

Q1. What does acceptable access to primary health care services look like to you?

- No cancer treatment on the West Coast.
- The cost of health care travel is expensive and it is very difficult to avail of any assistance.
- Access to GP.
- Accommodations are limited when you travel for long periods of treatment.
- Available in my own community or within a 30-minute drive.
- Being able to find a doctor.
- Ability to see a nurse practitioner.
- We drive across province for service and accept it as okay.
- We need a radiation treatment facility on the West Coast.
- Ability to find a female doctor.
- Access to counselling for mental health drug abuse etc.
- Expensive to fly, lengthy time to drive.
- I would expect to go further for heavier treatments.
- Should not have to go to emergency to see doctor for scripts.
- We can't have every service everywhere.
- Ronald McDonald house doesn't always have available rooms.
- Equal access to primary health care in regard to where you live.
- Difficulty accessing doctors for appointments.
- Wait time to see family physician is getting longer and it's filling up the emergency room.
- Access at the hospital for the senior population.
- An area where the seniors can be served quickly so they do not have to wait as long when they visit emergency.
- Waiting time to see a doctor is two to three weeks.
- There are differing perspectives on access to services. Some want service next door and others don't mind going further.
- Getting to see a doctor within two to four days is acceptable.
- Access to appointments when there are urgent issues.
- Not having to travel to access these services. Being reimbursed and better access to specialists. Access to test results.
- Clients are sometimes in doctor's offices with common colds and so on. These patients can be taken care of in other types of clinics.
- Doctors tell you that you can only visit for one health issue each visit.
- Surprised by the number of people who do not have a family doctor. This needs to be addressed.

- Acceptable to wait for regular check-up but not if you are sick.
- Waiting two years to see a rheumatologist is unacceptable.
- Lack of compassion from doctors.
- Takes a long time to see a family physician.
- Only allowed to discuss one thing per doctor's visit.
- Access to backup physicians when regular physicians are absent.
- Long wait times. Having services nearby. Wait times much too long in ER.
- Some of the less serious issues can be addressed at a different venue.
- Eight to ten-hour waits at the ER is not good, especially for terminally ill patients.
- Unable to see a doctor at walk-in clinics because they are overloaded.
- Increasing availability and access to health care providers.
- Health care system has to be fair for everyone. Equal access, equal treatment.
- Expensive to travel to doctor. Should be able to discuss all issues needed.
- In personal care homes, if seniors need any type of care they go to emergency or a doctor's office. Before, RNs took care of it rather than sending residents to doctors. No medically qualified professionals on staff in long term care. These are huge burdens in emergency and doctors.
- Waiting four to six weeks for appointment with family doctor.
- Financial expenses incurred while accessing health care.
- Patient loads are too high.
- Family doctor does not visit while you are admitted. Mostly foreign doctors.
- Access means access in a timely fashion. A couple of years to wait is too long.
- Access also means within a reasonable distance.
- Enhancing the e-record.
- Would like mobile or travelling clinic to rural sites once or twice a month.
- Unplanned events, prescription refill, can't be done with the family doctor due to long waiting lists.
- Access to doctors when sick.
- Not enough Doctors. Access to facilities for people with mental health issues.
- Facilities exist for clinic but no doctors available to work the clinic space.
- Access to primary care right away. For example, on the phone at home rather than going to the emergency room or doctor's office.
- More physicians. Self-referrals. Encourage more physicians to get into primary health care. Group practices.
- After-hours care.
- Basic service to community.
- Having to go to St. Johns for a consultation to be referred to a rheumatologist in Corner Brook.
- Nurse practitioner.

- More self-referrals.
- The system is confusing and difficult to navigate.
- ER wait times long but people using them as family doctor.
- My husband had to go to the cardiologist in St. Johns. No one explained why we couldn't see one here in Corner Brook.
- Go to the doctor if you are really sick and not just with the sniffles.
- Insufficient access to health care. Many of the doctors are spending their time on secondary care treatment.
- Corporations taking responsibility for employees being absent for minor illnesses – i.e. not having to get a doctor's note for absences.
- New doctors are hard to get, especially when existing doctor retires.
- Being able to get prescriptions filled by nurse practitioner.
- Even having to go to different buildings, there is a lot of dysfunction.
- The system is confusing and mentally taxing.
- Amount of money being spent on health care.
- Pay tech to be permanent.
- Long emergency waits.
- Doctors don't see children for wellness.
- Workload for family doctors reduces their ability to focus on primary care.
- Being able to get blood work requisitions by nurse practitioners.

