Patients' satisfaction and patients' health

February 2012

Introduction

This paper presents the findings of an online survey designed and carried out by OnMedica. The purpose was to collect opinions regarding the evolution of patient's expectations of health services and the correlation between the level of satisfaction experienced by patients and health improvements. By offering a snapshot of health professionals' views, the survey aimed to highlight areas that could call for further discussion and investigation.

This survey was informal and therefore did not intend to achieve scientific rigour.

The survey process

The survey was designed, built and managed internally by the OnMedica Team. Healthcare professionals were invited by email to take part to the online survey.

Survey start date: 16/03/2012
Survey closing date: 03/04/2012

The questions

The survey was divided in 2 sections:

- **Patients' expectations:** In this section, doctors were asked to give their views on the evolution of patients' expectations over the past 5 years, and how these expectations have been manifested. Specific questions were asked about the accessibility of GP services and how doctors have had to adapt to meet demand and the level of pressure associated.

- **Patient relationships, out-of-hours and private clinics:** In this section, GPs were asked to identify how their new commissioning role is likely to affect their relationship with patients and subsequently patients' satisfaction of health services. GPs were also asked to give their views on the efficiency of the out-of-hour service. Finally, doctors were asked to give their opinion of the impact of private clinics, particularly in settings such as retail centres, and whether this type of services is beneficial to improve patient's health.

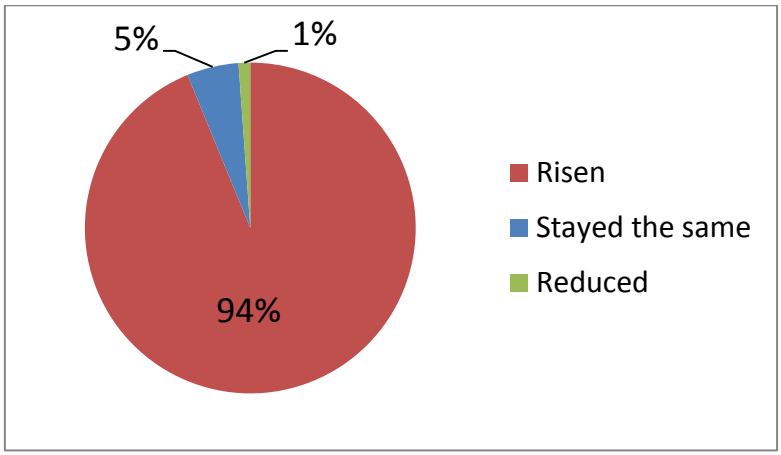
Results

Please note that percentages are rounded to the nearest unit.

On several occasions, respondents had the opportunity to express their thoughts by writing comments in free text boxes.

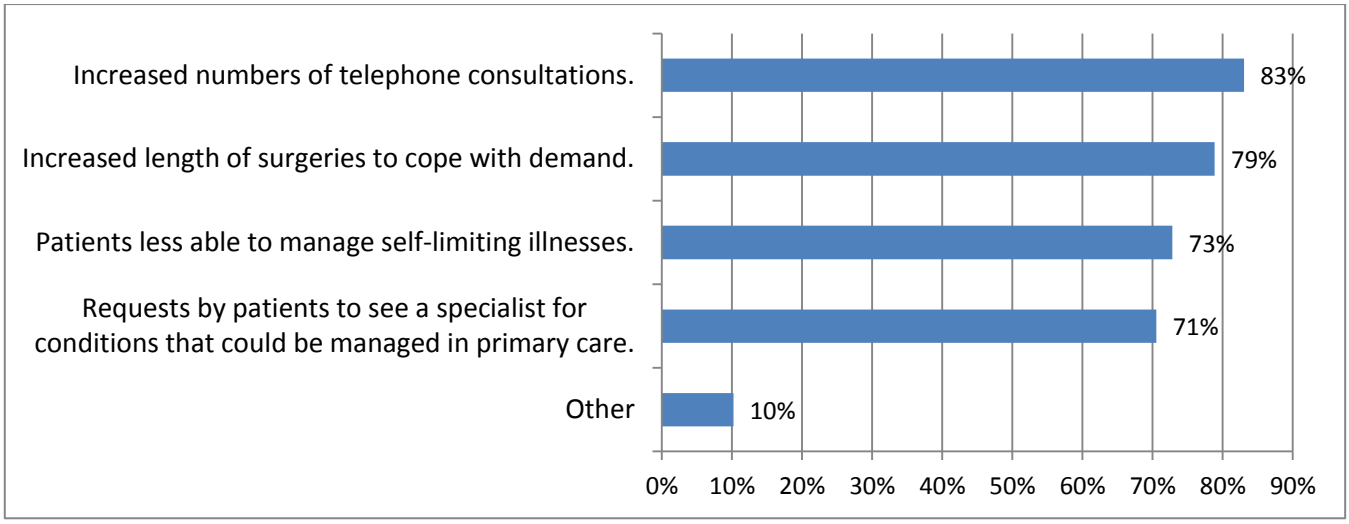
Section 1 – Patients' expectations

Table 1. Over the past 5 years, would you say that patients' expectations of what the health service can offer them have:



Number of respondents: 740

Table 2. In what ways have you been most aware of this increase in patient expectation as part of your daily workload? NB. Question asked to those who answered "risen" in table 6. Multiple selections were available.

