Supplementary file 2: A narrative summary of eligible studies

Types of services identified

The primary care services identified from the literature (n=25) were classified into four categories which are:

- Studies on patients’ perspective on the support provided by pharmacists in a community pharmacy or general practice setting (n=4).
- Studies on patients’ perspective on their use of a telehealth/telecare system (n=4).
- Studies on patients’ perspective on services provided by primary care teams to ensure the CoC or the ToC from a secondary to a primary care setting (n=9). For example, studies on patients’ perspective on a diabetes management programme where patients received care from multi-professional primary care teams following their hospital discharge.
- Studies on patients’ perspective on other primary care services specifically provided by the nurses or the GPs (n=8). For example, studies on patients’ experiences and satisfaction with a mobile eye-screening service provided at their GP practices.

Details of these studies are provided in Supplementary Tables 1 – 4.
Table S1. Studies on patients’ perspective of pharmacist support in a community pharmacy or primary care setting.

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<th>Author</th>
<th>Aim</th>
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| Ogunbayo O.J. et al.    | To explore patients’ perspectives of engaging in self-care & their use of CPs for self-care support. | Patients living with LTCs including those with at least one of diabetes mellitus (type 1 & 2), asthma, COPD, heart conditions, hypertension and hypercholesterolemia | Semi-structured interviews with 24 patients with LTCs who were recruited via GPs and CPs. | - Community pharmacy services and resources were underused and limited to providing medicine supplies.  
- Patients had a lack of awareness and no visibility of CPs’ potential roles and capabilities.  
- None of the patients mentioned any of the main long-term condition-specific services, such as MURs, NMS or lifestyle interventions (e.g. smoking cessation).  
- Only some participants indicated that they were aware of the community pharmacy services, but they did not feel the need to use them. |
| Ellis-Martin M. & Street K. | To assess patient satisfaction with the domiciliary service provided by the medicines management team. The study also aimed to prevent hospital admission & to improve patients’ experience of pharmaceutical care. | Patients who had been managed by the medicines management team (MMT); all participants, except two, had at least one LTC. | Structured interviews were conducted with 55 patients in a domiciliary setting. Fifty-three patients had at least one long-term condition. | - 73% of patients were unaware they had problems taking medication before attending their initial medication management visit.  
- 89% of patients believed that the intervention they received helped them take their medication properly.  
- 84% of patients accepted the interventions and changes made during their medication management visit. They also fully appreciated the need for the service.  
- 78% of the patients were ‘very satisfied’, and 22% were ‘satisfied’ with the service. |

Abbreviations: CP, community pharmacy; LTCs, long-term conditions; COPD, chronic obstructive pulmonary disease; GP, General practitioner; MURs, medicine use review; NMS, new medicine service.
Table S1. Studies on patients’ perspective of pharmacist support in a community pharmacy or primary care setting. (Cont.)

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| Hadi M.A. et al. 2016 (29) | To evaluate the effectiveness of a pain clinic jointly managed by a nurse & pharmacist. | Patients with chronic pain; more than half of the patients had at least one LTC | Mixed methods of a quantitative & a qualitative study. Different questionnaires were used at the baseline, on discharge and at 3-month post-discharge. Patient satisfaction was also explored in face-to-face, semi-structured interviews (n=19). | - The qualitative analysis showed that patients were satisfied with the quality of service.  
- Different factors contributed to patient satisfaction; these were: ample consultation time, comprehensive specialised knowledge, listening to & understanding patients’ needs, and a holistic approach.  
- A community-based nurse-pharmacist managed pain clinic can effectively deliver quality pain management services. |
| Stewart, D. C. et al. 2011 (30) | To evaluate the views of patients across primary care settings in Great Britain who had experienced pharmacist prescribing. | Patients who had experienced pharmacist prescribing service; the most frequently self-reported medical conditions were hypertension, arthritis, diabetes and hypercholesterolemia | All ‘Royal Pharmaceutical Society of Great Britain’ prescribers (n=1622) were invited to participate. Those consenting were asked to recruit up to five patients who had experienced their prescribing. A questionnaire developed by the authors was used in this study. | - A total of 105 patients (73.4%, n=143) completed the questionnaire.  
- Most participated patients received consultations in general practices (85.7%), and some received consultations in community pharmacies (11.4%).  
- The majority of the patients were ‘strongly satisfied’ and ‘satisfied’ with their consultations and were confident that the prescriptions from the pharmacist were as safe as the GP’s.  
- Pharmacist prescribers were considered approachable, and therefore most patients would recommend consulting them. However, some patients preferred consulting their GPs if they felt there to be a deterioration in their health. |

