearns R., Cairns I. (2016) The care work of general practice receptionists, *Journal of Primary Health Care*, 8(2), 122-129



## Waiting room

### What matters, what works best

To all intents and purposes people are 'captive' in a waiting room. It's a space and a process where they feel they have little control. To lessen this sense of capture, an environment, and a culture that helps them feel comfortable, safe and valued is what matters most.

😊 Positive experiences mentioned both the physical space, and peoples' sense of how they were valued in the process.

*Comfortable, it's nice and clean and well lit, fantastic service by the receptionist.*

*Enjoyable, intelligent magazines, water available, clearly marked toilets, calm space to sit and wait.*

*Free Wi-Fi, comfortable chairs, enough space so contagious people can isolate themselves. Nurses all say hello as they pass you all the time.*

*Clean and pleasant surroundings with a separate space for the kiddies, its very boring for them*

😞 Negative experiences covered both domains too.

*Hectic, cluttered, not enough chairs, no quiet space, receptionists aloof.*

*Feel neglected. Waiting room has dirty old magazines, no children's toys, old chairs and pictures on the walls, feels unloved.*

*Bored and grumpy. Waiting a long time without any idea of how much longer.*

*Unsafe, other patients spluttering over me, hot, crowded, noisy.*

*Have to ask for a key if I want to use the toilet – uncomfortable.*

*Bored, no relevant books or magazines to read, it took ages for the doctor to come. Give us some idea about how long we can expect to wait.*

## Nurse

### What matters, what works best

**People feel they have a less time-pressured relationship with practice nurses. This, along with a greater sense of partnership, matters most.**



Positive experiences recount holistic and personalised care characterised by empathy and support.

*She's receptive, listened and was reassuring, took time and didn't tell me how busy she is.*

*Professional interested, waited for my questions; also provided literature that will help.*

*Empathetic, helpful. Having faith in the nurse makes me feel good.*

*Practical, knows me and my health issues but doesn't impose her ideas on me. Is respectful of my knowledge and experience.*

*Nurses provide me with choice; do my PAP smear, vaccinations, regular checks etc.*

*Explained my blood report, sugar level, pre-check before seeing the GP.*



Negative experiences focus on the relational, rather than technical, side of care too.

*Unhappy, I had a vaccine by the nurse. Her face is so cold, the voice cold, she is like a robot.*

*Puzzled, why doesn't the nurse know why I'm here*

*Anxious, scared that something was wrong. I wasn't given clear information on why I needed the nurse.*

*Feel flippin' furious! The nurse told me I wasn't taking my meds and insisted I should have my flu injection that day otherwise I wouldn't do it!*

*Frustrated. The nurse didn't look at me at all while asking questions, then I saw the GP and she hadn't passed on any of the details.*

## GP

### What matters, what works best

People want to feel multi-dimensional confidence in their GP. They want a long-term relationship with a caring, experienced and knowledgeable practitioner who takes time to listen to them, respect their point of view and support what matters to them.

😊 Positive experiences resound with the relational and 'human' aspects of medical care:  
*Safe, relaxed, reassured, respected: Our GP spends as much time as is needed with us so we feel listened to and all issues are discussed clearly. We never feel 'stupid', we are trusted to understand what our health issues are.*

*Amazing, caring and patient. I have memory issues and often forget instructions. He writes notes. I feel supported, he goes the extra mile.*

*My doctor is fabulous. She's taken time to learn about my two conditions. She listens and looks at me when we are talking instead of tapping away on her computer. She makes sure I have meds at home for winter months. I couldn't live without her.*

😞 Negative experiences do the same, referencing a lack of time spent and the absence of relational connections or confidence.

*Frustrated. GP did not remember me, took time to read notes and did not address my concerns. Wrote a prescription and time was up!*

*Anxious. Unsure of which GP I would see and if they knew my medical history. Didn't want to repeat my story.*

*Annoyed, she seemed to rush to finish my care, in a hurry to dispatch me. Not updated at all in what is important for me like [Type 2].Diabetes*

*GP has a 'God Complex.'*

## Leaving

### What matters, what works best

People want to leave with a good understanding of any diagnosis, prescription or follow up. Feeling valued as a person, and confident their needs have been addressed is what matters most.