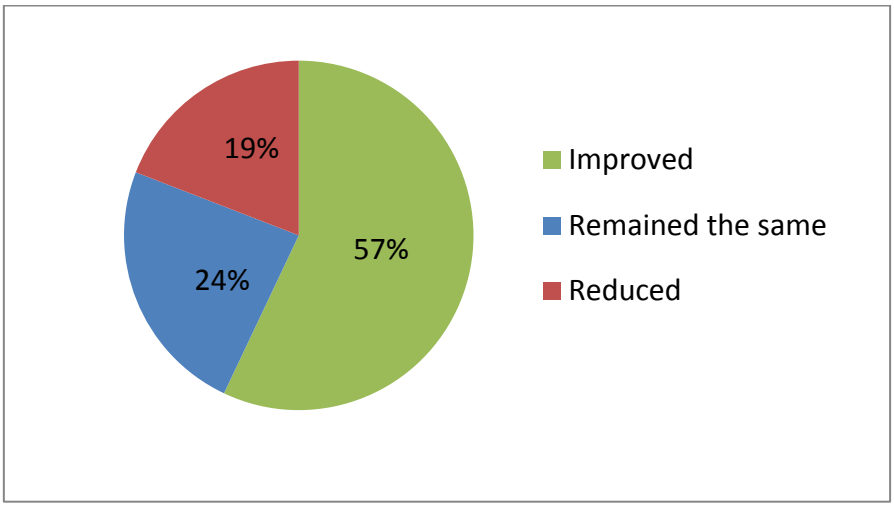


Number of respondents: 696

Answers for the "other way" option include: (71 comments in total)

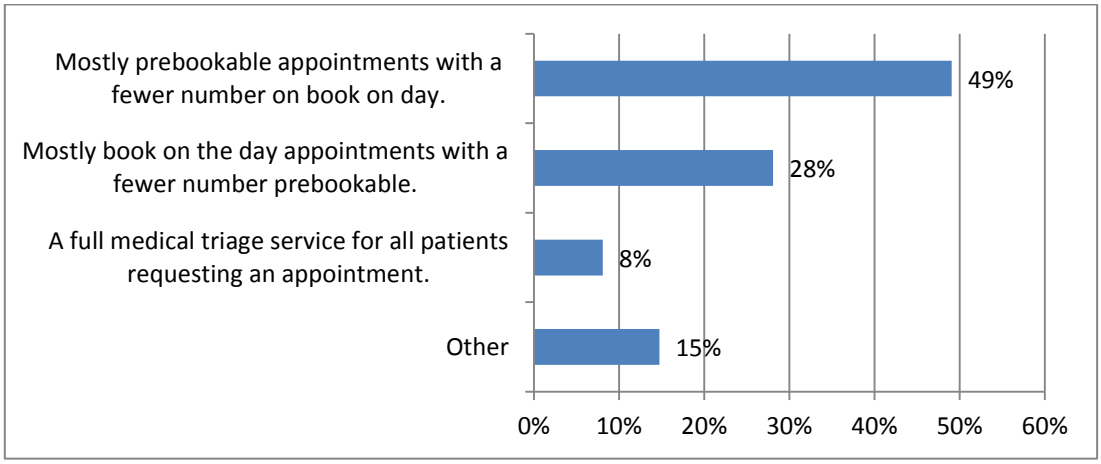
- *Expectation to deal with multiple problems at one attendance.* ***(Several similar comments)***
- *Expectation that we can do more to 'cure' them regardless of personal responsibility for health, and increased expectations of 'customer service' in primary and secondary care.*
- *Patients and relatives now come to the surgery for a lot of reasons other than medical ones e.g. problem with benefits, disputes with neighbours, relationship and work issues, and social care.*
- *Increase in demand to be seen outside normal working hours - wonder if this ties in with the recession and people unable to take time off work for doctor appointments any more or just perception of 24/7 society being a good thing.* ***(Several comments on this subject)***
- *Patients expect us to be like a 24 hour supermarket, where they can drop in any time and pick what they want off the shelf.*
- *[Patients] seeing several different doctors in case the get a different response to their illness.*
- *We increasingly have queries, requests for treatment and requests for referral by email as well as by telephone.*
- *Media always advising see your GP*

Table 3. Compared to 5 years ago, would you say that access to GP appointments has:



Number of respondents: 740

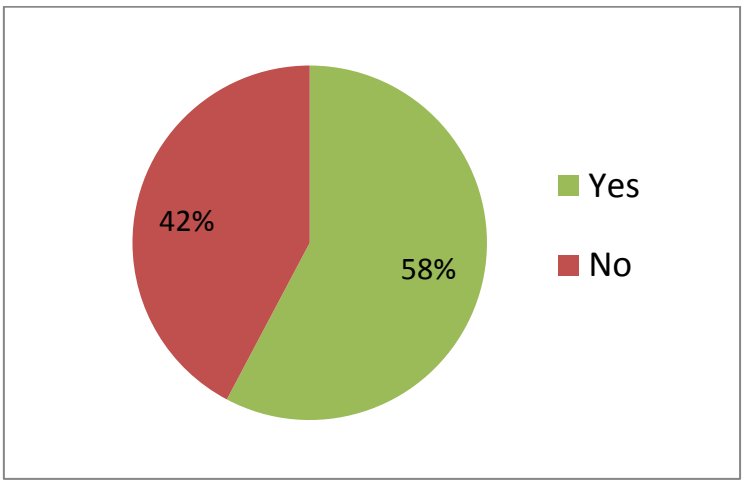
Table 4. What system do you offer patients in order to book appointments with your practice?



