



# ONE-HOUR CONSULTATIONS IN PRIMARY CARE

Experiences of general practitioners, practice nurses and patients.

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## Summary

### Aim of the study

Patients from socio-economic deprived areas go to the general practitioner (GP) more often and present more complex problems. This leads to a higher workload for GPs in these areas. These patients' symptoms are often caused by psychosocial circumstances, rather than by disease. To provide the right care, the GP or the practice nurse (PN) needs to explore the psychosocial aspect as well as the medical. The SAN (Stichting Achterstandswijken Nijmegen) is an organization that supports GPs in socio-economic deprived areas around Nijmegen. They started a pilot with a so called "one-hour consultation" - paying GPs for a consultation that last one hour instead of 10 minutes - to reduce the workload and improve the quality of care. This study aims to explore the experiences of the GPs, PNs and patients, involved with the one-hour consultation.

### Method

Firstly, SAN provided the researcher with questionnaires which were filled in by the GPs when they invoiced an one-hour consultation. These were analyzed descriptively with SPSS. Secondly, the SAN approached the GPs who had used the one-hour consultation, to ask for their consent to participate in the study. Semi-structured, in depth interviews were held with the participating GPs. The GPs were asked to contact the patients to ask if they consented to being approached by the researcher. The interviews were transcribed and coded, using ATLAS.ti. At last, they were thematically analyzed.

### Results

56 one-hour consultations were held by 28 GPs/PNs between October 2019 and December 2020. 11 GPs (in training), 1 PN and 1 patient were interviewed. Most consultations were held with patients with multiple problems, a low education or a high demand of care. They were used for patients of all ages. GPs initiated them for multidisciplinary consultations with other health care professionals, or to invest time in getting more clarity and understanding about the patient's problems. Many subjects were discussed, most about the psychosocial problems, rather than about medical issues. The interviewed GPs/PN considered the one-hour consultation very valuable, mentioning as most important positive outcomes: More clarity and understanding of the patients' problems, the impression that patients feel heard and improved interprofessional collaboration. However, multiple GPs mentioned that using the one-hour consultation is at the expense of time for other patients. They also mentioned some procedural issues that could be improved.

### Discussion and conclusion

GPs value the application of 'one-hour consultations' with patients with complex psychosocial and medical needs. It improves the interprofessional collaboration and the understanding of the patient, and patients involved seem to feel more heard and taken seriously. This study shows that a wider implementation in primary care could be beneficial. To support this claim, further research is needed about the patients' perspective and the quantitative effects on health outcomes, healthcare use and the GPs' and PNs' workload.

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## Introduction

Certain urban areas have a high percentage of people who are dependent on government support or have a low income. They often have low socio-economic status, low self-reliance and limited social cohesion in these areas, which is why they are called socio-economic deprived areas. Patients living in these areas have lower health literacy (1), go to the general practitioner (GP) more often (2-4) and the problems they present are more complex (2, 5-7). This leads to a higher workload for GPs in socio-economic deprived areas compared to opulent areas (2). The causes of their physical symptoms are often rooted in psychosocial circumstances rather than in diseases. For an effective treatment or guidance, the GP needs to explore not only physical determinants of health but also mental and social aspects (6, 8-10). Such a person-centered and integrated approach is more effective, has a positive effect on patient satisfaction and is more cost and time effective in the end (10, 11).

The SAN (Stichting Achterstandswijken Nijmegen) is an organization aiming to (financially) support GPs working in deprived areas in and around the Dutch city Nijmegen. To reduce workload, improve GPs' job satisfaction and improve the quality of care, the SAN has started a pilot paying for an one-hour consultation in which a GP or practice nurse (PN) holds a consultation of one hour with the patient and/or other professionals. The one-hour consultation was made available for GPs and PNs from practices in the areas around Nijmegen in which more than 8% of all patients came from social deprived areas – in total 43 practices with 104 GPs. NZa (the Dutch healthcare authority) established which zip codes qualified as social deprived areas in 2019. GPs could request a one-hour consultation via the website of the SAN and were compensated €75,00 for the time of the consultation. GPs can request this one-hour consultation for a specific patient to identify all the medical and psychosocial factors which play a role in the patient's symptoms. The hour can also (partially) be used to organize care for and/or around the patient. This will lead to appropriate patient specific care and less consultations in the future (12). Previous studies have indicated that, if one-hour consultations are successful, they may improve patient satisfaction, reduce the frequency of visits from patients and GPs may refer more effectively (7, 10, 13, 14). In short, it could improve the care for patients with complex problems and care needs.