😊 *Left feeling confident in the treatment plan, knowing that something is being done so I don't have to return for the same issue.*

😞 *Not sure what to do on leaving... are we supposed to sign out, give some form from the doctor or just walk out?*

*Felt rushed by the receptionist and unappreciated. Collected the \$\$, no smiles.*

## Choosing a practice, Comparing practices...

By focusing on peoples' experiences of a GP visit, and their interactions with the various touch points along the way, we learned a great deal about what people value. The choices and information they prefer; the respectful, genuine human connections and relationships they seek. Confidence in the health services and care their GP provides comes first and foremost from peoples' experience of them. It's not surprising then, that when seeking information about a GP practice, it's this domain that matters most.

*"Healthpoint gives you some information, but its doctor supplied information, we want patient experience information and assessment of the practice."*

Dr Google notwithstanding, in healthcare, the notion of 'informed choice' is in many respects bounded by information that is supplied by healthcare systems and professionals. This is changing with the rise of active leadership from people who have experienced a life-changing event, injury or illness, (often connecting via social media),<sup>17</sup> and with the increasing presence of networked patient communities and initiatives.<sup>18</sup>

In line with this trend we sought to gauge responses to other, more patient-focused and person-centred ways of sharing information and measuring the quality of care in general practice. We presented participants with two alternatives and sought feedback on these.

1. GP Patient.co.uk. An independently administered GP patient survey and website that enables people to access patient experience information about general practices in the United Kingdom. The website provides user-friendly information about aspects of care that are relevant and meaningful (such as, continuity of care, relational empathy, and waiting times), and includes information about 'what this practice does best' and 'what this practice could improve'.<sup>19</sup>
2. The Consultation and Relational Empathy (CARE) measure.<sup>20</sup> This is a validated measure that has been developed in general practice, and adapted for various therapeutic settings and communication

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<sup>17</sup> See for example the work of James Titcombe, now a National Advisor on patient safety, culture and quality in maternity care in the UK, <http://www.datix.co.uk/en/blog/themes/james-titcombe-blog> a journey that began with the death of his infant son. <https://www.kingsfund.org.uk/james-titcombe-can-we-learn-our-mistakes-and-make-genuine-improvements-nhs>

Ceinwen Giles on the specific needs of young people affected by cancer, <https://www.pointofcarefoundation.org.uk/blog/patients-20s-30s-40s-unique-needs/> and

George Rook on living with dementia and working to establish a network of people with long-term conditions or disabilities to promote co-production in healthcare <https://georgerook51.wordpress.com/2017/06/16/951/>

<sup>18</sup> See for example: The Patient Voices Network, <https://patientvoicesbc.ca/> and the 'What matters to you' initiative <http://www.whatmatterstoyou.scot/>

<sup>19</sup> <https://gp-patient.co.uk> Enter "Dorking Medical Practice" in the select my practice field to test the features of the site.

<sup>20</sup> See appendix 4 & <http://www.caremeasure.org/>

needs.<sup>21</sup> It's a process measure that aims to evaluate the relational aspects of care. Based on a broad definition of empathy in the context of a consultation, it uses language that is patient-centred and meaningful.<sup>22</sup>

In the workshops we gave an overview of GP-patient.co.uk, its content and how to use the site. This was done either via a live online demonstration, or a power point mock up (depending on the Wi-Fi capability of the venues). Each time the responses were overwhelmingly positive.

*"Great concept, makes sense, and would save so much time."*

*"We need a web concept like this that is simple so we don't get overwhelmed in data and statistics."*

*"Why didn't they think of the idea of this British system ages ago? I had to get in the car and on the phone [when looking for a GP that worked for an elderly parent with dementia] this site would have saved me a lot of stress, hassle and anxiety."*

Across all the workshops, participants liked the format, the content and the ease of use of the site. They appreciated having all the information in one place, to see other patients' experiences of the practices, and to have the ability to compare practices based on criteria they considered important. Many saw parallels with similar sites they valued and were familiar with, including Consumer New Zealand's website for comparing power companies,<sup>23</sup> and Trip Advisor (which was mentioned in every workshop).<sup>24</sup>

*"This is like Trip Advisor, it's very good."*

*"Like Trip Advisor, I can input the area in which I need my GP, input all the search criteria that matter to me and it would provide me with recommendations. People are familiar with this format and people can write reviews."*

People enthusiastically endorsed this patient-centred compare and choose concept, with three provisos.