Number of respondents: 740

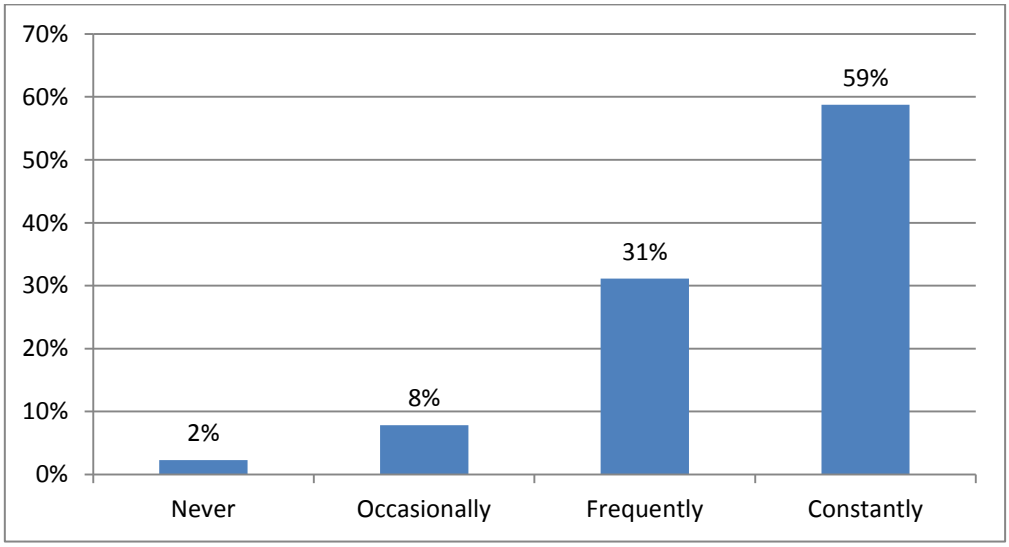
Most of the answers for the "other system" option denote a more even split between prebookable and book on the day appointments or prebookable/book on day appointments and triage on the day.

Table 5. Do you currently have a member of staff who monitors the demand and the number of appointments required each day?



Number of respondents: 740

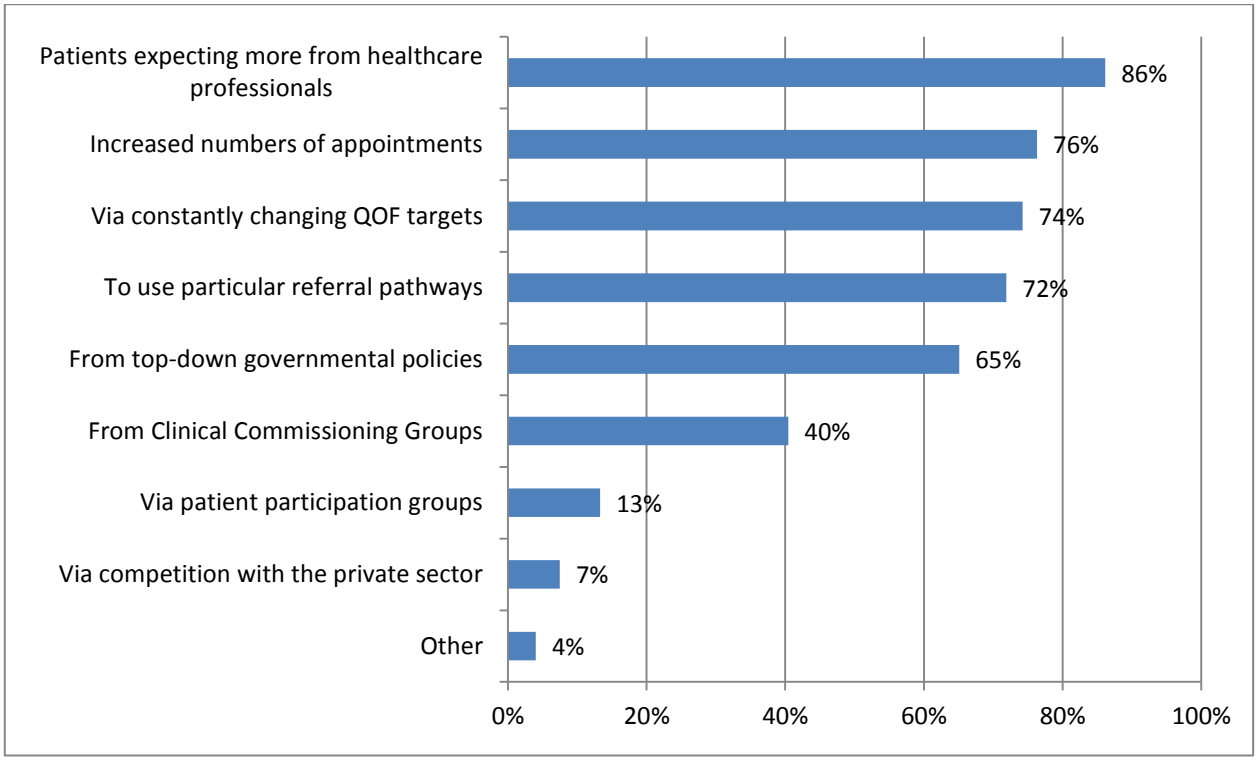
Table 6. Do you feel in any way pressured to increase the level of care you provide in order to satisfy your patients?



Number of respondents: 739

Table 7. How do you feel pressured?

NB. Question asked to those who did not answered "never" in table 6. Multiple selections were available.