The aim of this study is to get insight into the use of and experiences with one-hour consultations of the practitioners and patients involved. If these experiences are positive, further implementation can be considered as well as evaluation of its quantitative effects on healthcare use, health outcomes and GPs' workload.

## Research questions

1. What are the characteristics of GPs, PNs and patients involved in the one-hour consultations and what are the reasons, issues discussed and profit of one-hour consultations?
2. What are the experiences with one-hour consultations of the GPs, PNs and patients?

## Method

A mixed method approach is chosen for this study. A quantitative analysis of questionnaires to gather data about the participants of the one-hour consultations and the one-hour consultations itself and qualitative interviews to get more insight into the experiences of GPs, PNs and patients.

### Research population

The SAN required GPs and PNs who requested an one-hour consultation to complete a questionnaire. They provided the researcher with the questionnaires completed between October 2019 and December 2020, after they had been anonymized.

The SAN also contacted the GPs (N=25) and PNs (N=3) who completed a questionnaire to ask for their consent to be approached by the researcher. The GPs and PNs who were willing to participate in the study were invited for an interview. The recruiting of GPs/PNs went on until no new information was gathered and data saturation had been reached.

After the interview, GPs and PNs were asked if he or she had objections to the patient participating in the study because of the patient's (mental) health. If so, the patient was excluded. This was done to protect the patients, who are often considered vulnerable. If the GP or PN had no objections, they were asked to contact the patient(s) involved in the one-hour consultation, inform them about the study and ask if they consent to the researcher calling them.

### Data collection and analysis

Firstly, the questionnaires provided by SAN were analyzed by descriptive statistics, using SPSS 25. All data from the questionnaires was analyzed, but focus lied on the characteristics of patients, the issues discussed and the resulting actions.

Secondly, qualitative, semi-structured, in-depth interviews were held with GPs, PNs and patients about their experiences with the one-hour consultation. A topic list was developed, based on previous comparable studies and the expert opinions of the board members of the SAN and the GP research supervisor. It contained questions about the reason for requesting the one-hour consultation, the patients' characteristics for whom it was requested, the participating professionals, the content of the consultation and the experienced benefits. Also some questions were asked about the procedure.

GPs and PNs were compensated for their time in the same way they were compensated for the one-hour consultation.

The participants were given the choice between an interview by telephone, video call or face to face, due to regulations of the government for the covid-19 epidemic. The estimated time for an interview was one hour. The interviews were audio recorded, whereby consent was discussed orally. The consent was recorded separately from the content of the interview without any identifying information in the latter.

The audio files from the interviews were transcribed, using the transcribe function in Word Office 365. They are inductively coded and thematically analyzed by using ATLAS.ti 8.4.20. To ensure data rigor, two interviews were double-coded by the supervisor and diverging opinions were discussed until agreement had been reached.

### Ethical approval

The study received ethical approval from the CMO of the Radboudumc. CMO-number: 2021-7437

## Results

### Results from questionnaires

56 one-hour consultations were held and questionnaires on them submitted by 28 different GPs and PNs between October 2019 and December 2020. Most one-hour consultations (51 of 56) were performed by GPs. In one consultation, both the GP and PN were present. The patient was present in 36 of the one-hour consultations.

The consultations were used for a wide variety of patients. Almost 2/3 of the patients were female. The consultations were used for patients of all ages, but more frequently for elderly. Almost 2/3 had a low educational attainment (table 1). Migration background was mentioned in 7 patients.

Table 1: Characteristics of the patients		% (valid %)
<b>Sex</b>	Male	32 (38)
	Female	52 (62)
<b>Age in years</b>	<20	4 (5)
	20-50	21 (32)
	50-70	16 (24)
	70-80	18 (26)
	>80	9 (13)
<b>Educational attainment</b>	Low (until MBO2 level)	34 (63)
	Average (MBO/HAVO)	14 (27)
	High (HBO/WO)	5 (10)

GPs and PNs had various reasons for requesting the one-hour consultation. However, multiple problems, multidisciplinary consultation and improving patient-centered care were mentioned often (table 2).