1. It must be designed in partnership with communities taking into account all accessibility needs.
2. It must have sustainable resourcing.
3. Careful thought and planning must go into the launch of any such site and there would need to be comprehensive and on-going publicity to promote it.

Some concern was expressed that online is useful *"for the young ones, but not so good for us oldies."* Although interestingly the self-proclaimed 'oldies' who raised this as an access issue, all had smart phones and were keen for any site to work well on mobile devices.

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<sup>21</sup> <http://www.talkingmats.com/VisualCAREMeasure.pdf>

<sup>22</sup> Mercer SW, McConnachie A, Maxwell M, Heaney DH, and Watt GCM. (2005) Relevance and performance of the Consultation and Relational Empathy (CARE) Measure in general practice. *Family Practice*, 22 (3), 328-334

<sup>23</sup> [www.powerswitch.org.nz](http://www.powerswitch.org.nz)

<sup>24</sup> [www.tripadvisor.co.nz](http://www.tripadvisor.co.nz)

The CARE measure was also well-received. There was general agreement it was a useful and well set out tool that measured dimensions of care in general practice that matter a great deal to people.

*“It covers all the bases of how you’d like to be treated as a human being.”*

*“It’s very clear and helpful and made me think about the whole experience.”*

However there were important caveats. A person with neuro-developmental challenges found the format unacceptable. For her, and the community she represents, *“We couldn’t fill it out ourselves, and that takes away our sense of autonomy.”*

The timing for filling in a relational feedback measure such as this was also considered important. A majority agreed that sending this out a day after the consultation to allow time to reflect was better than in the time pressured context of the GP experience.

*“You wait for five to forty five minutes to get in there, and then its twelve and a half minutes and go! To come out of that and immediately think about feedback is not so good.”*

## Informed choice: What matters

### Conclusion

In the introduction to the extraordinary book of photographs he took of some of his patients',<sup>25</sup> Kerikeri GP Dr Chris Reid writes:

As a GP I have become aware of the privileged position I am in. As a photographer I am able to capture an entire community linked through health. There are many layers to reflect upon – the relationship between GP and patient, the patient and their community, the confidentiality of the consultation room, the thread of illness and wellbeing within all of us, our diversity, but ultimately, the notion that we need a community, we need each other.

There was huge interest from the community in response to our invitation to tell us '*what matters to you when choosing, changing and visiting your GP*'. People wanted to contribute because this is an important relationship they care about. That interest, and the rich contributions participants' made in the consultation workshops, speaks to the many layers Dr Reid mentions above. The voices of experience woven throughout this report also confirm his sense that we need each other to make the link between our everyday lives and the medical professionals we see most often, work best for everyone involved. Good relationships with a practice of choice, and good information about how to choose a practice are critical to this aim.

Across the Metro Auckland region we heard a clear and consistent message from a diverse group of participants. In general practice, people want continuity of care. They want to be able to see **their doctor**. They want to know they can easily make an appointment within a reasonable time frame (when they need one) and for a reasonable cost. When visiting the practice they expect to be welcomed and recognised; to have conversations in language they understand, be listened to, and treated with respect. They expect to be involved in care processes and to know that their needs and preferences will underpin decisions about that care.<sup>26</sup>

Factors such as clinical measures are less of a priority. This is not to suggest they're not important, but rather they don't appear to be the main drivers of how people choose a general practice, or judge the quality of care on offer there.

The information people require to make informed choices is wide ranging and based on what's most relevant to their personal and family circumstances. A single, independent web-based source is preferred. Ideally this would contain both general service and patient experience information. In particular, it's important the site contains independently administered information about the deeper, more relational forms of interaction, 'how you'd like to be treated as a human being,' as one participant said. The ability to compare practices is also preferred.