Number of respondents: 722

Answers for the "other type of pressure" option include:

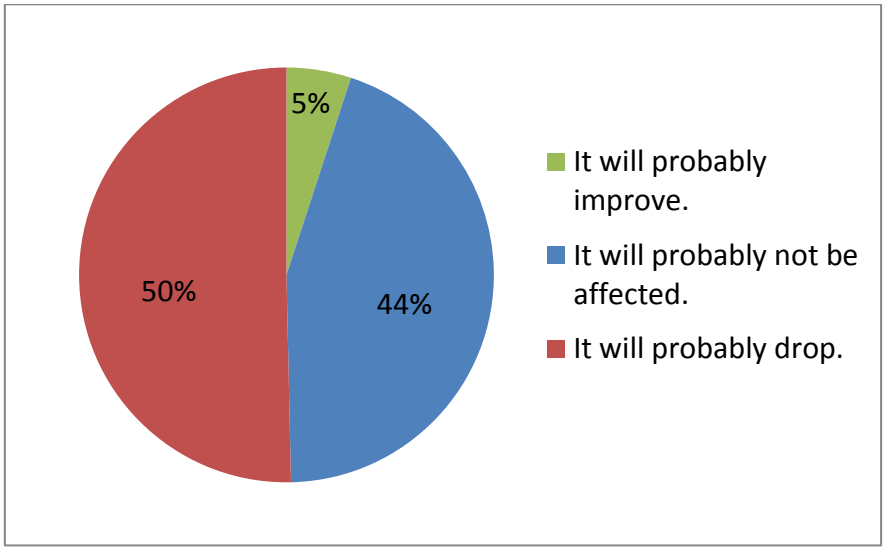
- *Less time to deal with all of the above [see options table 7] because of incessant meetings and scrutiny to justify what you are doing.*
- *Patients' expectations are increasingly in step with media and IT advances meaning they expect instant access to information and instant resolution of their problems. So much of modern society is about speed of access to a product or service - the NHS cannot keep pace with this, it must be rationed overtly to the*

public rather than the public being spun a political line that they can have whatever they want when they want.

- *By hospitals not 'sorting out' patients.*
- *The constant pressure to not refer and not prescribe, balanced with fear of missing anything medically serious and dealing with patients' complaints when they receive only what they need and not what they want.*

Section 2 – Patient relationships, out-of-hours and private clinics

Table 8. A recent patient survey revealed that 88% of people had a good overall experience of their GP surgery. How do you feel this level of satisfaction may be impacted as GPs take on the budgets as part of the clinical commissioning role?



Number of respondents: 703

Tables 9. What do you feel are the main challenges GPs face when holding a budget and maintaining a relationship with a patient? (354 answers)

Top 5 subjects mentioned in answers are:

Managing conflict of interest
• *Divided responsibilities. Less trust from patients* • *Conflicts of interest, providers involved in commissioning. Patients' perception that decisions are made for financial not clinical reasons.* • *Patients may feel that GPs are using incentives to boost their own income at the expense of patient care.* • *Financial considerations when making referrals/investigating.* • *Balancing patient expectations against funding cuts and pressure to reduce referrals.* • *Funding cuts will lead to waiting lists and less satisfaction.* • *GP's will be seen as someone you have to fight with to get what you want/need.* • *GPs will have to defend the choices made by their own commissioning groups and this may limit patient choice. We may be compromised when a patient asks us to take on a patient advocacy role.* • *Maintaining the patient's faith in my decisions being made in the patient's best interests and not to increase my earnings.* • *More of a gatekeeping role and in some ways rationing will appear – it will upset many patients.* • *It brings rationing closer to patients, which makes them angry and even more demanding, especially as bringing the decision-making to a more local level, it means there is less fall-back on the premise that rationing is in the 'national' good.* • *Limitations of trying to explain this to a patient during a ten minute consultation. Patient will feel that there is a conflict of interest and will be suspicious that we are not prescribing due to cost rather than lack of need.* • *One of the intentions of the change is to make patients less satisfied by blaming GPs for the steadily increasing*

restrictions there will be in what the NHS provides and what GPs themselves can provide as their own contract budgets are squeezed whilst they are simultaneously demanded to do ever more with less. This is all in preparation for moving GP services onto short term contracts going to the lowest bidder, like other services, to allow private mega-providers to move in and complete the abolition of the NHS.
Managing unclear messages
• *The excessive demands and increased expectations will collide with the government's plan to save £20 billion over the next 3 years. GPs are ordered to reduce referrals and save on scripts, but the Department of Health and the PCTs continue to inflate patients' demands and they have not been honest with our patients about the drive to save the above mentioned amount of money. We are used as a scape goat to the government and PCTs' blunders and inefficiency and to the drive to let the private sector in our NHS.* • *Everything will be squeezed, whilst government policies encourage patients to expect more, with the intention of pushing the NHS to destruction.* • *Government forcing costs down and pretending it is care improvement. Then patients will blame GPs when they realise it is actually cost saving rather than quality improvement.* • *The Government has clearly not informed the public as to what it means and changes made to commissioning and their future care, as usual they left the dirty work to the GPs for fear of loss of votes. Patients need to be advised and aware of the drastic changes ahead to prepare themselves of their own responsibilities. Public awareness of future availability is a must.* • *Inevitably rationing decisions will have to be made. Unfortunately politicians continue to give the impression that the NHS can provide everything to everyone. In the new world GPs will have to make rationing decisions based on local consortia budgets. If consortia are unable to afford certain services, GPs will be seen as refusing access to services that patients are "entitled to" which will have a negative impact on GP-patient relationships.*
Possible loss of expertise
• *The only reason GPs are best placed to know what is best for their patients is because we work with them day in and day out, taking GPs away from the coal face will lose that perspective.*
Time pressure
• *No time, being asked to do more and more and more. GP's are being asked to do too many things already, it just adds to the every lengthening jobs. The MP's are clueless.* • *There will be less time for patient care as additional demands will mean less face to face time or there will be even earlier "burn out" in GPs* • *Distracted from clinical commitments. There is more than enough to do and keep abreast of already.*
Postcode lottery
• *Decisions are made on an equitable national basis rather than a return to "postcode prescribing".*