Q2. What kind of supports/services do you need to help you stay healthy?

- Need an oncologist in Corner Brook.
- The physician as a resource.
- Regular checkup from doctor.
- Access to physical education.
- Chiropractor.
- Naturopathy.
- Massage.
- Reminders for routine follow-up.
- Cost is an issue.
- I once travelled to St. John's for a doctor to tell me that I didn't need treatment, telephone would have worked well.
- Access to dietary supports.
- Some physicians charge for regular checkup, which is too expensive for some.
- We are fortunate in Corner Brook that we have so much access to alternative health care.

- Cost is an issue.
- There is access to wellness activities in our area; however, we are not always directed by health care providers. It is more self-directed.
- Electronic access to test results is helpful.
- Those who have health insurance can access these PHC providers.
- Access to dieticians.
- Affordable access to health care.
- Those who don't have the money or insurance can't access these services.
- Education on chronic disease prevention needs to be stepped up.
- Education is key regarding wellness activities.
- More community services available.
- Community health should be a big source of information for preventative health care.
- Tips and techniques.
- Mental illness.
- Fitness.
- Holistic approach.
- Wellness education either public health nurses, schools.
- Working together as a community rather than small pockets.
- When you don't get proper care from your family doctor, all the other pieces of the health care system seem to fall to pieces.
- Working together as a community.
- Diabetic and cannot afford food that should be eating, especially in rural areas.
- Education is not enough. We need to figure how to engage with people in the community to help individuals improve their lifestyle.
- Self-referrals for services such as physiotherapy.
- Community involvement.
- If you don't have a severe condition, it seems you are rushed in and rushed out of the doctor's office.
- Nurse practitioner in community would help.
- More resources available for specific groups, for example the elderly.
- Insurances are different. Sometimes you need referrals to go to physiotherapy, etc.
- Not enough clinics to learn about preventative measures to increase our health.
- Certain age groups have fewer options.
- Not enough access to public facilities.
- Access to fitness programs in community.
- Education for the senior population regarding wellness is needed.
- Lack of a community center.
- Gym and swim program is gone now.
- Don't go to doctor unless really sick.

- Midwives.
- Health practitioner.
- Mental health education.
- I want access to clean and nutritious food all the time. I want to work 35 hours a week so I can take care of my family in terms of food and meal preparation
- Our community is getting a new recreation centre.
- Access to free community services in a one-stop shop.
- Not going to go for preventive when it's going to cost money.
- Education to encourage healthy living.
- Education in schools to promote healthy lifestyles.
- Being able to approach difficult questions with a GP.
- More phys ed in schools.
- Community agencies to educate stay healthy.
- Healthy eating too expensive.
- After you get sick, there are a lot of things you can't do anymore, need modified programs.
- Pre-school (child) obesity.
- Start learning early with the younger children to develop healthy living habits.
- Physio, counsellors should be free as they enhance well-being. More doctors or nurses won't improve health. It is about enhancing well-being. We have to learn how to be healthy individuals and this should be provided in the schools.
- Doctor should promote healthy weight.
- Given my age and health issues that I have, I would want to know what would be the best exercise for me to maintain a healthy weight and healthy lifestyle. Not all health providers know where to direct patients to meet their own particular needs.
- Patient has to take some responsibility. They need to attend clinics as per the doctor's instructions. Patients by choice don't always avail of services.
- Lack of available services for GP to refer patients.
- Barrier is not the education or knowledge, but the learning of the skills and implementing it into practical life.
- Mobility issues.
- Healthy eating is real problem.
- Cooking classes not available.
- Low budget healthy eating education.
- Doctors should follow on the patient to see if they have attended a clinic.
- 24-hour gym. \$40 a year with key card access.
- Recognizing barriers.
- Have supportive services provided by other health care provider.
- Affordable gym access.