Abbreviations: LTC, long-term condition; GP, General practitioner.
**Table S2. Studies on patients’ perspective of a telehealth/telecare system.**

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<td>Lee P.A. <em>et al.</em> 2018 (31)</td>
<td>To explore patients’ perceptions of using telehealth for T2DM management.</td>
<td>Patients with T2DM</td>
<td>Semi-structured interviews with 10 adult patients with type 2 diabetes from the NHS Newham area in London, UK.</td>
<td>- Telehealth had the potential to enhance patients’ quality of life, allow patients to live independently at home and control their health status. - Patients with T2DM supported the use of telehealth for the routine care of their diabetes.</td>
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<td>Dale J. <em>et al.</em> 2009 (32)</td>
<td>To test trial design issues related to measuring the effectiveness of a peer telephone intervention to enhance self-efficacy in patients with T2DM; to evaluate the impact on self-efficacy and the clinical outcome; and to describe patient and peer experience.</td>
<td>Patients with T2DM</td>
<td>Patients with T2DM were recruited from 40 general practices and randomised to receive routine care alone or, in addition, motivational telephone support from a peer supporter or a diabetes specialist nurse for a period of up to six months. Patients and telecare supporter satisfaction and experience were evaluated using a non-validated questionnaire.</td>
<td>- There were no statistically significant differences in the self-efficacy scores (P=0.68), HbA1c (P=0.87) or other secondary outcome measures. - There was evidence of a high level of service acceptability, but peer telecare support was less highly valued than the care received from a diabetes specialist nurse. - Some patients stated that they would have valued more information and advice.</td>
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<td>Bond C.S. <em>et al.</em> 2015 (33)</td>
<td>To evaluate a local telehealth programme introduced by the Dorset Clinical Commissioning Group for patients with chronic obstructive pulmonary disease and chronic heart failure.</td>
<td>Patients with COPD or chronic heart failure</td>
<td>Twenty-nine patients participated in telephone interviews after they had been using the system for three months. Healthcare professionals, mainly nurses who used the system to manage patients, were also interviewed.</td>
<td>- Most patients found the telehealth system easy to use, even if they did not have prior experience with using computers and technology. - Patients were using the telehealth system, often beyond the parameters of the formal telehealth scheme, to develop effective self-management techniques and get the maximum benefits. - Patients did not report that their healthcare professionals were educating them. However, healthcare professionals thought they provided adequate education for their patients.</td>
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*Abbreviations: T2DM, type 2 diabetes mellitus; NHS, National Health services; HbA1c, glycosylated haemoglobin concentrations; COPD, chronic obstructive pulmonary disease.*
Table S2. Studies on patients’ perspective of a telehealth/telecare system. (Cont.)

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<td>Long A.F. et al.</td>
<td>To examine patients’ acceptance/satisfaction with a telephone support to improve blood glucose in T2DM.</td>
<td>Patients with T2DM</td>
<td>A randomised control trial to evaluate patients’ acceptability and satisfaction with the telecare approach. A Diabetes Satisfaction &amp; Treatment Questionnaire (DTSQ) was used. In-depth semi-structured interviews were also conducted with 25 patients to look in greater depth at any behaviour changing effect of the telecare approach.</td>
<td>The response rates were 79% in the DTSQ and 65% in the acceptability questionnaire. Patients reported a high level of satisfaction with their treatment (95%) and &gt;90% ‘strongly agreed’ or ‘agreed’ that the telecare approach was acceptable. The qualitative analysis highlighted the importance of personalised service, increased confidence and self-control, and helped problem-solving.</td>
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Abbreviations: T2DM, type 2 diabetes mellitus; RCT, randomised control trial; DTSQ, Diabetes Satisfaction and Treatment Questionnaire.
Table S3. Studies on patients’ perspective on services provided by primary care teams to ensure the CoC/ToC from a secondary to a primary care setting.

