

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

- Accessibility for specialists.
- Clash between access of service at Labrador-Grenfell Health and Eastern.
- Difficult coordinating between doctors and service when you leave area and access service in other regions, even with a referral.
- Information is not flowing between the RHAs to ensure that patients get good service.
- Lack of communication in system.
- Require more travelling specialists and more frequent visits to region.
- Require more family doctors and dentists.
- Need family doctors to stay for longer periods of time for continuity of care.
- Doctors need to stay and be part of our community.
- Should be able to get an appointment with family doctor within a week or two.
- ER visits do not require an unreasonable wait time.
- Family doctors should have voicemail indicating when they are out of town, office hours, etc.
- Doctors clinics are not answering their phones so it is difficult to book an appointment.
- ER is running as a clinic since doctor is not there 24 hours.
- Mining industry can cause chronic illness and there should be more expedient care.
- Lack of availability of healthy, quality food in town is not helping health.
- Should not have to access your family doctor through the ER.
- All family doctors should have walk-in clinics and have after-hours service.
- One-on-one care is the proper way to receive care, not via the Helpline.
- 1-800 line was a fantastic experience.
- Getting appointments with care givers is difficult in community – there are long waits.
- Hard getting access to mammography appointments.
- Hours of doctor's office not convenient for working person.
- Have to take time off to see doctor. They should be open later or on the weekend.
- Can't see a doctor when I'm sick. Have to wait for appointment when I'm already better.
- No access to walk-in clinics in community.
- Lack of availability of a family doctor – feel many have no choice but to go to ER.
- Need incentives to keep doctors in the area.
- Doctors do not have enough time to spend with each patient due to patient volume.
- Need incentives to keep dentists in the area.

- How do I access mental health and addictions line?
- No idea how to contact a social worker or how to get similar services.
- Services just aren't well advertised or easy to access.
- High doctor turnover.
- Better experience with accessing social worker in Nova Scotia.
- Would like to have access to info #411 to help with public access if not sure where to call (something similar is available in Nova Scotia).
- Services should be listed somewhere and how to get them.
- Lack of doctors and nurse practitioners.
- Lucky to have doctor, but wait times can take long time.
- International Medical Graduate turnover way to high.
- Can't get phone or email access.
- Most people speak French go to Fermont.
- No translation services in primary health care.
- Specialist access is too limited.
- Not enough dentists.
- Have to pretend you're from Fermont to see a dentist.
- Fly-in-fly-out dentists are not consistent.
- Poor dental health leads to cardiac health issues.
- If you have a dentist its okay, but otherwise you're left waiting.
- No after-hours clinics or weekends.
- One doctor does do evenings, but the rest do not.
- Four family doctors leaving.
- Too hard to see doctor if you work.
- When GP refers to other services you can't get in.
- Can't get basic diagnostics fast enough.
- Can't get emergency diagnostics.
- Have to go to Emergency Department for everything.
- The access doesn't compare to St. John's.
- Cost of physio is much too expensive.
- Services not as good here so have to travel to St. John's or New Brunswick.
- Travel is not covered enough.
- No support for local practitioner.
- They can't reach out while you're waiting.
- They should be able to consult specialist quickly while you're waiting.
- Need more tele-health.
- Need enhanced dementia care.
- Have to go to Emergency Department to get birth control.
- Need nurse practitioners who will stay.

- Need doctor's that won't leave.
- Need more providers – shouldn't have to travel.
- Timely access, wait times too long.
- Little use made of technology – email, tele-care, wireless monitoring, phone.
- Too much travel to St. John's for routine stuff and specialists.
- Travel and related costs should be paid by the system.
- More visits by specialists.
- Prescription refills by phone, email.
- Assistants should be available when one enters the hospital, should not have to have a family member travel with patient when travelling outside, especially if one has mobility issues.