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<sup>25</sup> Reed, Chris (2014) *Patient: Portraits from a Doctor's Surgery*, Craig Potton Publishing, Nelson, New Zealand

<sup>26</sup> RCGP (2014) *An Inquiry into Patient Centred Care in the 21<sup>st</sup> Century: Implications for general practice and primary care*, Royal College of General Practitioners, London

The General Practice Transparency of Information project has twin aims: to provide the public with more information about general practices, and to encourage and promote quality improvements in the sector. The findings from this consultation agree with a comprehensive and systematic evidence scan of the literature on improving quality in general practice which suggests that, *“in order to enhance the quality of general practice from both the patient perspective and in terms of clinical outcomes, it may be important to ask patients what they want, train staff to provide this and check the extent to which these things are being achieved.”*<sup>27</sup>

The argument to give people what they want, that is, human-centred compassionate healthcare, has a raft of good science and evidence behind it that shows this approach improves outcomes in myriads of ways for everyone concerned; patients and professionals alike.<sup>28</sup> Good information that shows how general practices are delivering such care is crucial too.

### Recommendations: An agenda for action

People want one independent, trusted and easily accessible web-based source for information about general practice. A clear priority is for the site to contain general service and patient experience information, along with an ability to compare practices. This would provide the most value, and enable informed choice to select the practice that fits best with personal and family circumstances and needs. We recommend a connected, phased, and partnership approach at both a local and national level to achieve this aim.

For the Metro Auckland Clinical Governance Forum and the General Practice Transparency of Information Project this means a refocus. A move away from an emphasis on reporting clinical indicators, and towards meaningful patient experience surveying and reporting in direct response to what people told us matters most. In essence, we need to **appreciate** the purpose behind what’s happened to date in various places, like the Metro Auckland Clinical Governance Forum, the Health Quality and Safety Commission (HQSC) and the Royal New Zealand College of General Practice (RNZCGP), who are all involved in work motivated by a drive to continually improve general practice and create more transparent information about it. **Connect** this purpose to what matters most to people, and **co-design**<sup>29</sup> ways forward together. Our recommendations are presented in this spirit.

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<sup>27</sup> De Silva, D., Bamber, J. (2014) *No.23 Improving quality in general practice*. The Health Foundation, London. Pg.18 <http://www.health.org.uk/sites/health/files/ImprovingQualityInGeneralPractice.pdf>

<sup>28</sup> For a synopsis of key evidence, see Youngson, Robin (2012) *Time to Care*. Rebelheart Publishers

<sup>29</sup> See appendix 5 for a definition and overview of co-design



Recommendation	Who should be involved
<p><b>1. General Service information on Healthpoint reflects the everyday language and accessibility needs, and the information priorities required.</b></p> <p>Build on and develop the current information using a co-design process.</p> <p>Develop comprehensive and on-going publicity strategies to promote Healthpoint taking into account the needs of different communities.<sup>30</sup></p>	<ul style="list-style-type: none"> <li>• Community co-designers</li> <li>• Healthpoint</li> <li>• Metro Auckland Transparency of Information Implementation Working Group</li> </ul>
<p><b>2. GP practice websites contain the practice ‘culture’ and staff insights required (i.e. overviews of staff as healthcare practitioners and people).</b></p> <p>Develop current information and ways to link to Healthpoint using a co-design and prototyping<sup>31</sup> process with willing GP practices.</p> <p>Collate insight following prototyping. Build an influential delivery network to scale and transfer the learning across the region. (This to include, codifying processes to develop and publish the required information and sharing examples of good practice)</p>	<ul style="list-style-type: none"> <li>• Up to 3 GP practices initially (ideally one in each Metro Auckland area, with a mix of PHO affiliation)</li> <li>• Healthpoint</li> <li>• Community co-designers</li> <li>• Metro Auckland Transparency of Information Implementation Working Group</li> </ul>
<p><b>3. Incorporate the CARE patient experience measure into patient feedback processes.</b></p> <p><i>Aiming for Excellence</i> the RNZCGP Standard for New Zealand General Practice, includes provision for feedback from patients and recognises patient experience surveying and results as valid evidence of this.<sup>32</sup></p> <p>Introduce and prototype the use of the CARE patient experience feedback measure in selected GP practices.</p> <p>Collate insight following prototyping. Build an influential delivery network to scale and transfer the learning across the region. (This to include, codifying processes to develop and use the CARE measure, training and support for practices to implement and sharing examples of good practice.)</p>	<ul style="list-style-type: none"> <li>• Up to 3 GP practices initially (ideally one in each Metro Auckland area, with a mix of PHO affiliation)</li> <li>• Community co-designers</li> <li>• Metro Auckland Transparency of Information Implementation Working Group</li> <li>• RNZCGP</li> <li>• HQSC</li> </ul>