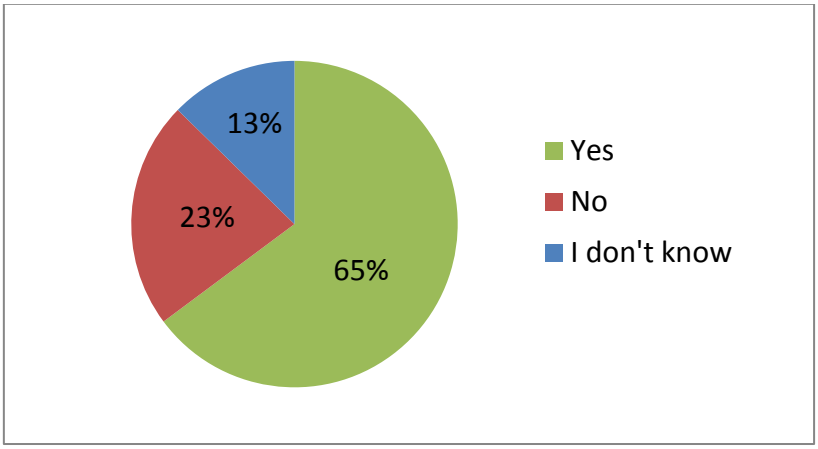
Table 10. What do you feel are the main advantages of GPs holding a budget as far as maintaining a relationship with a patient is concerned? (36 answers)

Answers include:

Expertise
• *As frontline workers, GPs will have a far better awareness of the patients' needs.* • *Clinical decisions will stay with Clinicians and hopefully not be rail rolled with political and financial considerations although patients and Doctors are well aware of the state of the NHS.*
Improved care and management
• *We would have ownership of waiting times and better knowledge of situation regarding waiting times in secondary care.* • *Better micromanagement* • *Local needs can be prioritised*

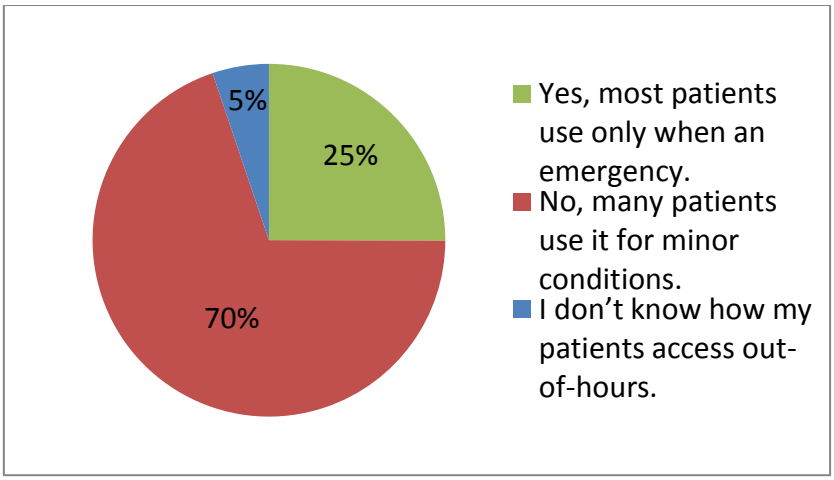
• *Being able to refer more locally* • *We will have control on secondary care services and number of community based clinics will be available for easy and quick access.*
Patients' advocate
• *The only reason we GPs need to control the money is it the only way to make the 'Bean Counters' listen to what our patients want. Everyone working in the NHS needs 'The patient comes first' tattooed on their forehead.*

Table 11. 63% of patients said they were satisfied with the amount of time it took to receive out-of-hours care. In your area, do you feel the out-of-hours service is working well?



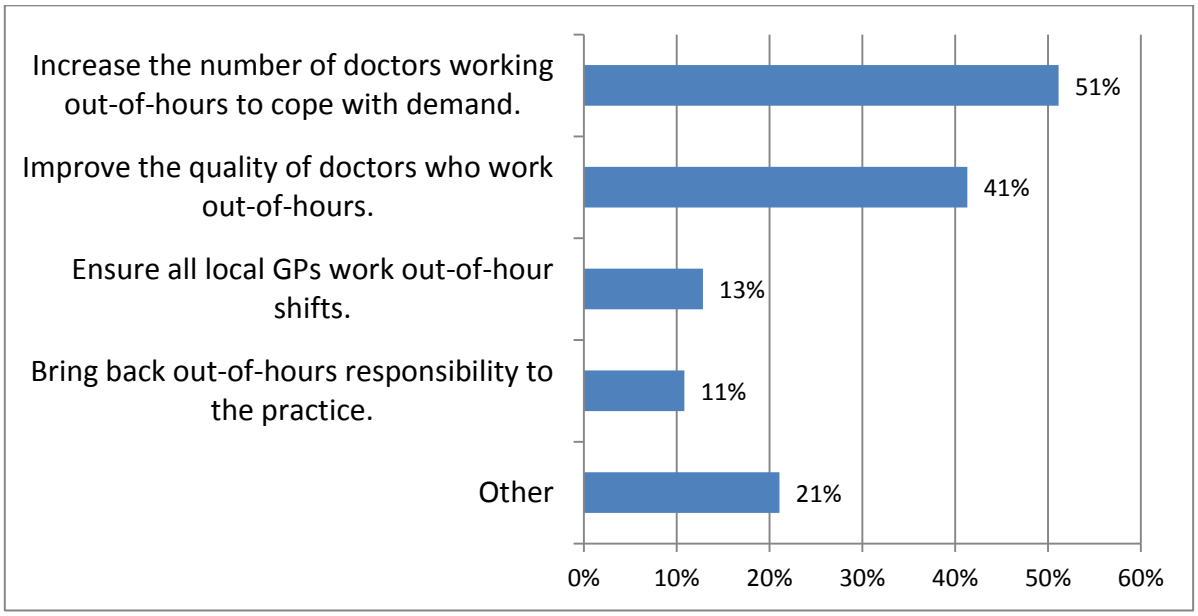
Number of respondents: 702

Table 12. Do you feel that patients are using out-of-hours care appropriately?



