

Why do patients change their general practitioner? A postal questionnaire study of patients in Avon

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SUMMARY. *The aim of this confidential postal questionnaire study was to determine why patients change their general practitioner. Among 1423 patients who changed their general practitioner without changing their address the reason most commonly given for leaving a general practitioner was distance (41%) — three quarters of these patients mentioned only distance. Just over one third of respondents (35%) mentioned dissatisfaction with the personal care given by the general practitioner and 36% mentioned dissatisfaction with practice organization. Specific patient requirements, such as a woman doctor, were not commonly mentioned. Convenience was the commonest reason given for choosing a new doctor (53%), with recommendation or reputation mentioned by 36% of respondents and positive expectations of service by 37%. The proportion of patients that changed from any one practice was small.*

This type of survey may prove a useful method for family health services authorities to identify practices with a higher than normal level of patient dissatisfaction.

Keywords: *patient choice of doctor; patient attitude; patient satisfaction; travel to surgery; GP services.*

Introduction

IN the white paper *Working for patients*, the government urged family health services authorities to determine whether the population within their area was satisfied with the medical care provided by general practitioners.¹ Since patients who change their general practitioner without moving address might be expected to comprise a cohort with a good number of dissatisfied patients, it was decided to survey this group to determine their reasons for leaving their previous doctor.

Method

The study took place in the county of Avon, England where there are 530 general practitioners in approximately 160 practices, looking after about 900 000 patients. To put the study into context, during the six month period 1 April to 30 September 1990, 25 478 patients in Avon changed their general practitioner, usually because they changed their address. Most of the study sample were taken from this number. During the six month period there were 77 complaints about general medical services to the family health services authority, 12 of which went to a statutory hearing.

The family health services authority identified all patients in Avon who left their general practitioner's list and joined another

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without changing address, between 1 March and 31 October 1990. Family health services authority staff sent a confidential questionnaire to each patient aged 12 years and over together with a freepost envelope and a new medical card. If more than one patient with the same surname at the same address left a doctor at the same time only one questionnaire was sent. To avoid limiting patients' accounts with preconceived notions of relevance, the question asking about the reasons for leaving was an open question, as was a supplementary question about reasons for choosing the new doctor.

In all, 3080 questionnaires were sent out to patients in 158 practices. As this survey was conducted over the period when the new contract for general practitioners² was introduced and the family health services authority staff were under great pressure, it is not certain that all eligible patients received a questionnaire.

Coding categories on themes emerging from the first 100 questionnaires returned were devised independently by M W and members of the University of Bristol general practice unit and themes were coded independently by two members of the same unit. Coding was examined by B B. Differences were discussed with the two coders and agreement between them reached where possible. Resolution of differences usually entailed a simple clarification of coding criteria. Confidence in coding reasons for leaving was sometimes enhanced by reasons given for choosing the new doctor. However, it was also clear that choice of a new doctor may be independent of the reasons given for leaving. For example, a patient might complain about a doctor's behaviour, yet give only convenience as the reason for choice; or femaleness might be given as a choice factor with no intimation that sex played a part in the decision to leave. Inter-rater agreement was strong ($\kappa = 0.97$; 1.00 = perfect agreement).³ One of the coded data sets was therefore selected at random, and investigated using SPSSX.⁴

Results

Completed questionnaires were received from 1678 patients (54.5% response) from 153 practices within six weeks of the end of the survey. It is known that at least an additional 1321 patients transferred as family members of respondents. One practice closed a branch surgery during the survey period and contributed 255 respondents (15.2% of respondents). As more than 90% of these patients cited only distance as the reason for leaving the practice, and since the aim was to identify a sample of dissatisfied patients, it was decided to exclude all of these respondents from analysis. The study sample therefore consisted of 1423 respondents.