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

- There is a disconnect between recreation (municipality) and primary health care providers.
- Churchill Falls has a booklet that is distributed to doctors to give out to clients that lists community services.
- Booklet should contain community programs and health care programs – all encompassing.
- MCP could cover the cost of recreation activities so that it helps the health of patients – especially if prescribed by doctors.
- Recreation should offer some free recreation activities and doctors should encourage participation.
- Costs of recreation can be prohibitive for some people.
- A multiplex with daycare so that people can access recreation is required.
- Need facilities for programs such as minor soccer in the off season, gymnastics.
- Schools are not offering up their facilities for community programs.
- Need indoor facilities so that year round activities can occur.
- Need to advertise all activities together so that the community knows about them. Big sports like hockey and soccer are well known but it is hard to find information about activities like Girl Guides/Boy Scouts, craft groups, judo, etc.
- Need an online community calendar so that people can access the information on registration of activities. As well as an online schedule of activities so families can determine what they can attend.
- Community farmers market or a community greenhouse for people to access.
- Need a recreation facility.
- Better hours for recreation access (i.e. swimming pool).

- Expense of recreation activities is too much - rising especially since majority are seniors.
- More access to outdoor recreation.
- Better/longer walking trail would be helpful.
- Need an indoor track.
- Feel there should be better system for people walking/jogging outdoors in our area. It is a dangerous situation and someone could be hit by car.
- Walkers find walking is difficult because not easy outdoors. Need sufficient space/routes.
- Availability of psychologist in area is lacking.
- Also needs more availability of psychiatrist.
- Specialists such as dentists, psychiatrists, etc. could be fly-in-fly-out.
- Difficult for people living in area with mental health issues; not sufficient support.
- More awareness of how to access services needed.
- Not necessarily enough input into health decisions with family doctor – they don't have enough time.
- Need better follow-up from family doctors.
- Can't see a specialist because waiting too long to see a family doctor. Patients end up going to ER.
- Feel family doctors are overworked in trying to manage private practice and ER coverage as well.
- Referenced NS and hospitals having doctors to cover ER only.
- Information on healthy eating.
- More walking trails.
- Making sure fitness programs are affordable.
- More government support for fitness programs.
- Need cycling infrastructure.
- Get people to take active transport.
- Need more trails.
- Need to promote healthy fitness.
- Need to help people get out and be safe.
- We have gyms in schools but we can't use them – getting locked out.
- Highway should be built with trails built next to them.
- Lack of facilities.
- Lack of access to facilities that exist.
- Too much money on acute services.
- Community groups need support.
- Community groups could do so much for so little money.
- Prevention and walking is cheap.

- Providers should tell you to be active.
- Primary health care providers move away from drugs towards prescribing fitness.
- Need health promotion at work sites.
- Labrador west needs community center.
- We do 50+ yoga that's free of charge – need more of this.
- People aren't coming out to activities already offered.
- Need to encourage simple activities – not all about sports.
- Need more health awareness.
- Self-management and education needs to improve.
- Need more CDM education and support.
- More group support.
- Group appointments for people with chronic disease.
- Need to encourage walking groups.
- Need coordinated multidisciplinary teams.
- Need teams.
- Inter-professional team needed.
- People need help getting motivated.
- Quebec does “Energy Cube Challenge” – promotes physical activity.
- Schools MUST be connected to health.
- Zumba in schools was great.
- Kids need to play, have time for activity.
- Activities must be affordable.
- Schools need to promote physical activity – challenges to stay fit.
- Schools should be open at night.
- Kids should be taught about health when they are young.
- Kids should be taught about healthy eating.
- Wellness programs and centers.
- Education on available resources.
- Communication from town on programs, especially for seniors.
- Sessions on healthy eating.
- Cost of recreation is high especially for retirees.
- Cardio programs.

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

- Pharmacists should be able to give more shots.
- Access to foot care for diabetics and seniors.