<sup>30</sup> See <https://vimeo.com/156608995> for the co-design journey to deliver health information important to the Maungakiekie community in central Auckland

<sup>31</sup> Prototyping invites people to be curious, to try things out and discover what works (and what doesn't) in contained cycles of action, learning and adaptation.

<sup>32</sup> RNZCGP (2016) *Aiming for excellence: The RNZCGP Standard for General Practice*. Indicator 9, p.41

Recommendation	Who should be involved
<p><b>4. Represent and publish Cornerstone/Foundation accreditation in more meaningful ways.</b></p> <p>Co-design information about accreditation to reflect everyday language and accessibility needs. Co-design ways of publishing the information widely. Agree and prototype an in-practice accreditation certificate.</p> <p>Collate insight following prototyping. Work with RNZCGP to share and scale information and publish an agreed standardised in-practice certificate nationally.</p>	<ul style="list-style-type: none"> <li>• Community co-designers</li> <li>• Metro Auckland Transparency of Information Implementation Working Group</li> <li>• RNZCGP</li> <li>• GP practices across Auckland Metro region</li> </ul>
<p><b>5. Work with HQSC to explore ways to modify the current national patient experience survey to make the information more relevant and meaningful for people who use general practice.</b></p> <p>The national patient experience survey is not currently designed to meet the needs expressed in this consultation. It has a broader primary care focus on the coordination and integration of services and is framed around evaluation, quality improvement and patient safety.</p> <p>Work together to achieve the aim of an independent, trusted and easily accessible web-based source for information about general practice that contains relevant and meaningful patient experience information (as detailed in this report), along with the ability to compare practices.</p>	<ul style="list-style-type: none"> <li>• Metro Auckland Transparency of Information Implementation Working Group</li> <li>• HQSC</li> <li>• Health Consumer Councils of New Zealand</li> <li>• RNZCGP</li> </ul>

The timelines and costs involved to implement these recommendations will need to be developed separately by the wider Metro Auckland Transparency of Information Working Group and other agreed regional/national partners.

## Appendix 1: General service-related indicators - Individual card sort

Indicator	Important & useful information	Neutral – good to know but not a priority	Don't need to know - don't care so much about this information
Can I see GP of my choice in a reasonable timeframe	40	2	1
Free parking in easy walking distance	32	6	5
Is practice open before 8:30AM, & after 5:30PM	27	12	4
Is the practice accepting new patients	27	14	2
Is there a patient portal	27	10	6
Free care for <6 year olds	24	11	8
Is practice wheelchair accessible	24	13	16
Number of nurses at the practice	24	14	5
Number of GPs at the practice	23	17	3
Free care for <13 year olds	21	13	9
Public transport in easy walking distance	21	10	12
Is there an online booking system	20	13	10
Does the practice have mobility parking	20	14	9
Is there a pharmacist on site?	18	17	8
Is it a teaching practice	14	14	15
Which languages are spoken at the practice	9	21	13
Number of enrolled patients at the practice	8	18	17
Is there a radiology facility on site	4	23	16

N = 43

## Appendix 2: General service-related indicators – Top 5 group card sort

WDHB NORTH (12 participants/ 2 sub-groups reported)

WDHB WEST (8 participants/ 2 sub-groups reported)

ADHB (13 participants/3 sub-groups reported)

CMDHB (10 participants/ 2 sub-groups reported)

(43 participants/ 9 sub-groups)

Participants were tasked as a group to decide on the most important information, approaching this from their community or community of interest perspective (rather than as an individual).

### Relationship and time

Can I usually see the GP of my choice within a reasonable time frame? (x2)

Can I usually see the GP of my choice within a reasonable time frame? (x2)

Can I usually see GP of my choice within a reasonable time frame? (x3)

Can I usually see the GP of my choice within a reasonable time frame? (x2)

9/9

\* Every sub-group in each workshop listed this information amongst their top 'need to know' fact. This was the only general information indicator that achieved this status and corresponds with the weighting achieved in the individual card sort data.