The list size was known for 136 of the 158 practices where patients had changed doctor. Excluding the practice which closed a branch surgery, where respondents plus non-respondents (that is total changing general practitioner) constituted 4.5% of the list, for no other practice did respondents plus non-respondents constitute more than 1.4% of the total list size. In 102 practices they represented less than 0.5% of the list, in 23 practices between 0.5% and 0.99%, and in 10 practices between 1.0% and 1.4%. Numerically, 46 practices lost up to 10 patients, 67 lost 11-20, 24 lost 21-30, 10 lost 31-40, five lost 41-50, and five lost 51-60.

Reasons given for changing doctor fell into three groups: patient requirements, difficulties with the practice and problems with the doctor; 742 patients (52.1%) made 789 mentions of patient requirements, 507 patients (35.6%) made 651 mentions of difficulties with the practice, and 504 (35.4%) made 918 mentions of problems with the doctor (Table 1). Many patients cited one or more reasons in one or more of the sections: 80 patients reported problems with the doctor and patient requirements, 143 difficulties with the practice and patient requirements, 157 problems with the doctor and difficulties with the practice and 24 cited reasons in all three areas.

The reasons given by patients for choosing the new doctor are summarized in Table 2. A total of 2202 reasons were given by 1387 respondents. Convenience was mentioned by many respondents but the influence of family and recommendation/reputation was also apparent. Expectations of good or better service were mentioned by 36.6% of respondents.

Table 1. Reasons given by respondents for changing doctor.

Reason for changing	% of respondents ^a (n = 1423)
<i>Patient requirements</i>	
Distance a problem	40.5
Want family with one doctor	5.3
Want a woman doctor	4.3
Want alternative medicine	1.5
Obstetric needs	1.0
Other requirements	2.9
<i>Difficulties with practice</i>	
Long waits	13.1
Doctor retired/resigned	8.9
Lack of continuity of care	6.3
Receptionists rude/unhelpful	5.8
Reduced area of practice	3.6
Appointment system preferred	1.3
Open surgery preferred	1.1
Other staff rude/unhelpful	0.8
Other difficulties	4.8
<i>Problems with doctor</i>	
Lost confidence in doctor	21.4
Doctor not interested	10.4
Doctor rude/behaved badly	9.8
Doctor's prescribing criticized	5.4
Doctor hurried	4.0
Doctor refused/reluctant to visit	3.9
Doctor's communication poor	3.5
Doctor refused/reluctant to refer	2.4
Other problems/not specific	3.7

n = total number of respondents. ^aRespondents often cited more than one reason.

Table 2. Reasons given by respondents for choosing new doctor.

Reason for choosing doctor	% of respondents ^a (n = 1423)
Convenience	52.6
Good/better services ^b	36.6
Recommendation/reputation	36.3
Other family members with GP	13.6
Good/better facilities (access, buildings, parking, etc.)	9.3
Other reasons	6.3

n = total number of respondents. ^aRespondents often cited more than one reason. ^bIncludes wanting a woman doctor and alternative medicine.

The percentages of patients citing patient requirements as a reason for leaving were small, apart from distance (Table 1). Of the 61 patients (4.3%) wanting a woman doctor, five were male, but each mentioned his partner's wishes. More respondents (8.6%) cited wanting a woman doctor as a factor in their choice of new general practitioner. The same applied to alternative medicine (2.8% versus 1.5%). Seventy five patients (5.3%) said they were leaving so that their family would be registered with one doctor and again, more patients cited this as a factor in choice of new doctor (13.6%).

The commonest difficulties with the practice cited were long waits, doctor retired/resigned and lack of continuity of care (Table 1). Receptionists were more often mentioned as rude/unhelpful than other practice staff, but, taken together, these two factors represent the third largest category of practice difficulties. Difficulties associated with reduced area of practice were usually presented as doctor instigated (48/51, 94.1%).

Of the 918 problems with the doctor lost confidence in the doctor (304 respondents) accounted for one third (Table 1). A number of patients stated that the doctor was not interested in the patient or the patient's concerns, was rude/behaved badly, hurried, and refused or was reluctant to visit or to refer.