Number of respondents: 702

Table 13. What changes would you make to improve the patient satisfaction with out-of-hours?
NB. Multiple selections were available.



Number of respondents: 702

Comments left for the "other improvement" option include:

Top answer: Better patient education

- *Attempt to educate patients about the role of the out-of-hours service to reduce demand.*
- *It isn't all about patient satisfaction - if we do that then GPs' work will just become like a supermarket. Patients need to be properly educated about appropriate use of OOH so that the system isn't bogged down with things that can wait till normal working hours. Some sort of streamlining so that people with genuine OOH problems can be prioritised and seen soon rather than having to wait hours for a call back from a nurse.*
- *More education of patients as to what needs urgent treatment and what can wait.*
- *Encourage patients to self-care more, encourage them to have access to their records so that they gain a better understanding of their one health and then are less likely to need to use out-of-hours services too.*
- *Don't think changes should be made but there is a need to tackle patient expectation and demand.*
- *Have some system in place where users who repeatedly attend for inappropriate conditions (e.g. chronic conditions) should receive some warning letter to make an appointment with their GP. Maybe ensure better access for OOH doctors to patients' details as complex cases are mismanaged in OOH.*
- *We will never fully improve patient satisfaction - the health service is too fixated on satisfaction. Increase education of patients about use of out-of-hours service. Encourage local GPs to work, but we are so burnt out after a week at work, doing weekends and evenings are no longer attractive. GPs would self-combust if OOH provision was given back to them.*

Better communication to patients

- *Less encouragement from the government to demand immediate treatment at any time for non-urgent problems.*

Better communication between services

- *Give OOH doctors the ability to discuss inappropriate use of OOH for minor conditions without it affecting their "ratings" by patients, and give them time to liaise with surgeries, and to give constructive criticism of GP surgeries who don't offer sufficient availability to patients who resort to OOH.*

Simplify/improve the system

- *Simplify the system for patients to contact the right service.*

- *Bases should be more local to the patient population - they have to travel too far at present and so go to casualty instead.*
- *Improve triage service NHS Direct/NHS 24.*
- *Charge for the service.*

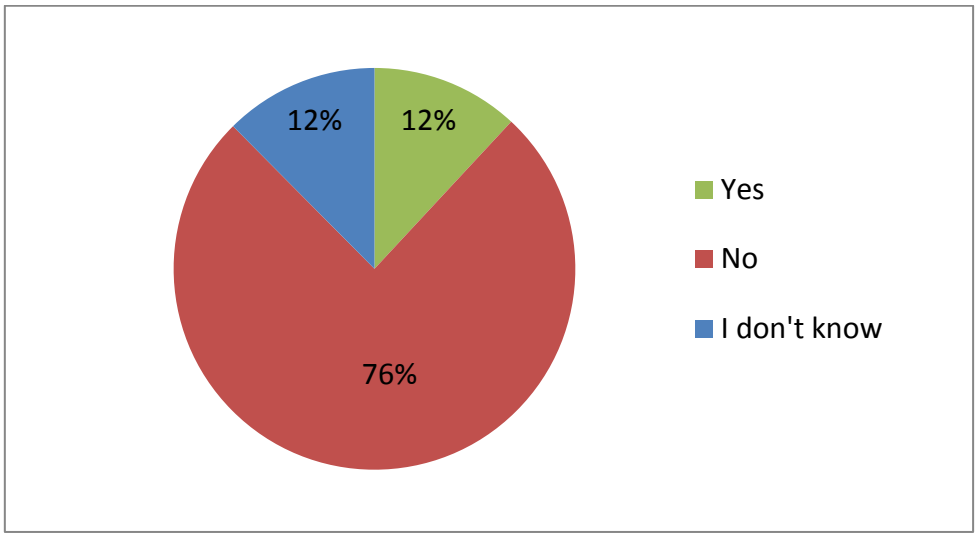
Better pay

- *Better pay rates for out-of-hours doctors*

Better training

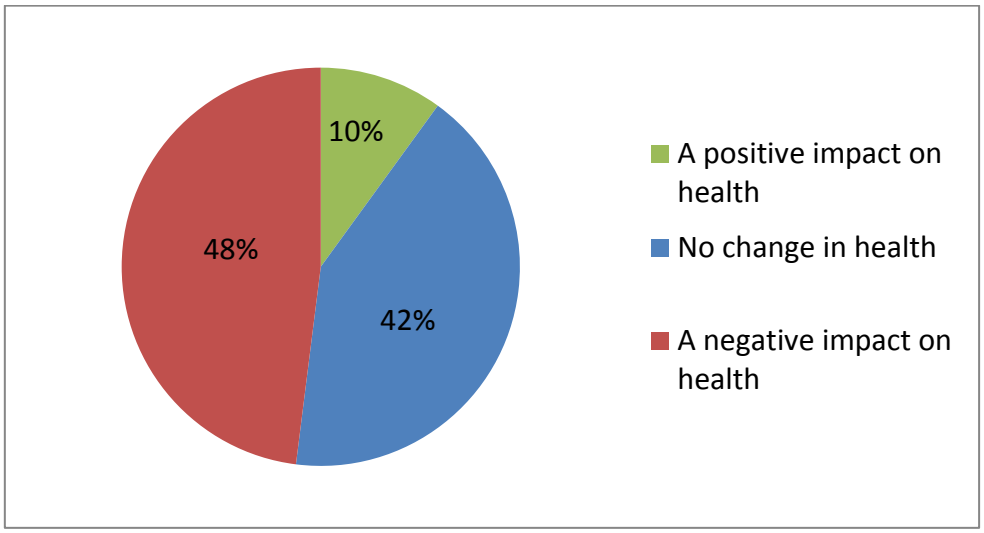
- *Raise the profile of OOH care with a separation of in hours and OOH care in training. Make OOH care a sub-speciality and fund it properly.*

Table 14. Do you agree that increasing GP surgery opening times and provision of 24 hour access has improved the overall health of patients?