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| McDowell J.R. et al. 2009 (2) | To explore the perceptions of adults with T2DM towards the service redesign where the T2DM management was moved from a secondary to a primary care setting, and patients received care from multi-professional primary care teams. | Patients with T2DM       | In total, 35 adults with T2DM participated in eight focus groups between 2003 - 2004. There were 23 participants in the five focus groups in 2003 and 12 in the three focus groups in 2004. | - Patients with T2DM appreciated their care management by the multi-professional primary care teams.  
- Healthcare resources were required to support the development of staff and the required infrastructure to increase primary care services.  
- Policymakers and services implementers needed to address the balance of resources between primary and secondary care. |
| Gulliford M.C., et al. 2007 (35) | To determine whether experienced continuity in patients with T2DM is associated with control of HbA1c, BB and BW or with a health-related quality of life and patient satisfaction. | Patients with T2DM       | A total of 209 patients with T2DM agreed to participate. The main measures included experienced CoC using a patient questionnaire, satisfaction with care, health-related quality of life [short-form 12 (SF-12)], HbA1c, BB & BW. | - Patients with the highest satisfaction ratings had more experience with CoC, compared with the lowest satisfaction ratings ($P=0.001$).  
- Experienced CoC was not associated with changes in the HbA1c level ($P=0.402$), systolic blood pressure ($P=0.746$), body mass index ($P=0.562$) or quality of life (SF-12 physical component score, $P=0.375$). |

Abbreviations: T2DM, type 2 diabetes mellitus; HbA1c, glycosylated haemoglobin concentrations; BB, blood pressure; BW, body weight; CoC, continuity of care; SF, Short form survey.
Table S3. Studies on patients’ perspective on services provided by primary care teams to ensure the CoC/ToC from a secondary to a primary care setting. (Cont.)

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<td>Tarrant C. et al. 2015 (36)</td>
<td>To explore patients’ experiences of discontinuities in care and to gain insight into how gaps come to be bridged and why they might remain unresolved.</td>
<td>Adult patients where most of participants had at least one LTC.</td>
<td>Semi-structured face-to-face interviews with patients with LTCs who were recruited from 15 general practices and one walk-in centre. Topics covered were: positive and negative aspects of the GP practice, experiences of accessing primary care, choices in relation to continuity of carer &amp; views on sharing information.</td>
<td>Most patients experienced having gaps in their care because of the lack of communication and coordination of services at a transition between different services (e.g. post-discharge services were not arranged). Problems related to the coordination of care included difficulties in the coordination of management, and treatment or responsibility for care between multiple different healthcare professionals. Informational discontinuity when transferring between different healthcare providers or settings was implicated (e.g. GP not receiving letters from outpatient clinics). Most patients who reported ‘falling through gaps’ of CoC had complex, chronic conditions and multi-morbidity.</td>
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<td>Sixsmith J. et al. 2013 (37)</td>
<td>To explore the experiences of service users &amp; providers during the implementation of the National Service Framework (NSF) for long-term neurological conditions (LTNCs).</td>
<td>Patients living with LTNCs.</td>
<td>Fifty face-to-face semi-structured interviews with service users (with LTNCs) were conducted to explore the implementation experiences of the NSF. Twenty-five patients were re-interviewed on three occasions.</td>
<td>One of the important identified themes was ‘Better connected services’. Patients believed that they received effective care in hospital settings, but they experienced discontinuity of care on return to community settings despite their on-going needs. Many patients experienced delays in receiving treatment and rehabilitation. They believed this was attributed to a lack of awareness or of knowledge of LTNCs by GPs.</td>
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**Abbreviations:** LTCs, long-term conditions; GP, General practitioner; NSF, National Service Framework; LTNCs, Long-Term (Neurological) Conditions.
Table S3. Studies on patients’ perspective on services provided by primary care teams to ensure the CoC/ToC from a secondary to a primary care setting. (Cont.)

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| Naithani     | To identify patients’ experiences and values with respect to continuity in diabetes care within a range of settings, with the aim of identifying items that comprised different dimensions of CoC. | Patients with T2DM | In-depth semi-structured interviews with 25 patients with T2DM from 14 general practices. The main topics covered include: the circumstances surrounding patients’ diagnosis and type of care provided, experience of care in general practice and hospital settings, patient–provider relationships, service flexibility and meeting patients’ needs. | - Problems from a lack of experienced continuity mainly occurred at transitions of care (i.e. between sites of care, between providers) or with major changes in patients’ needs. 
- The analysis identified aspects of care that were valued by the patients and consistent with the four dimensions of experienced CoC, which include: 
  - Patients were receiving regular reviews with clinical testing (longitudinal continuity). 
  - They had a good relationship with their usual healthcare provider who knew them, was concerned and interested, and gave them ample visit time (relational continuity). 
  - They had flexibility in making/changing appointments and getting appropriate advice, when required. However, some patients described hospitals as having less flexibility in appointments. 
  - Patients also believed there was both consistency and co-ordination between different healthcare professionals, and between hospital and general practice or community settings (team continuity). 
  - Some believed that their information was available for their care providers while others experienced problems related to information transfer between different healthcare providers. |

Abbreviations: CoC, continuity of care; T2DM, type 2 diabetes mellitus.
Table S3. Studies on patients’ perspective on services provided by primary care teams to ensure the CoC/ToC from a secondary to a primary care setting. (Cont.)