- Need more volunteer support groups.
- Not all health providers know where to direct patients when they have problems
- Accessibility for things like the flu shot has been a big improvement in this area.
- The cost of holding support groups can be expensive, renting the rooms, etc.
- Good access to competent professionals.
- One-on-one support from various health care providers, maybe for weight, blood pressure check, nutritional consultation.
- Follow up calls from practitioners.
- Healthy eating too expensive.
- Educating individuals and families on healthy choices regarding fitness and diet.
- Adequate care for people suffering from mental illness.
- Need to examine best practices to try to model countries where things are successful.
- Many are struggling because they don't realize the resources that are available to them under the health care system. Many people don't know that nutritionists are available to them, for example.
- Lack of proper nutrition for children in schools, and they are very costly.
- Milk is more expensive than soda.
- Emergency mental health care.
- In Alberta, services available all in one building. Having all services in one central area.
- Access to addiction services.
- Availability and accessibility of proper facilities.
- Access to emergency addiction services.
- Services are scattered.
- Transportation for certain populations like seniors.
- Need basic nutrition counselling readily available.
- Children coming to school hungry and nutrition levels are ignored in favour of getting something filling in their tummies.
- Educating schools on healthy living.
- Work place education on healthy living.
- Follow up on education on healthy living.
- Access to alternative health care such as naturopaths.
- Wellness group is gone.
- Many people reach for medications to solve some problems where access to physio would be a better alternative.
- Health care providers provide incentives for smoking cessation, weight control and other healthy practices.
- Better access for youth for mental illness and addiction issues.

- Need to put money into increasing more resources.
- Give kids time to eat at lunchtime at school.
- Awareness is also an issue.
- Increase physical activity in schools.
- There is no reciprocation of services.
- Distance and availability to physicians if regular follow-up is required.
- There is a lack of resources for seniors. There is so much more to wellness and health for when we age, not just health management. There's food, family, and a vibrant life. We seem to focus on long-term care beds rather than keeping people healthy. We don't focus on nutrition, exercise, social well-being and so on when people get older. They have entertainers, but no nutritionists or exercise programs. We are "warehousing" our seniors.
- People need to feel valuable and important to feel well.
- Well-being means taking care of the elderly and elderly parents. Some people have to consider parents especially when they are elderly.

Q3. What do you think needs to change in primary health care?

- Nutritionists, physiotherapists, psychologists all in clinics.
- Model after other provinces where a greater variety of health care professionals are providing a wider array of services.
- We need nurse practitioners.
- More accessibility for people in isolated communities.
- There needs to be a triage level in the community before it goes to the doctors. This triage would include physio and so on.
- We need continuity of providers and services.
- More access to technology.
- More coordination.
- Physicians need to be more focused on primary care.
- Local health care providers need to be aware of local conditions and realities.
- Holistic services.
- Mental health care centers.
- Not enough GP's.
- Need to focus on wellness and prevention.
- Focus on health promotion.
- Multidisciplinary, team-based approach.
- Early intervention.
- Need to recruit and attract new doctors to the area.

- Would rather see a nurse in the hospital than a practitioner.
- Expanded hours.
- Broader range of options.
- More electronic options.
- We have great nurses.
- More doctors needed in rural areas.
- A pilot was done in Ontario with a nurse practitioner in the doctor's office.
- Electronic solution - blood pressure monitor.
- Working cohesively as a team.
- Not requiring a doctor's note for a mental health day.
- Over-worked doctors that can't provide the appropriate level of care.
- Affordable housing.
- Living conditions.
- MCP pays for visits in the hospital, but not in clinics. Everyone can't afford to pay out of pocket.
- Doctors should manage workload to ensure sufficient time with patients.
- Collaborative approach to health care.
- Coordination between providers and services.
- Cut down on the wait times for doctors and create after-hours access.
- Accountability to others with similar conditions.
- Evening clinics.
- Holistic approach.
- Multidisciplinary approach would go a long way in educating physicians to what resources are in the community so they can refer patients to these resources.
- Cost of health care.
- "Cuban poly clinic" where team members include doctor, nurse, social workers, early childhood educators, etc.
- Walk-in clinics would be good.
- Affordable health care.
- Should be more housing available instead of boarding housing etc.
- More GP's and nurse practitioners.
- New hospital.
- Online application should be developed to email doctors. This would cut down on people visiting doctors.
- Wait times for allied health professionals (physio, massage, etc.) are too long for acute care and too expensive for many to access privately.
- Better long-term care facilities.
- Services available to all ages of the population.