Number of respondents: 702

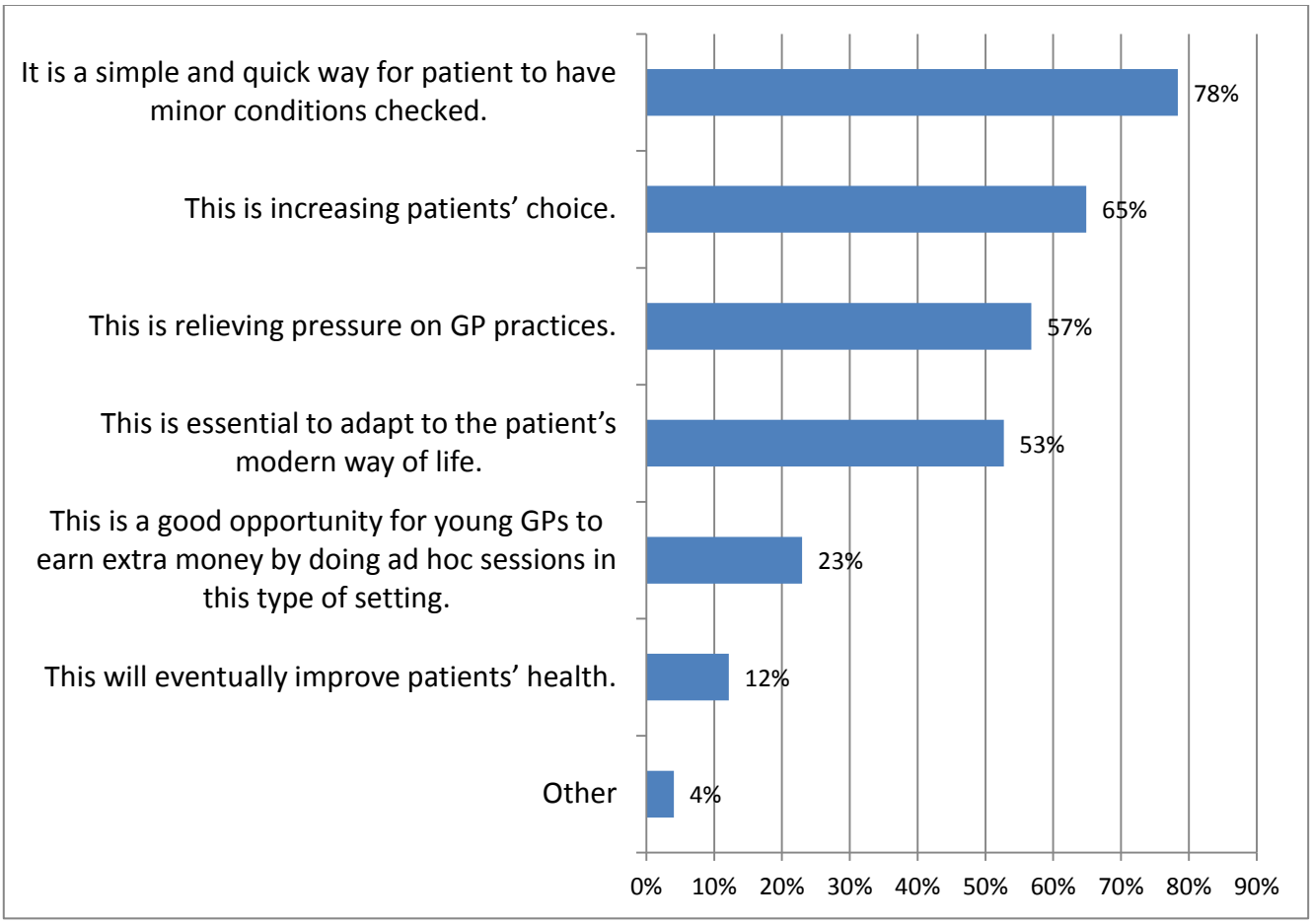
Table 15. Generally, what impact do you think private clinics offering almost round the clock care in areas such as retail centres have?



Number of respondents: 702

Table 16. In which way is it positive?