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| Cowie L. et al.    | To examine patients’ experiences of CoC in the context of different LTCs and models of care, and to explore implications for the future organisation for the care of long-term conditions. | Patients with one of the following LTCs: arthritis, coronary heart disease, stroke, hypercholesterolaemia, hypertension, diabetes mellitus or COPD | Semi-structured interviews were carried out with 33 patients, who had at least one of the following long-term conditions: arthritis, stroke, coronary heart disease, hypertension, diabetes mellitus or chronic obstructive pulmonary disease, and hypercholesterolemia. | - Serious communication breakdowns were reported, which could harm patients and lead to medication errors when patients were transferred between different sites. Delay in communication between sites was commonly reported in patients with comorbidities and who needed to have care from more than one location and from different professionals.  
- Informational discontinuity post-hospital discharge was common, which led to disrupted care, confusion and patients’ dissatisfaction.  
- Access to primary care and flexibility issues were identified as important barriers of continuity (e.g. difficulty in making appointments and responses to urgent requests). This was also related to the workload, annual/sick leave, and staff turnover. |
| Paddison CA et al. | To describe and explain the primary care experiences of people with multiple LTCs in England. | Patients with any LTCs (e.g., hypertension, diabetes, arthritis, heart problems, long-term chest problems, cancer, epilepsy, long-term mental problems) | The GPPS was used to evaluate primary care experiences of patients with LTCs. Patients’ experience considered three main domains: the accessibility, CoC, and communication with staff. | Most patients (from 74% to 93%) reported positive experiences of care with their GPs.  
However, an increasing number of comorbidities was associated with a reducing percentage of patients’ positive experiences of the services provided in primary care (for all three domains). |

Abbreviation: CoC, continuity of care; LTCs, long-term conditions; COPD, chronic obstructive pulmonary disease; GPPS, General Practice Patient Survey; GP, General practitioner.
Table S3. Studies on patients’ perspective on services provided by primary care teams to ensure the CoC/ToC from a secondary to a primary care setting. (Cont.)

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<td>Campbell, S. et al., 2010 (40)</td>
<td>To explore reported experiences of patients with LTCs between 2003 and 2007, after the introduction of the Quality and Outcomes Framework (QOF). System reforms, where a pay-for-performance scheme was introduced as part of arrangement changes for GPs. The study also compared these experiences with general population samples of registered patients across the same period.</td>
<td>Patients with LTCs (diabetes, asthma and angina)</td>
<td>Questionnaires were sent to serial samples of patients with LTCs in 42 general practices in England. Study cohorts included a group from a random sample of adult patients (without any LTCs) and patients with LTCs from 2003, 2005 and 2007. Topics covered were: issues of access, communication, CoC &amp; coordination, nursing care, and overall patient satisfaction.</td>
<td>- There were no significant changes in the quality of care reported by the study cohorts for communication, coordination and nursing care. - Some aspects of access (i.e. being able to make an urgent appointment on the same day or an appointment with any/particular physician within 48 hours) improved significantly for patients with long-term conditions. However, this significant improvement was not observed in the random samples of patients. - Both random samples of patients and patients with long-term conditions reported seeing their usual physician less often and being less satisfied with the continuity of their care. However, there was no significant difference in patients’ overall satisfaction.</td>
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Abbreviations: LTCs, long-term conditions; QOF, Quality and Outcomes Framework; GP, General practitioner; CoC, continuity of care.
Table S3. Studies on patients’ perspective on services provided by primary care teams to ensure the CoC/ToC from a secondary to a primary care setting. (Cont.)

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| Alazri, M. et al. 2006 (41) | To explore the perceptions/experiences of CoC in general practice from the perspectives of patients with T2DM, focusing on the advantages and disadvantages of different types of continuity. | Patients with T2DM | Focus group interviews were conducted with 79 patients with T2DM from seven practices in Leeds, UK. | - Patients experienced different types of continuity: (1) relational continuity, (2) cross-boundary or team continuity, and (3) continuity of information.  
- Several factors influenced patients’ perceptions of continuity; these included a personal relationship with other patients and healthcare professionals, personal beliefs and behaviours, presence of diabetes, and the structure & systems of general practices.  
- Patients identified some advantages and disadvantages of the two types of continuity (the relational and the boundary/team continuities).  
- They believed that the relational continuity was important in providing psychosocial care, but with a risk of misdiagnosis. While the cross-boundary/team continuity was important in providing physical care, and its main disadvantages were patient confusion and the absence of personal care. |

**Abbreviations:** CoC, continuity of care; T2DM, type 2 diabetes mellitus.
Table S4. Studies on patients’ perspective of other primary care support by nurses or general practitioners.