Table 2: Reason for consultation	Yes in % (valid %)
<b>Consultation with multiple caregivers</b>	57 (58)
<b>Multiple problems</b>	54 (55)
<b>Improvement of patient-centered care</b>	43 (44)
<b>Making concrete agreements</b>	16 (16)
<b>Frail elderly</b>	14 (15)
<b>Informal care</b>	11 (11)
<b>Stagnation of therapy</b>	9 (9)
<b>To consult/reassure the family</b>	7 (7)
<b>Patients who avoid care</b>	5 (6)
<b>Other</b>	25 (26)
<b>Answer was missing</b>	2

A wide variety of issues were discussed in the one-hour consultations. Besides self-management of chronic illness, the most discussed topics were not about medical issues. They related more to the patients' psychosocial context. For example: psychological problems and stress (68%), expectations of the patient (64%) and relationship/family situation/upbringing (61%) (table 3).

<b>Table 3: Issues discussed in consultation</b>	<b>Yes in % (valid %)</b>
<b>Psychological problems and stress</b>	34 (68)
<b>Expectations of the patient</b>	32 (64)
<b>Relationship/family situation/upbringing</b>	30 (61)
<b>The use of the health care system</b>	29 (57)
<b>Daily activities</b>	21 (43)
<b>Self-management of chronic illness</b>	21 (43)
<b>Social network</b>	21 (43)
<b>Financials</b>	16 (32)
<b>Loneliness</b>	14 (29)
<b>Violent experiences</b>	11 (21)
<b>Meaning of life</b>	5 (11)
<b>Course of treatment</b>	4 (7)
<b>Literacy/education</b>	4 (7)
<b>Other</b>	9 (18)
<b>Answer was missing</b>	50

GPs and PNs reported several positive outcomes from the one-hour consultation. Outcomes most frequently reported were: better attunement of care between different health care professionals (57%), clarity (51%) and insight into the patient (40%) (table 4).

<b>Table 4: positive outcomes from consultation</b>	<b>Yes in % (valid %)</b>
<b>Better attunement of care between different health care professionals.</b>	36 (57)
<b>Clarity</b>	32 (51)
<b>Insight into the patient</b>	25 (40)
<b>Consensus</b>	20 (31)
<b>Improved bond</b>	11 (17)
<b>Other</b>	16 (26)
<b>Answer was missing</b>	38

## Results from interviews

In total, 9 GPs, 1 PN, 1 GP in training and 1 patient were interviewed. Table 5 describes the characteristics of the GPs and PN. The GPs and PN differ in sex, age and experience.

Table 5: Characteristics of GPs/PNs	Sex	Age (in years)	Has been GP/PN for:
GP 3	Female	40-60	>10 years
GP 5	Male	40-60	>10 years
GP 8	Male	40-60	>10 years
GP 9	Male	40-60	>10 years
GP 11	Female	30-39	5-10 years
GP 13	Female	40-60	>10 years
GP 19	Male	40-60	>10 years
GP 22	Female	30-39	<5 years
GP 24	Female	40-60	5-10 years
GP 25 in training	Female	30-39	<5 years
PN 23	Female	40-60	<5 years

The researchers intended to interview multiple patients as well. Unfortunately, many patients turned out to be unable to take part in an interview, due to various reasons. For example: mental illness, dementia and death. Other patients refused to be approached by the researcher. The results from the interview with the patient will not be discussed, since the patient's privacy cannot be ensured.

### Procedural aspects

How many times a GP used the one-hour consultation differed a lot. Some GPs used it rarely or do not use it anymore, while other use it on a regular basis.

The one-hour consultation was used in three different ways: a consultation of an hour with only the patient (and sometimes an interpreter), a consultation with multiple health care organizations or with both. These last two situations are actually called an interdisciplinary consultation instead of an one-hour consultation. Sometimes the GP requested the one-hour consultation when he or she was invited for an interdisciplinary consultation by another health care organization, like outpatient guidance or a specialist.

*"Well, I was invited for that consultation by the regional security organization for domestic violence (veiligheidsregio) itself, so by the hotline for special care (meldpunt bijzondere zorg)." GP22*

Most GPs tried to plan the one-hour consultations on a day their GP-partner worked as well, so their partner could go to an emergency, if necessary. This way, they could make sure that they would not be disturbed.

