

Practice charters: a survey in South and West Devon

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SUMMARY

A postal survey was conducted in 1995 in South and West Devon to explore the perceived value of practice charters; 79 (77%) of the practices surveyed had a charter and 24 (23%) did not. Three-quarters of responding practices with a charter felt that its effects were neither positive nor negative. Fears about charters raising patients' expectations and increasing the number of complaints appear to have been unfounded, but at least 14 of the practices were still not intending to produce their own charter.

Keywords: practice organization; practice charters; postal questionnaires.

Introduction

SOON after the introduction of The Patient's Charter in 1992, Family Health Services Authorities (FHSAs) in England were instructed to 'facilitate the development of charters by primary health care teams'.¹ However, by June 1995 only 68% of practices in England had produced their own charter, with compliance varying from 54% to 84% between different FHSAs in the South and West Region.² Many general practitioners have been apprehensive about introducing practice charters and some have refused to cooperate.

Methods

A self completion postal questionnaire was devised to investigate the implementation and impact of practice charters. It was sent to all 103 practices in South and West Devon in August 1995 for completion by a general practitioner (GP) or practice manager. At the time of the survey, 79 practices (77%) had already submitted a copy of their own practice charter, and 24 (23%) had not.

Results

Eighty-six completed questionnaires (84%) were returned. All 24 practices without a charter replied; their reasons for not having introduced a charter are listed in Table 1.

Sixty-two (78%) of the 79 practices with a charter responded, although not to every question. Asked for their main reasons for

Table 1. Main reasons for not producing a practice charter.

Reason	No. of practices (%)
Intending to produce a charter in the near future	7 (29%)
Likely to increase patient expectation	6 (25%)
Waste of resources	5 (21%)
Already achieving high standards	3 (12%)
No reason given	3 (12%)

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producing a charter, only 21 practices (34%) said they agreed philosophically with the aims of the charter, whereas 38 (61%) cited encouragement from the government and the FHSA. Twenty-nine practices (47%) agreed that financial inducements from the FHSA had influenced them. Forty-five practices (72%) had based their charter on the FHSA's model charter, and 21 (34%) on charters from other practices; 32 (52%) had also used other sources including journals and magazines. Only 7 practices (11%) had sought advice from Community Health Councils or patients.

In response to a question asking those 62 responding practices with a charter how they were publicizing it, 44 (71%) said they had displayed a poster in the waiting area, 27 (44%) said they had combined it with their practice leaflet, while 16 (26%) said they had produced a separate charter leaflet. Three practices (5%) had not publicized their charter to patients, and 39 (64%) felt there had been no response at all to their charters from patients.

Asked to rate the impact of the charter on their practices, 30 (49%) were not aware of any changes, 21 practices (34%) had reviewed some areas in their working practices, while five (8%) had introduced some major changes in the course of developing their charter. In five practices (8%) the charter had led to discussions of total quality initiatives and a review of all aspects of the practice. Asked if there had been an increase in complaints by patients, or a raising of their expectations, 78% of practices said that no change was noticeable; only 3% thought there had been a major increase in patient expectations and complaints. Overall, 46 practices (74%) thought that their charter had had neither beneficial nor negative effects.

Discussion

A wide variety of methods have been used to produce and publicize the practice charters, reflecting the individuality and independence found in general practice. Three-quarters of practices that had produced their own charter thought it had resulted in no positive benefits overall, suggesting that the adoption of a charter had not necessarily led to changes in practice. Most practices confirmed that the charter had not led to any increase in complaints or patient expectations. This may indicate that the quality of services provided is already generally high or that patients are unaware of charter standards because of lack of publicity.

The government views practice charters as a positive step. However, they appear to have had little impact on practices in Devon despite a high implementation rate. Formal evaluation will need to demonstrate convincing benefits to patients and their primary health care teams to overcome remaining resistance.

References

1. National Health Service Management Executive. *The patient's charter and primary health care*. Leeds: Department of Health, 1992. (EL88[92]).
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