### Access - time

Is the practice open outside normal office hours? (before/after 8.30 – 5.30pm) (x2)

Is the practice open outside normal office hours? (before/after 8.30 – 5.30pm) (x2)

Is the practice open outside normal office hours? (before/after 8.30 – 5.30pm) (x2)

Is the practice open outside normal office hours? (before/after 8.30 – 5.30pm) (x2)

8/9

### Access - Free care for children

Does the practice provide free care for children under 13/6 years old? (x1)

Does the practice provide free care for children under 13/6 years old? (x2)

Does the practice provide free care for children under 13/6 years old? (x3)

Does the practice provide free care for children under 13/6 years old? (x2)

8/9

### Access – transport and parking

Does the practice have mobility parking? (x2)

Does the practice have mobility parking? (x1)

Does the practice have mobility parking? (x3)

Does the practice have mobility parking? (x2)

8/9

Is the practice wheelchair accessible? (x2)

Is the practice wheelchair accessible? (x3)

Is the practice wheelchair accessible? (x2)

7/9

## Appendix 3: Clinical measures check sheet

Clinical measures of quality that may help you have confidence in your general practice

MEASURE	IMPORTANCE	USEFUL TO REPORT?	USEFUL TO REPORT?
<p><b>Cardiovascular Disease Risk Assessment (CVDRA)</b></p> <p>Measures your risk of developing heart disease over the next five years</p> <p>Looks at the percentage of people that the GP sees who should be assessed. Would like to see at least <b>80%</b> of these people assessed in any 5 year period</p>	<p>Important to know because if the risk is high this can be reduced in a variety of different ways like:</p> <ul style="list-style-type: none"> <li>• Changes in lifestyle</li> <li>• Changes in diet</li> <li>• Exercise regime</li> <li>• Medication</li> </ul>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p><b>Smoking</b></p> <p><b>Status:</b> 90% of adults who go to the GP in any one year will have their smoking status recorded</p> <p><b>Brief Advice:</b> 90% of people who do smoke and who attend the GP practice in any one year will be offered support and advice as to how they might quit smoking</p>	<p>Important as smoking is a known risk factor for many conditions like coronary heart disease, lung disease, and lung cancers.</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p><b>Immunisation</b></p> <p>Would like to see that <b>95%</b> of the children who are enrolled in the GP practice are up-to-date with their vaccinations. Measures taken at ages 8 months old and 2 years old.</p>	<p>Important as it protects our children from some really nasty diseases.</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p><b>Cervical Screening</b></p> <p>Would like to see that at least <b>80%</b> of women (between 20 and 70 years old) who attend the GP practice have had a cervical smear within the last three years</p>	<p>Important as an effective cancer prevention process.</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## Appendix 4: CARE Measure

### CARE Patient Feedback Measure for

\*\*\* Type name of Practitioner here \*\*\*

Please write today's date here:

D	D	/	M	M	/	Y	Y		

**Please rate the following statements about today's consultation.**

Please mark the box like this  with a ball point pen. If you change your mind just cross out your old response and make your new choice. Please answer every statement.

How good was the practitioner at...	Poor	Fair	Good	Very Good	Excellent	Does not apply
<b>1) Making you feel at ease</b> <small>(introducing him/herself, explaining his/her position, being friendly and warm towards you, treating you with respect; not cold or abrupt)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2) Letting you tell your "story"</b> <small>(giving you time to fully describe your condition in your own words; not interrupting, rushing or diverting you)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3) Really listening</b> <small>(paying close attention to what you were saying; not looking at the notes or computer as you were talking)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4) Being interested in you as a whole person</b> <small>(asking/knowing relevant details about your life, your situation; not treating you as "just a number")</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5) Fully understanding your concerns</b> <small>(communicating that he/she had accurately understood your concerns and anxieties; not overlooking or dismissing anything)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6) Showing care and compassion</b> <small>(seeming genuinely concerned, connecting with you on a human level; not being indifferent or "detached")</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7) Being positive</b> <small>(having a positive approach and a positive attitude; being honest but not negative about your problems)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8) Explaining things clearly</b> <small>(fully answering your questions; explaining clearly, giving you adequate information; not being vague)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9) Helping you to take control</b> <small>(exploring with you what you can do to improve you health yourself; encouraging rather than "lecturing" you)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10) Making a plan of action with you</b> <small>(discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:** If you would like to add further comments on this consultation, please do so here.