Some GPs also mentioned that they already used these kinds of consultations before the pilot. Only then they were not financially compensated.

*"I think unconsciously, we all do it, because how many times do we join an interdisciplinary consultation with all kinds of social district teams (sociale wijkteams) and the district mental health care and the addiction therapist who is present. There you have another interdisciplinary consultation, so we already do that quite a lot. At least, we do it quite a lot in our practice. But the link to a compensation, that is still new." GP24*

GPs reported different factors why they did not use the one-hour consultation more often or why they do not use it anymore. The factors mentioned the most were: the time investment in a busy practice,



they forgot they could request a one-hour consultation and they did not find it necessary for their primary care.

*“We do not use the one-hour consultation very much, because it actually does not fit in an agenda of a GP. Because quickly, it costs too much time to keep the practice running, if it takes one hour and perhaps traveling back and forth. So we hold those kind of consultation off, to be honest.” GP9*

*“I say to people a lot: you have that one-hour consultation that you can invoice at SAN. “Oh yes, I should really do that more often.” So yes, I think that a lot of colleagues also forget.” GP13*

*“Like palliative care, that is usually half an hour. Then we have had a good conversation and the affairs are in order. So I think that the time investment for me personally... That I am not sure what I would have to do for an hour long.” GP19*

Other obstructive factors mentioned were: COVID-19, the invoice-form was hard to find and shame.

*“I have to say, I am still a bit ashamed that I invoice an hour for this. Then I think, that really is a lot. So that is also the case, I have to get rid of the shame. [...] For me, it really is a bit of shame. Then I think: “I cannot approach the SAN again for that money. They see me coming.” That is also really it for me. You know, I think I would find it less hard, if the health insurance would compensate this, because it really takes an hour, so why wouldn't I get paid for it? But for me it's the shame and that I think, who is going to pay this.” GP3*

The GPs suggested some improvements for the procedure of requesting an one-hour consultation.

1. Digitalizing the invoice-form would make it more easily accessible for the GPs.
2. Improve the knowledge of GPs about this possibility, since it is easily forgotten and some rules about the one-hour consultation are unclear.
3. Make a request possible for a consultation of 30-45 minutes for a lower compensation.
4. Provide example cases from other GPs in which an one-hour consultation has been requested. This way, GPs can inspire each other.

#### Aim of the consultation

A lot of GPs used the one-hour consultation because they wanted to consult with other health care professionals. For example, to inform each other about their progress or to make sure everyone is on the same page.

*“There are a few people or families in a socio-economic deprived area in which a lot of health care professionals are involved. You notice that health care professionals often do not know what the others are doing, when they come and what their treatment plans are. [...] Contact in real life is the way to get on the same page and to know what the other is doing. Especially in this population, who often feel overcharged by a multiplicity of health care professionals and counseling organizations, is it essential that you are aware of each other.” GP5*

Another reason to request an one-hour consultation was to get more clarity about the role of other health care professionals, about the course of treatment or about the patient and his or her problems. To achieve the latter, the GPs used the time to look broader and deeper at the patient's problems and background.

*“And I also don't understand (the patient's problems) at all. And then I think, I want to know more. I want to know the system, where does she come from, why doesn't she speak Dutch, what is the background, what is her living situation? [...] I kept looking at her leg and listening to her heart. I thought, what am I doing here? Because I don't understand you and here I am with my stethoscope. It doesn't*

*feel fair. I don't give you what you need. That one-hour consultation, so the background of these people, gives a lot of information, which makes me able to help people a lot better." GP24*

Besides the use for clarifying the problems from patients, the hour was also used to invest time in explaining to the patient what was going on and increasing the patient's understanding.

One GP also requested the consultation to improve the bond between the patient and health care professionals. In this case, the bond had already been strained for years.