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| Lawton et al.    | To explore the experiences and views of Pakistani and Indian patients’ about diabetes services to inform the development of culturally sensitive services. | Patients with T2DM | Face-to-face interviews with 23 Pakistani & 9 Indian patients with T2DM, recruited from GP practices and the local community in Edinburgh. The interviews explored the past/present use of this service for diabetes and other medical conditions; patients’ expectations; likes or dislikes of the services received & their reasons for non-attendance. | - As services were free of charge, patients believed that there was a uniform standard of care provided by healthcare professionals.  
- All respondents reported using primary and secondary care services, and most were receiving/preferred diabetic reviews in the hospital while some preferred using primary care services because they were local and easily accessible.  
- Most patients looked to services for the prompt detection/treatment of complications rather than for providing education and management advice. |
| Walker et al.    | To assess the effectiveness of ambulance service referral to dedicated diabetes specialist nurse (DSN) teams for patients with hypoglycaemia who were treated and left at home following an emergency call, and to assess pathway satisfaction. | Patients with diabetes | Thirty-eight patients were referred to the DSN in the three-month period. Patients were contacted by the DSNs within seven days, and a further review was arranged, as required. Patients’ satisfaction was also measured. | - Of the 26 patients that returned the satisfaction questionnaire, 88% ‘agreed’ or ‘strongly agreed’ that DSNs had improved their understanding of hypoglycaemia.  
73% of the patients felt more able to self-control their hypoglycaemic episodes.  
Patients had a high satisfaction rate with the ambulance service provided by the DSNs in terms of speed (88%), treatment (96%), attitude (96%) & referral explanation (88%). |

Abbreviations: T2DM, type 2 diabetes mellitus; GP, General practitioner; DSN, diabetes specialist nurse.
### Table S4. Studies on patients’ perspective of other primary care support by nurses or general practitioners. (Cont.)

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| Lawton J. et al.| To explore newly diagnosed T2DM patients’ views about Scottish diabetes services at a time when these services were undergoing a major reorganisation from secondary to primary healthcare settings. | Patients with T2DM within the previous six months. | Face-to-face in-depth interviews with 40 patients diagnosed with T2DM three times over one year. Patients were recruited from 16 general practices. Key topics explored included: contact with services and healthcare providers; likes/dislikes about the types of services received and healthcare providers; future expectations for diabetes care and service delivery; information received from non-NHS sources; and patients’ experiences of self-managing their diabetes. | - Most patients were satisfied with the diabetes services regardless of the types of care received.  
- Most preferred having their future care/review with GPs (in the primary care setting instead of secondary care) for reasons of convenience and accessibility. However, some were unsatisfied with the flexibility of making an appointment with GPs.  
- Patients articulated a need to be able to access healthcare professionals easily and to have ample visit time to address all of their questions and concerns.  
- Many believed that they lacked the knowledge and confidence to self-manage their diabetes in specific situations and needed access to healthcare professionals who could help them. Therefore, patients expressed a need for diabetes services in primary care settings by healthcare professionals who had more time and diabetes expertise and who were more accessible than GPs. |

*Abbreviations: T2DM, type 2 diabetes mellitus; NHS, national health services; GP, General practitioner.*
### Table S4. Studies on patients’ perspective of other primary care support by nurses or general practitioners. (Cont.)

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| Lawton J. et al. 2005 (45) | To explore patients’ perceptions of their disease and the health services they receive at a time when the restructuring of services was being considered. | Patients with T2DM | In-depth interviews with 40 patients, newly diagnosed with T2DM, who had different experiences of services (some received GP-based care only, while others contacted with diabetes clinics). Interviews were conducted three times at six monthly intervals over one year. Patients were recruited from 3 hospitals & 17 general practices. Many key topics were explored such as: contact with health services since diagnosis/last interview; perceptions of the disease & current/future health; intention/commitment to adhere to diabetic regimens and other disease risk-management advice; and views about current service provision & preferences for future diabetes care. | - Patients differed in their views of the particular services they had received and in their preferences for future diabetes care and service delivery.  
- Some patients reported very high expectations of services, while others did not.  
- This was related to patients’ knowledge and awareness of their disease condition and their level of engagement in the control of their condition (e.g. making active efforts to lose weight and to cease smoking).  
- The lack of engagement with care providers & services was related to patients’ understanding of their health problems and medical needs. |

*Abbreviations: T2DM, type 2 diabetes mellitus; GP, General practitioner.*
Table S4. Studies on patients’ perspective of other primary care support by nurses or general practitioners. (Cont.)