Overall, the commonest expressed reason for leaving was distance (577 respondents, 40.5%). Most of these respondents (428, 74.2%) gave only distance as a reason for changing doctor. Specific reasons included becoming aware of practices that were closer to their home and difficulties with transport. Comparison of the other reasons given by patients who cited distance (149 respondents) with reasons given by patients who did not cite distance (846), showed that more patients who cited distance mentioned doctor retired/resigned (20.1% versus 11.8%).

Discussion

Identifying a sample of general practitioners' patients who are dissatisfied with their care is not easy. The method employed in this study provides a picture of patients who have left their general practitioner's list without changing their address over an eight month period. The sample identified here might be thought likely to include the most dissatisfied patients. Each practice, though, contributed only a small proportion of patients. It might be suggested that, in answering open questions, some respondents might not include all their reasons for dissatisfaction, or include relatively minor concerns, but it seems likely that the strongest reasons have been recorded.

The 55% response rate achieved in this study with one mailing of the questionnaire is fairly low. However, even if it is assumed that non-respondents and non-surveyed family members of respondents all left because of dissatisfaction, the level of dissatisfaction in Avon sufficient to prompt patients to leave their doctor would still not exceed 0.5%.

The results of this study show that dissatisfaction with a doctor usually indicated loss of confidence, but criticism also concerned rudeness, prescribing and doctors' apparent lack of interest in patients or their concerns. Fewer patients reported poor doctor communication as a problem than might be expected from the literature^{5,6} but this category was restricted to patients' explicit mentions, which were less frequent than examples given of behaviour constituting poor communication skills and coded in the other doctor problem categories. Criticism of practice organization centred on long waits, lack of continuity and unhelpful receptionists. Perceived shortcomings of receptionists may actually reflect their 'gatekeeping' role,⁷ and doctor retirement/resignation could imply criticism of the remaining doctors.

Forty one per cent of the patients in this study mentioned distance as a reason for leaving their previous doctor, and 30% gave distance as the only reason. It was found that patients were more likely to mention a doctor's retirement or resignation if they

mentioned distance than if they did not. This could suggest that a patient's loyalty to or satisfaction with an individual general practitioner overcomes the inconvenience of distance.

Although low levels of expressed dissatisfaction were found in this study, it is possible that some dissatisfied patients either decide to stay with a particular doctor or change their allegiance to another doctor within the same practice. The reasons for examining patients' satisfaction in greater detail than has been done here, centre on evidence that global satisfaction may mask dissatisfaction with specific aspects of health care.^{8,9} Well-constructed satisfaction surveys¹⁰⁻¹² of random samples of patients will be needed to uncover specific areas of unhappiness with general practice, but this study suggests areas which give patients cause for concern.

Studies such as this can help family health services authorities gain an overall picture of the level of dissatisfaction with those practices providing general medical services for their area. Problems with individual doctors will not usually be identifiable, but practices with greater than normal levels of dissatisfaction may merit closer examination. One of the stated purposes of the new contract for general practitioners² was to encourage patients to change doctor if they were dissatisfied with the service provided by their present doctor. However, responses from patients in this study indicate that the commonest reason for choosing a general practitioner is still convenience, with recommendation or reputation being mentioned by about a third of respondents.

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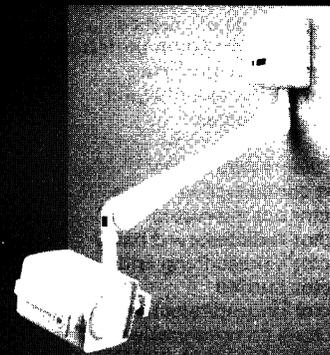
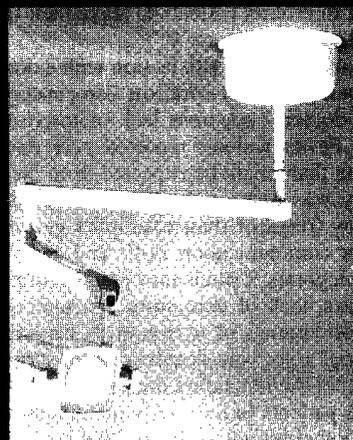
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