*"So the parents are going to be present this time, last time they were not. But what I find good about that is that I hope that I can get the parents on speaking terms with the health care professionals who have been thrown away." GP3*

#### Patient's characteristics

The GPs requested a one-hour consultation for patients with a high use of care, with multiple problems, with medically unexplained physical symptoms (MUPS) or with a language barrier

#### Positive effects for patients

Nearly all participant thought the one-hour consultation was valuable as it gave the patient more time to tell their problems and to understand the GP's explanation, especially for patients with low socio-economic status, because they need more time for these steps. The GPs were better able to discover the underlying problems, to give the patient insight into their own part in their problems and to create clarity about what was expected from them, where they could go for different sorts of questions and a clearer treatment plan.

*"At that time I think I explained the whole body, just simple, how it works. [...] The effect for her was that she could make the connection. I didn't tell her: "It is stress related." She said: "Oh wait a minute, but then I think that what I feel is all stress." Then I thought, wow, that is nice, because I didn't have to say it. [...] That is really the effect you see of taking the time and space for someone's story." GP 24*

*"Because I do notice that if you invest that time in that patient and they get it and they understand it, than they are more self-reliant and have better health literacy, so that is positive." GP8*

*"The patient's health care was so fragmented without someone who keeps an overview over the process and that is very confusing for people. Then people feel like they are getting the runaround and now you create coherence and direction." GP5*

One GP mentioned that the one-hour consultation improved the person-centered care.

*"I gain a lot of information (in the one-hour consultation) and I can look to see if I can use that to adjust my care better to this patient." GP24*

Most of the GPs mentioned that the patients and their loved ones felt heard and supported. One-hour consultations with only the patient as well as interdisciplinary consultations had this effect.

*"That one is aware of the others' doings. And I see very clearly that the people feel supported by this. So the clients appreciate it a lot that we consult with one another and that health care professionals know what the others are doing." GP5*

Also, GPs mentioned patients had more faith in the health care providers and the bond with the patient improved after the one hour consultations and interdisciplinary consultations.

### Positive effect for GPs

Besides being a positive effect for patients, clarity was also beneficial for GPs. For example, it resulted in clear arrangements with other health care professionals, clear arrangements with patients or a clear treatment plan or approach.

*“The effect that we had a kind of treatment plan indeed, so that the care was aligned.” GP11*

The improved knowledge about the background and the context of the patient enabled GPs to refer to issues discussed during the one-hour consultation in consultations later on.

*“I find that I gain a lot, because I receive a lot of information and it does something with trust. For the next time, it gives something to fall back on, so I gain a lot from that.” GP24*

Some GPs found that investing this time and effort in a patient once, resulted in the patient needing less care later on.

*“I also think that it yields more in the end. Because if I am able to invest in such patient now, then I also have less work with them later on. Because there is good counseling involved. I have a good relation with the specialist, with care at home, with the counseling. The patient is with the right care in the right place.” GP13*

Almost all GPs who used the one-hour consultation as an interdisciplinary consultation found this positive, as it improved the communication and made it easier to reach out later on to the professionals they had met. It also gave GPs more insight in the strengths and weaknesses of different care professionals and organizations involved. They could use this information to adjust their care for the patients involved as well as for others.

*“But at the same time I find it really nice to have seen the health care professionals, to know their name, to have looked them in the eye. Because that improves trust. You also build personal relations, which makes it easier to find each other later on, to address each other. Actually, I find that a big added value, besides knowing what people have to offer and consulting about what care to offer.” GP5*

*“But also to know who does what in this region. I found that really useful.” GP22*

One GP stated that doing the one-hour consultations gives her more satisfaction.

*“But the fact that you can do this occasionally and that you get the feeling that it is seen, gives me more pleasure in my work and more satisfaction.” GP13*

This financial compensation they received was appreciated, also with respect to their GP-partners, so they did not feel guilty to invest more time in a patient.

*“It gives me more peace with respect to my colleague, because I had already organized my care differently and I had the feeling that it was out of balance. Sometimes you invest a lot of time in a patient causing me to do less consultations. [...] I feel that I can justify it for myself since this SAN has arrived.” GP13*

GPs reported that they felt more room to make time, because of the possibility of the one-hour consultation. It stimulated GPs to join interdisciplinary consultations and made them feel that it was legitimate to block an hour in their day.

*“The difference is that you can really schedule it now. That you have the idea, well, that you know that you’re going to spend an hour and otherwise... At least, I don’t do that in my practice otherwise.” GP11*

*“But now I could really block an hour in my consultation time, legitimately, and just say, well, I’m going to sit there for that women and I don’t feel pressure, no time pressure, like I have to move on.” GP8*

#### Negative effects

Multiple GPs reported that the time they used for the one-hour consultations was at the expense of the time for other patients.

