

# Patients' opinions on the services provided by a general practice: a community health council survey

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**SUMMARY.** A survey of 105 patients selected from a single general practice was undertaken by the local community health council to determine patients' opinions on the services provided. Although it had not originally been designed for studying individual practices the questionnaire produced much valuable information and complemented the 'What sort of doctor?' assessment.

## Introduction

THE 'What sort of doctor?' programme<sup>1</sup> in which two general practitioners (who have already submitted to the procedure) inspect the practice of a third according to a detailed protocol<sup>2</sup> is now quite well developed as a method of assessing a general practitioner within his or her practice. However, the opinions are those of fellow practitioners and no attempt is made to gain and evaluate the opinions of the patients. On the other hand, Cartwright and Anderson's survey<sup>3</sup> of the opinions of patients about the services they receive from general practitioners drew its sample from the population as a whole and thus the results were not applicable to a particular practice.

Early in 1984, in order to supplement the 'What sort of doctor?' assessment of his practice the author asked the Medway Community Health Council to organize a questionnaire survey of his patients and their opinions. The council responded with enthusiasm and after discussion with the Health Services Research Unit at the University of Kent, they produced a questionnaire based on that of Cartwright and Anderson, to which they had added a few questions of their own.

The project was discussed with the practice team. It was accepted that everyone would have to be prepared to accept criticism, but all were confident enough to give the survey their support.

## The survey

### Questionnaire

The questionnaire consisted of 101 questions with 244 potential responses. In addition to personal data about each respondent, it covered the following areas with a mixture of open, closed and coded response questions: (1) personal attributes, responsiveness and professionalism of the doctor; (2) practice arrangements for accessibility and availability; (3) attitudes and functions of other members of the practice team and (4) special areas, for example, screening, minor operations and women's problems.

### Sample

A random sample of 150 patients were identified from the age-sex register by random number. The community health

council then recruited a team of voluntary interviewers who were able to interview 105 out of the 150 patients. The interviews took on average an hour to complete. Everyone was seen at home by appointment made by telephone; those without telephones were visited twice and dropped from the survey if they could not be contacted or would not agree to be interviewed.

The age-sex structure of the sample interviewed was reasonably representative of the practice population although the proportion of females was 60% compared with 55% in the whole practice.

### Patient satisfaction results

A large amount of information was generated by the survey and detailed analysis proved difficult. The results were compared with those reported by Cartwright and Anderson but, although there were similarities, the difference in the sampling method and the use of percentages rather than numbers in their published figures made valid statistical comparison impossible.

The Likert scale used for most of the questions (very dissatisfied – dissatisfied – satisfied – very satisfied) allowed an arbitrary minimum level of satisfaction to be set. Given the generally high level of satisfaction expressed by patients both in Cartwright and Anderson's and the present study, it was decided that an 80% satisfaction level was the minimum acceptable for the various aspects of the practice studied. More than 80% of respondents were found to be 'satisfied' or 'very satisfied' with:

- The doctor
- The receptionists
- The appointments system
- Encounters with other professionals
- Willingness to visit
- Speed of referral

Conversely, if more than 20% of respondents expressed dissatisfaction this was taken as meaning that the area concerned should be carefully studied. More than 20% of respondents were 'dissatisfied' or 'very dissatisfied' with:

- Difficulty in seeing the doctor
- Delay before appointment available
- Amount of information requested by receptionists
- Time spent in waiting room
- Getting advice by telephone
- Doctor hurried and brusque

This list of problems is now being addressed.

## Discussion

This study was an attempt to evaluate the efficiency and efficacy of a general practitioner in his practice by eliciting the opinions of the consumers in a systematic way. There is clearly scope for repeating the exercise with a questionnaire designed and validated for the purpose.<sup>4</sup>

The Medway Community Health Council demonstrated their keenness to be involved in the assessment of general practitioners and the services they provide. Presumably other community health councils have a similar enthusiasm and as a major

link with consumers they should be encouraged to carry out such surveys. Certainly relationships with the community health council have greatly improved as a result of this exercise.

The survey demonstrates how a community health council can successfully be involved in obtaining patients' opinions on the performance of a general practitioner within his or her practice in a manner that usefully complements the 'What sort of doctor?' assessment.

### References

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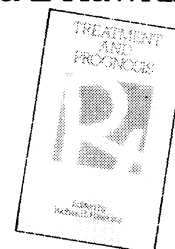
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