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| Lawton J. et al. 2009 | To examine patients’ perceptions and experiences over time of the devolvement of diabetes care and reviews from secondary to primary health-care settings. | Patients with T2DM recruited from primary & secondary care settings over four years, across Lothian, Scotland | In-depth interviews with 20 patients with T2DM recruited from primary & secondary care settings over four years, across Lothian, Scotland | The study focused on GP service, but it also covered the transition of care from secondary to primary care.  
Patients gained reassurance that receiving practice-based care and reviews signified that their diabetes was well-controlled.  
Patients believed that GPs had adequate expertise to conduct their practice-based reviews, more than the nurses in primary care.  
Receiving holistic care in general practice was not always realised due to patients seeing healthcare professionals for T2DM management to whom they would not normally present for other health issues. |
| Joyce K.E. et al. 2009 | To explore patients’ experiences of condition management programmes (CMPs) in terms of health, employability and well-being | Patients with any LTCs | Four focus groups and nine semi-structured interviews were conducted to capture patients’ experiences of using and participating in one of five different CMPs: Cardiac Rehabilitation, Lower Back Pain Services, Counselling, Smoking Cessation and GP Exercise Referral Programme. The programmes were delivered in primary care settings. | Patients had positive experiences of the CMPs, and they reported improvements in their health behaviours (e.g. better diet control & increased exercise), and positive psychosocial outcomes (e.g. increased self-esteem, confidence, and social support).  
Patients reported a lack of CoC and follow-up in the counselling and GP referral programmes.  
Patients believed that short-term CMPs were unhelpful as they were left unsupported once the intervention ended.  
Several patients also had concerns about the services’ accessibility, as it was difficult and time-consuming.  
The interviewees believed that the referral process could be made more streamlined and efficient and less medicalised. |

Abbreviations: T2DM, type 2 diabetes mellitus; GP, General practitioner; CMPs, condition management programmes; LTCs, long-term conditions; CoC, continuity of care.
Table S4. Studies on patients’ perspective of other primary care support by nurses or general practitioners. (Cont.)

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| Gillibrand      | To assess patient needs, experiences and satisfaction with the mobile eye-screening service. | Patients with diabetes           | A focus group study was undertaken with patients with T2DM who had attended the community-based mobile eye-screening unit at their GP practice. | - Patients were satisfied with the mobile eye-screening service because it was local, easily accessible and mobile compared to the central hospital-based service.  
- The analysis identified patients’ lack of knowledge in important areas such as the processes of service delivery, the rationale for the service, and diabetic eye disease.  
- Some of the identified disadvantages of the service included: accessibility problems for less mobile people, a lack of access to other services (e.g. a diabetes specialist nurse for treatment advice), and sometimes privacy problems during the assessment. |
| Alazri M.H. et al. | To determine if there is an association between patients’ satisfaction and the outcome of diabetic care. In addition, the study aimed to determine the contribution of different aspects of satisfaction with primary care services. | Patients with T2DM               | Patients were identified from two general practices in Leeds. Patients’ satisfaction was measured using the General Practice Assessment Survey Questionnaire (GPAS). Patients’ HbA1c level was also evaluated and collected from their medical records. | - There was a high satisfaction level (78%) with primary care services for all GPAS domains.  
- There was a positive correlation between different GPAS domains & the HbA1c level for CoC, trust & satisfaction with primary care services (P< 0.001).  
- There were positive correlations between different GPAS domains & the HbA1c level for access to primary care, communication, doctors’ knowledge, technical care, and interpersonal care (P< 0.01).  
- No relationship was found between patients’ overall satisfaction with primary care services & other demographics (e.g. age, sex) & medical factors (e.g. the duration of diabetes & the presence of complications). |

Abbreviations: T2DM, type 2 diabetes mellitus; GPAS, General Practice Assessment Survey Questionnaire; HbA1c, glycosylated haemoglobin concentrations; CoC, continuity of care.