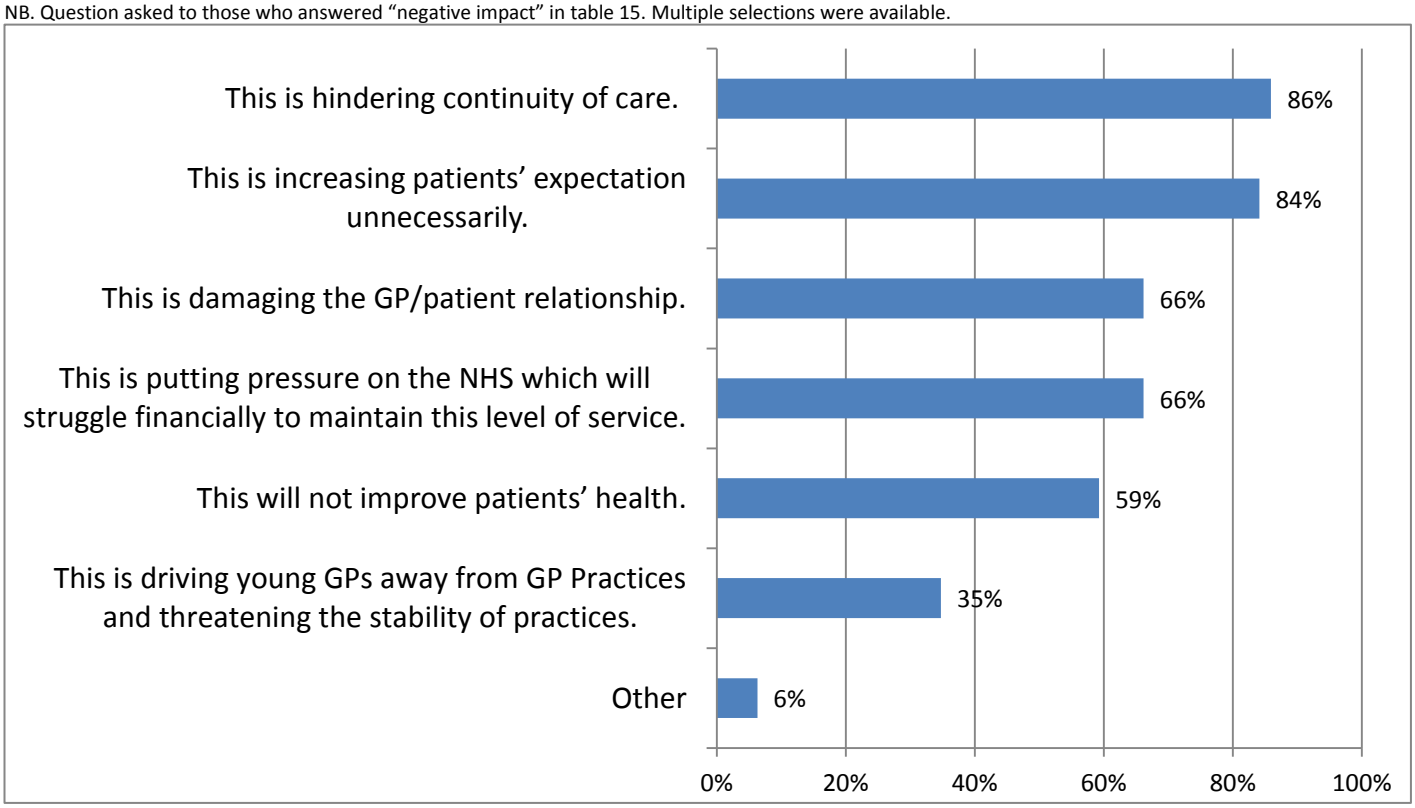
NB. Question asked to those who answered "positive impact" in table 15. Multiple selections were available.



Number of respondents: 74

Table 17. In which way is it negative?

NB. Question asked to those who answered "negative impact" in table 15. Multiple selections were available.



Number of respondents: 334

Comments left for the "other negative impact" option include:

- *Commercial pressures (e.g. to prescribe or issue certificates inappropriately in response to patient demand) will come to override clinical sense. It is complete and utter madness to introduce 'supermarket' principles to health.*
- *Encouraging urgent "reassurance" appointments for very minor things - reducing patient confidence to manage minor illness themselves. It also means that people with severe illness are being seen in the early stages when there are minimal signs, the patient feels reassured and they then delay seeking help when new symptoms develop until much later in the course of the illness.*
- *Just another element of NHS care for patients (like NHS direct) that will confuse them and offer a substandard service compared to their own GP who knows their background history. It is costly with limited improvement to patient care.*
- *Standard of health care given is short term and poor with no follow up.*
- *Unnecessary investigations or advice with the proviso "follow up by your GP if any questions".*

Table 18. Please explain why you think they will have no impact on health.

NB. Question asked to those who answered "no change in health" in table 15.

Answers include:

Referral back to GPs
• *Patients still end up being referred back to their normal GPs.* • *Patients with long-term conditions will continue to see GP.* • *Because if they function in much the same way as current OOH services, the likelihood is that they will simply encourage patients to come to their GP in hours anyway - so the management of the clinical problem is deferred rather than tackled properly at presentation.* • *Getting a one off consultation in markets can only help little. Some people with organic disease may be picked up by opportunistic screening but a large number of functional problems will not have a quick fix - but this will increase burden on registered GP to try and explain what was said in the 'market' clinic.*
Encourages dependency
• *Does not affect lifestyle / responsibility for health.* • *Most health issues require continuity of care, from the patients point of view in the short-term they may perceive a positive result to be seen round the clock, however the negative side of this is instant gratification and a reduced capacity to cope with even minor ailments or symptoms this learnt behaviour then reflects on future demand. The health benefit of general practice 24 hours a day will have no impact other than encourage dependency.*
No continuity of care
• *The work done in these clinics is very basic. They do not provide any follow up, which is dumped on to GPs.* • *There will be lack of continuity and lack of communication.* • *To make any difference to the long-term health of a patient you need to know them, you need all their records, history and access to investigations. Dealing with short-term complaints will have zero health impact.*
Improves access not health
• *Improving access is not proven to improve health though it may improve satisfaction.* • *Gives patients more access to healthcare but not helping with underlying increase in poor lifestyle choices,*

obesity, and depression prevalence. • *One stop consultations with no health promotion.*
Not a cost-effective, long-term option
• *They constitute a "sticking plaster" solution, not an enduring, cost effective option.* • *There will be more money spent on doubling up of workload on the worried well, who will control the spending on medication with lots of clinicians with fingers in the pie? […] Cherry picking of the easy protocol driven medical problems with no one taking overall responsibility for diagnosis.* • *Duplication of service and a further reduction in patients' willingness to self-care.*
For the worried –well
• *Small, self-selecting, generally well cohort of patients.* • *They satisfy consumerist demand which does not equate with need.*
Not affordable to everyone
• *Too expensive to be used more than very occasionally by most patients.* • *Private clinics are not affordable to most of the population.*
Patients taking advantage of the system
• *Patients mostly want second and third opinion. The more convenient the access the more it is used. But not always appropriately!* • *How do you know patients aren't playing one doctor off against another and getting double amounts of analgesia?*