- Thinking beyond just health care, but looking more at the whole system. Learn a collaborative system.
- Affordability and availability of services other than physician.
- An application to doctor would allow a health care professional to give advice without the person having to visit the doctor.
- Still waiting on the new hospital.
- Visiting clinics.
- MCP for everyone.
- Prescription refills should be easier to get if it is a routine prescription.
- Do not ignore social needs.
- A team-based approach from various health care providers working together.
- Better insurance options.
- Why won't they give a prescription for more than three months at a time if it is something you have been on for years?
- MCP coverage for nurse practitioners in rural community.
- Equal access for everyone.
- Two-tiered system.
- Multifaceted models need to be developed as the rural areas in this region need help.
- If a nurse was available at doctor's office to provide care within their scope and have the doctor seeing patients as required.
- Electronic medical readers.
- Coordination of services. The system is broken into parts and it does not make sense as it is. The system needs to be coordinated. Health, politics, education and so on are operating separately and fighting for the same resources. They need to be coordinated.
- Nurse practitioners triage on site.
- Free care abused.
- Electronic readers paid for by government.
- If you have a health issue you get better service. If you're young and healthy you don't get good service.
- Better coordination of facilities.
- Communication problems; language barriers with doctors.
- More autonomy for patients through improved technology, i.e. for appointment booking.
- No personal service or contact any more.
- Instructions and side effect information is great.
- Some unrealistic expectations from the public on what health care system should provide.

- The PHC system is a learning system. The system learns from me and I learn from the system. We now have the technology to get and provide the right information. It is a different way/model of thinking
- Patient needs follow up from a provider to ensure problem is resolved after they leave the doctor's office.
- Pharmacists will take time to talk to you and tell you what the doctor hasn't said.
- Measurable outcomes, easier access, better communication.
- Education and awareness on where to go.
- Where to get supports.
- Integrated family care.
- Group practice.
- Doctors are unavailable to answer questions over the phone.
- Multi-discipline facilities.
- Difficult to talk to my doctor.
- Timely access.
- Self-care.
- Sustainability. A significant percentage is spent on human resources. How do we change this?
- Rushed during doctor visits.
- Affordable home modification for illness/ disability.

Q4. In what ways does primary health care work for you?

- We are getting some new young attentive doctors.
- Has been funding for some support programs.
- Community health nursing works really well.
- Immunizations in schools are great.
- Broadway family health clinic flexible and willing to take on students.
- Walk-in clinics.
- Since I've returned to the province, I have not been sick the same way as I was when I lived away. I always needed a doctor when I lived away. For what I need when I need it, for my needs right now, there is total access.
- Education with the kids in school, oral hygiene, sexual education etc.
- Broadway family health clinic are accommodating, flexible hours, quick response, ability to access other doctors if yours is not available.
- Public health nursing, continuing care nurse services are great.
- Community Mental Health Initiative has made a real difference. Easier to get admitted to floor.
- Some physicians do provide thorough service.

- House calls from public health are great.
- Grenfell students have access to family doctors.
- Transportation is an issue for students to get to a doctor off campus.
- Very good coordinator to speak on the stigma of mental illness.
- Like being referred to specialists when required and not just brushed off.
- Home chemotherapy program.
- PHC is working well for me, as an individual. I have timely access to a physician. If I am referred for a consult, I have timely access to it. If I were not well, I would need nutritional counselling, physio, and so on. Everything should be offered together at the clinic.
- Timely access to health care.
- More education on disabilities. The health line is working. I get a lot of information from that.
- “Improving health my way” has helped people how to talk to their doctors easier.
- Access to great family doctors, dentists etc.
- Programs that have been developed are working well (i.e. healthy aging).
- The ER is working much better, not great, but better.
- Two different sets of numbers to differentiate between needs.
- I was impressed with the ER and the services that were provided to my daughter within two hours. There is somewhere to go if you can't see your family physician. This is comforting.
- Good relationships with doctor.
- Quick referrals.
- Good service providers.
- Changing expectations.
- Health line works well.
- I am satisfied with my access to PHC. It's working well for me. Western Health has a very high emphasis on population health. This has done wonders with community programs. They have formed partnerships with community groups and have done wonders for people. I was involved in the community mental health initiative and this group has done wonders for people with mental illnesses and they have branched off to addressing homelessness in Western Health. There are a lot of good things happening. Using a multi-disciplinary approach, people are finding out what is in the community.
- Local churches provide a lunch to community members where volunteers are able to provide wellness information.
- Once you get to see the care provider, it is usually good service. Just difficult to get in to see them.
- Times are changing and people's expectations are also changing.