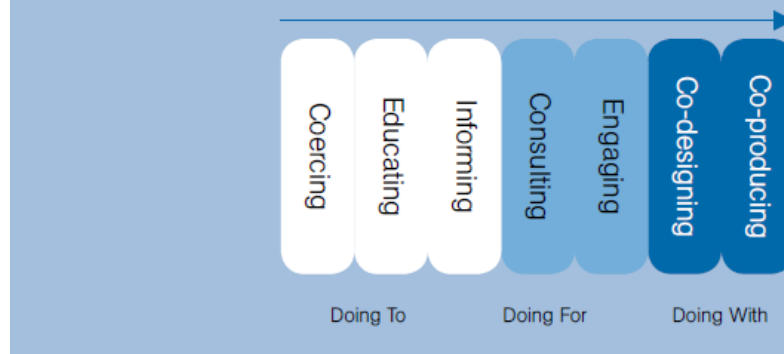
## Appendix 5: Co-Design

### *Change is more powerful and lasting when everyone is involved*

Co design is a way of working in partnership to improve healthcare services. Co-design is not a phase, or an event; rather, co-design is an overall approach. The first principle is to engage all of the participants in a system in its design or redesign, ranging from people who use a service, suppliers of the service, and those who create the framework for the service. In this context this will include the people who use GP services, and those involved in planning, funding, supporting and delivering those services.

Co-design includes a diverse set of participants to ensure all voices are heard and considered, and it recognises that professional and institutional knowledge is only one source of insight into the changes required.

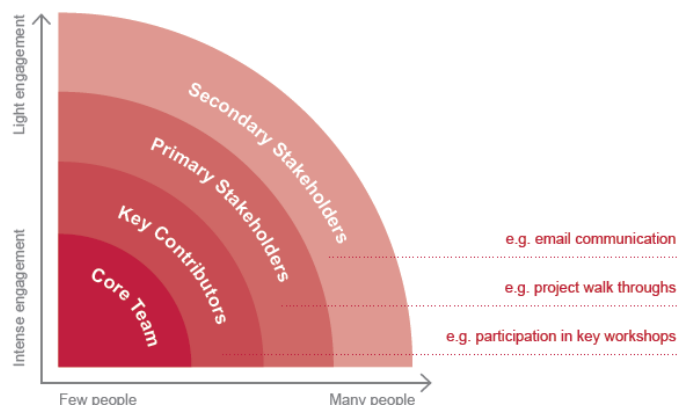
Figure 1. An alternative 'Ladder of Participation'



Co-design consciously places greater power in the hands of people who use services to enable them to bring the wisdom that comes from their lived experience to the forefront of the process. This is a philosophical shift that signals a fundamental change in how service providers and professionals work with those who use services and with their communities. A key message is that to make co-design work you have to want to share power and decision-making from the beginning with the people who are impacted by health and social issues. Working this way means everybody has to bring their best selves to the table to make the changes that need to be made... the changes that matter most to people and their communities.<sup>33</sup>

There are lots of different ways to co-design, and the methods will vary in the same way that people, problems and organisations do.<sup>34</sup> To make the process inclusive and participatory (without designing by committee) requires a planned process that engages the right contributors at the right time.

- **Core team:** Optimally comprises 5-6 people who drive the process.
- **Key contributors:** Highly engaged but won't be doing the heavy lifting.
- **Primary stakeholders:** Strong interest, often involved in project walk-throughs.
- **Secondary Stakeholders:** Mild interest; light touch engagement.<sup>35</sup>



<sup>33</sup> Victorian Council of Social Service (2015) *Walk Alongside: Co-designing social initiatives with people experiencing vulnerabilities*, Melbourne

<sup>34</sup> Nesta (2013) *By Us, For Us: The Power of Co-design and Co-Delivery*, People Powered Health. London

<sup>35</sup> Thinkplace (2015)