- Access to diabetic clinic outside doctor's office would alleviate pressure on the system.
- What/how to get physio services if you have no private insurance.
- Getting appointments with outside specialists.
- Concern that access to services in rural setting worse than St. John's.
- Patients forced to go to the ER for family doctor-related issues.
- ER wait times much too long.
- Need better coordination of services and appointments (travel costs can add up with lack of coordination).
- Trying to coordinate visits might add to wait time.
- Cost of healthy food in local area is too high.
- No local EAP office for workers which is causing a burden on the PHC system in our area. Companies should be required to provide a local office for employees.
- Doctors will not talk about multiple health issues in a single visit. One issue per visit. They want you to book multiple appointments. Increased revenue for doctors.
- Retention of doctors/dentists is an issue. We have best medical school in country and we do not get doctors to stay in the province or do rural practice.
- No incentive to come here and practice
- Doctors won't come here since long hours in rural practice.
- Other provinces offer large bursaries for rural practice.
- Have to travel to Goose Bay or Fermont to see a dentist.
- Should government lobby the dental association to help recruit a dentist to the area (with the help of other stakeholders)?
- Don't have CDM teams – no support, no organization.
- Shortage of providers.
- Long term care home doesn't promote health or get people active – need full time people for recreation therapy.
- Recreation therapists are not valued, first to be cut.
- Need to promote activity with seniors.
- Should be dedicated nurse for assistance to people who need help in hospital.
- People feel left alone in long term care.
- Long term care nurses overworked.
- Need more PCA's and LPN's in long term care.
- Need to improve home care.
- Need more palliative care support.
- Need nurse to come to your house.
- Need more services that come to your house.
- When we recruit we need to find people who want to stay – not just start term.
- If we marketed well, people might want to come here.

- Need to educate people we recruit.
- Need to empower patients.
- Need access to your own health records.
- Need to empower other professionals and patients.
- Need to let people work to full scope of practice.
- Need proactive mental health services.
- Need resources so people will know what is available.
- Sources of information must be linked together.
- Awareness of what's already there.
- Providers don't know what's out there because they are from away.
- Need to recruit from within.
- Need to stop getting International Medical Graduate doctors.
- Need more nurse practitioners.
- Nurse practitioners are the best doctors.
- Better incentives for rural doctors.
- Faster wait times.
- Technology email, wireless monitors, tele-health, video conference.
- Expand use of NP pharmacists.
- Improve at home palliative care.
- Community health line promoted.
- Support for home care.
- More coverage for drugs and dental care.
- Our new hospital should help.
- Need better recruitment of doctors/nurses.
- Need electronic medical records.
- Use mostly cardio services.

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

- Food availability and variety has improved in the last few years.
- The health care professionals we have here are excellent.
- We have a very active community.
- Pharmacists are wonderful.
- Quite happy with primary health care in community.
- Have had some good experiences in accessing health care (most through hospital).
- Family doctor is approachable and compassionate.
- Pharmacist a great help with health care questions
- My GP is quite good but old.

- Noted that it was important that there are improved services at new hospital to manage Alzheimer patients.
- Overall pleased with primary health care for size of community in which we live.

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

- Lack of information on what services are available locally, how to access the service.
- How do we know our PHC providers are talking to each other about our care?
- Cost of travel is substantial to get some PHC services. Have to put the money out up front and that can be an obstacle for some patients. Grateful that government does reimburse some of the costs but they need to review how the program works and how much they reimburse.
- Do not have all the services that a community this size requires.
- Need to think more "outside the box" to provide services in rural areas.
- Need more access to services without travel and cost to patient.
- People not getting health care due to the costs associated.
- Need more incentives to attract PHC providers to the community.
- Concern about access to specialist care and costs.
- Concern re. lack of access to dental services in region – also noted dentist not in accessible building (many stairs).
- Lack of Nurse Practitioner missed, previous service was very thorough.
- Need for Well Woman services.
- Concern of senior family doctors in the region soon retiring and others not here long enough to develop relationship with patients (they don't stay long enough).
- How we organize system – move from illness model to wellness model.
- Must empower patients – give them more information.
- Issue with fly out – crazy we fly out and sometimes wrong specialist.
- We have good resources, but not everyone has access – not holistic.
- Have to be empowered to find what you need and be in control – need self-management.
- Affordable access to facilities and activities.
- Kids need to be educated on health – how to take care of yourself.
- Kids need health promotion.
- Lack of bilingualism hurts access.
- Need free French translation.
- Need accessible building for seniors and the disabled.
- Adequate resources for Well Women's clinics.
- Teach people to cook healthy foods.

- Unfortunate we can't use school facilities.
- Need support when flying out for services.
- More public engagement on health.
- Community engagement is key to fixing issues.
- Issues with fly out support, lack of help if you do not have a relative with you – mobility.
- Productivity within the system.
- Need better coordination of services when travel is required, especially when flying out is necessary. Otherwise costs too great.
- Parking at hospital.
- As with most government departments, health care is too top heavy.