*“But you have to make time for it. It really is an investment, because it costs regular consultations. So it really is a choice you make.” GP5*

Also, one GP felt the more time he had, the less efficient he was. And one GP warned not to create expectations you cannot meet in the future.

*“I notice as GP, the more time I have, the slower I work, you know? And the shorter the time, or if you use time management, the more efficient the conversation.” GP19*

One GP mentioned some patients felt threatened by an interdisciplinary consultation. He suggested to invite the patient to join, to show them they all work in the best interest of the patient.

*“Once in a while a patient feels a bit threatened by it. That can be a reason to invite them to join the consultation. We are not going to gossip, we are not going to discredit you, but it really focusses on finding the best way to support you.” GP5*

Also, a few GPs found that some parts of the interdisciplinary consultation were not as relevant for them, although not every GP thought that to be a problem.

*“The interdisciplinary consultation itself was alright, but I am more a 10-20 minutes doctor and this really took 75 minutes. [...] I always wonder, the time investment relative to the efforts and the outcomes, is quite out of proportion.” GP9*

## Discussion

### Summary and comparison with existing literature

24% of the GPs for whom it was available, used the one-hour consultation at least once. In total, 56 one-hour consultations were held, mostly with patients with multiple problems, a low education or a high demand of care. GPs initiated them for multidisciplinary consultations with other care professionals, or to invest time in getting more clarity and understanding about the patient's problems. Many subjects were discussed, most about the psychosocial problems, rather than about medical issues. The interviewed GPs/PN considered the one-hour consultations very valuable. The fact that they were compensated for their time, made it feel legitimate and increased the job satisfaction. The GPs felt more room to take time for a patient, without feeling rushed. Patients had more time to tell their story and understand the GP's explanation. This made the patients feel heard and supported and improved their faith in health care professionals. Besides, the one-hour consultations lead to more clarity and understanding of the patients' problems for the patient and for the professionals and to improved interprofessional collaboration. However, multiple GPs mentioned that using the one-hour consultations is at the expense of time for other patients. They also mentioned some procedural issues that could be improved.

The results of this study support the positive outcomes of the study about GPs' experiences with the one-hour consultation in Utrecht (15). Recently, there has been another study about the one-hour consultations in The Hague (16). They also reported positive outcomes like consulting with other health care professionals, more insight into the patient and the patient feeling heard.

Multiple studies found a positive relationship between patient-centered care and patient satisfaction and well-being (11). On the other hand, there are multiple studies who find no relationship between patient-centered care and clinical outcomes (11).

### Limitations

The questionnaires were already collected by the SAN before the start of the study. Unfortunately, not all questionnaires were complete. Also, questions were added to the questionnaire during the pilot. This resulted in missing data. Due to an error, there was no option for "No" in the question about the migration background. If this question was not filled in, it was unclear if the GP had forgotten it or that the patient had no migration background. This could lead to a possible bias.

Most regrettably, it was not possible to include enough patients to draw conclusions about the patients' perspective which would obviously be most important to evaluate the effect of one-hour consultations and has not been researched yet.

### Implications for practice

Because of the positive experiences, SAN should continue with this pilot. However, there are improvements possible:

- Clarify the rules. Multiple GPs were not aware of the possibilities or restrictions of the one-hour consultation. This prevented GPs to use the consultation because they did not know if their request was legitimate.
- Remind GPs regularly about the one-hour consultation as multiple GPs mentioned that with time it had slipped out of their mind.
- Digitalizing the invoice-form would make it more accessible and less time consuming.
- Share examples of the one-hour consultations that could inspire other GPs and help them think of other patients who could also benefit from this consultation.

### Implications for further research

To determine the value of the one-hour consultation, it is important to get insight into the patients' experiences. Further studies should anticipate on the difficult recruitment of patients.

Further research should also focus on quantifying the effects of the one-hour consultation, looking at long term outcomes, patient satisfaction and use of care.

If the one-hour consultation indeed leads to positive outcomes in terms of health, patient satisfaction, reduces healthcare use and professionals' workload, it could be considered for wider implementation by healthcare insurances.

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