- It is important for physicians to know what is available in the community.
- You have to be really sick to get into some of the care facilities.
- Young doctors are more open to help in different areas.
- Natural healing.
- Private blood services come to community. Works well but costly.
- I've learned about a lot of disability services. There are a lot of disability services here, but you have to look for it yourself. Doctors don't know they are there.
- Sharing of information shared in community groups.
- Once services are needed, the system responds very quickly.
- Expectations of immediate gratification.
- Primary health care is overworked.
- Great to have a doctor to have a lot of faith in, community people should have priority to access the community doctor, not the people from surrounding communities.
- Having nurses provide services in the home is excellent. That's the answer. Put investments in that.
- A relationship needs to be developed with people such as in the palliative care unit at Western Memorial Regional Hospital.
- Need for group/care practices.
- The community is willing to help.
- Not good when a new doctor to an area brings patients from former practice who take priority over locals.
- Strong community involvement.
- Beautiful clinics, no staff.
- The ACT team who works with adults who suffer from mental health concerns.
- Walk-in clinic.
- Palliative care service is very good and something is going on there that is working well. Community services work well.
- Presence of health line.
- Travel service should be provided for an ill person to get to care.
- Nurses are excellent.
- St. John's has access to abortion.
- Professional and polite care providers, just not enough of them.
- Baby clinics in rural areas work well.
- PHN giving flu shots works well.
- There needs to be buy in for PHC to work. Physician work needs to be a part of a coordinated service with others such as physio etc.
- Positive comments about the staff.
- Could use a Planned Parenthood.

- PHN in schools doing immunizations and screening.
- No access to fertility clinic.

Q5. Is there anything else you would like to add to today's discussions on primary health care?

- Accessing long-term care.
- This was a nice meeting.
- Social work.
- Social help/education.
- Loved ones forced to go to long-term care in areas outside of home.
- Accessibility of local long-term care.
- Access to radiation services need to improve and be closer to home.
- More long-term care facilities.
- Cost of chemotherapy is far too high.
- Lack of industry creating unemployment - aging population.
- People are dying because of the cost of medication when there is no insurance to help cover costs.
- Not a lot of expertise in this region regarding treatment of pressure sore and other health complications related to spinal cord injuries.
- Addressing social determinants of health.
- 32 residents on each wing with one nurse all night long, five minute walk away so can't hear buzzer if someone needs assistance.
- Not enough staff.
- I would like to talk about cancer care. The work that is being done in the chemo unit is outstanding. But there is a serious lack of cancer care happening in the community. There needs to be a team available in the community to support the partner who is looking after his wife or vice versa. There are people struggling out in the community, they end up having to see their physician or going into emergency. People in emergency don't have the qualifications to deal with them. Supports need to be provided in the home. This would cut down on stress to families. There needs to be a team. The cancer society is doing a great job but there needs to be a team.
- Home support workers are not allowed to be immediate family members. They should be allowed to do the care rather than strangers.
- Wellness.
- Training support required for HSW.
- If you have insurance or if you are on welfare, you are okay, average people have to suffer the costs.

- Breakfast programs.
- Community members are not aware of wound care specialist and rehab access.
- Assistance for travel costs is necessary.
- Family planning services.
- Wheelchair accessibility transportation is very limited.
- Counselling for parents.
- Long-term care.
- Family has to take care of patients.
- Staff shortage.
- Communication about the progress of the health care upgrades.
- Community centers with gardens and kitchens.
- Lack of follow-up care in rural areas.
- Daffodil Place is not big enough.
- Bipolar disease. It's a catch-all phrase. There needs to be classification under this because all bipolar people are not the same. There needs to be sub-classifications under bipolar with different therapies for each sub category.
- Need to think more broadly about health.
- Accessibility and affordability of services. People receiving income support have transportation paid via taxi service. Others are required to transport themselves.
- Not always room to stay in St. John's, hostel is not even accessible very often.
- Discussions need to be held regarding follow up and tertiary care..
- Need a new hospital here.
- Mental illness is a concern. It seems that there are many people in the community with mental illness. We need to do more work on this, early detection and prevention.
- E-records across the province is needed.
- Interagency communities and partnerships (summit place).
- Physio supportive services available in community would be great.
- Community development approach.
- Long distance to travel for care.
- Mental health.
- Need more community involvement in hospital planning. If the community is going to buy into changes, they need to be involved and engaged.
- Early intervention.
- Private homes.
- Private rooms and shared rooms are different prices with no consistencies.
- Costs are too high.
- Cancer care in community. This topic comes up at every community meeting, especially in the new hospital planning.