Changes in patient satisfaction and experience in primary and secondary care: the effect of general practice fundholding

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SUMMARY

Background. *The contributions of patients' opinions to the evaluation of health care is widely acknowledged. This study investigates whether the patients of a fundholding practice perceived any changes in the services offered.*

Aim. *To examine the effect of general practice fundholding on patient satisfaction with both primary and secondary care services.*

Method. *In April 1992, questionnaires were sent to 180 patients in each of four second-wave fundholding practices and four non-fundholding practices in the former South East Thames region. This took place before any changes were made in the practices as a result of fundholding. Repeat questionnaires were sent 30 months later.*

Results. *The overall response rate was 70% in 1992 and 66% in 1994/1995. Satisfaction levels were generally high for primary care services and changed little over time. There was no evidence to suggest that fundholding GPs were less inclined to prescribe or refer to secondary care services. Waiting times for the first appointment with a consultant in secondary care had reduced between 1992 and 1994 for patients referred from the fundholding practices. However, there were no differences in the time patients had to wait for subsequent treatments or further investigations. One-fifth of the fundholding patients referred to secondary care were seen by the specialist in their doctor's surgery, and those seen in this setting preferred it.*

Conclusion. *Patients perceived no major differences in primary care services over the period between the two surveys. There was some evidence of preferential treatment for patients of fundholding practices, but only in waiting times for the first appointment with the secondary care specialist.*

Keywords: patient satisfaction; fundholding practices; primary health care; secondary health care.

Introduction

THE important contribution of patients' opinions to the evaluation of health care is widely acknowledged.[1,2] Patients' views have been seen as legitimate measures of the quality of care, and patient satisfaction provides an indirect measure of health outcome.[3] In addition, patient satisfaction is a contributor to outcome, as satisfied patients are more likely to cooperate with treatment.[4]

This study of patient satisfaction was undertaken as part of a larger study on GP fundholding in the South Thames area. The introduction of fundholding has led many commentators to predict that most patients of fundholders would receive a better service, particularly in relation to quicker outpatient appointments and inpatient care.[5,6] Others have predicted that patients might be disadvantaged, with fundholding GPs undertreating, under-referring, or encouraging their patients to opt for private treatment.[7]

The study was conducted to investigate whether the patients of fundholding practices had perceived any changes in the services offered. As practices vary considerably, it was necessary to investigate patient satisfaction over time in both fundholding and non-fundholding practices. Thus comparisons between practices could be made prior to fundholding, and again after half the practices had become fundholders.

The main objectives were to examine changes in overall satisfaction with primary care, patients' views on their GP's reluctance to prescribe and refer, use of private health care, waiting times, and satisfaction with secondary care.

Method

Four practices were selected from the 13 practices preparing for second-wave fundholding in the former South East Thames region. The practices were specifically chosen to cover a wide range of localities: urban London, outer suburban London, a more rural area, and a town on the south coast. One of the original practices chosen declined to take part and another practice was selected in its place. The four non-fundholding practices were selected to cover similar geographical areas and populations. These practices were of similar list size and fulfilled the criteria to become fundholders if they so wished. Three practices originally contacted declined and others were selected in their place.

An initial patient satisfaction survey was conducted in April and May 1992, before any changes had been made by the fundholders to their service provision. A sample of 120 individuals who had attended in the previous three months was selected from each practice using the appointment registers. The sample included 20 women and 20 men from each of three age groups (16 to 40, 41 to 60, 61 and over). Recent attenders were selected as it was considered that this group would base their responses on recent experiences. To investigate the experiences of patients referred to NHS secondary care, a sample of 50 patients referred in the previous year was drawn from each practice. Patients referred to services not included in the fundholding budget were excluded.

Patients selected were sent a postal questionnaire and a covering letter assuring confidentiality. Non-responders were followed up by a postcard three weeks later and by a second questionnaire three weeks after that.

A questionnaire was specially designed for this survey to include questions relevant to any changes that might have taken place because of fundholding. More general patient satisfaction questions were taken from questionnaires used in studies undertaken by the Centre for Health Services Studies at the University of Kent at Canterbury.[8] The questionnaire was piloted in one practice beforehand. The questions were mainly linked to specific episodes (for example, the last time the patient visited the GP or the last referral to the specialist). A number of questions asked

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for specific details, such as travelling distance or waiting times.

A follow-up survey was conducted 30 months later. As the pilot study revealed a sizeable turnover of patients in some of the practices, a decision was made to select a different series of patients for this sample. The sample of patients referred to secondary care was increased from 50 to 100 as other studies on fundholding had shown that changes were more likely to occur in secondary care. The 1994 questionnaire included more questions on secondary care.

Statistical analyses were conducted to compare the results from the fundholding and non-fundholding practices using the Mantel-Haenszel procedure of combining multiple contingency tables.[9] This was necessary as the practices were considered as four pairs (each comprising a fundholding and a non-fundholding practice). In this procedure, a contingency table for each pair of practices was constructed. The chi-square association value was based on the aggregation of the four contingency tables, provided that the homogeneity component was non-significant. The differences between fundholding and non-fundholding practices were compared for 1992 and then 1994. The 5% level of significance was adopted.

Statistical analyses were conducted on the following variables in 1992 and 1994: overall satisfaction with care, willingness to change to another practice, GP's reluctance to prescribe, GP's willingness to refer, referral waiting time, time in waiting room, and waiting time for subsequent treatments. Significant results (association and homogeneity components) are reported.

Results

The overall response rate was 70% (949/1360) in 1992 and 66% (1158/1760) in 1994. Response rates varied considerably according to practice, from 48% to 86%. In general, response rates were lower in practices covering areas of greater deprivation.

The demographic details of the sample are shown in Table 1. No differences were found between the responders in the fundholding and non-fundholding samples nor between those responding in 1992 and 1994.

Satisfaction with primary care services

Patients were asked a series of questions on services offered by the practice. Overall, high proportions of patients were satisfied with all services and little change was found between 1992 and 1994.

To the question 'Overall, how satisfied are you with the care you get from your doctor's practice?', patients could answer 'very satisfied', 'satisfied', 'dissatisfied', or 'very dissatisfied'. In 1992, 94% (394/421) of 'fundholding' patients (those from fundholding practice) and 96% (495/518) of 'non-fundholding' patients reported that they were either very satisfied or satisfied. This compared with 94% (523/555) of fundholding patients and 95% (570/598) of non-fundholding patients in 1994, indicating little change in overall satisfaction over time.

Willingness to change practice

Patients were asked whether they would consider changing to another practice. In 1992, 11% of fundholding patients (45/425) and 11% of non-fundholding patients (55/515) said they would consider changing. In 1994, the figures were 11% for fundholding patients (60/552) and 12% for non-fundholding patients (70/591). These results suggest that fundholding status had little effect.

GP's reluctance to prescribe

Patients were asked whether their doctor was 'too inclined' to prescribe, 'reasonable' about prescribing, 'reluctant' to prescribe. They could also indicate if they were uncertain. In 1992, 7% of non-fundholding patients indicated that their GP was reluctant to prescribe, compared with 3% of fundholding patients. This difference was significant (chi-square association component = 6.45, df = 1, $P<0.01$; chi-square homogeneity component = 0.47, df = 3, ns). However, in 1994 no such difference was found; equal percentages (3%) of patients from fundholding and non-fundholding practices indicated that their GP was reluctant to prescribe (Table 2). These results suggest that fundholding had no effect on reluctance to prescribe.

Table 1. Demographic details of samples.

Variable	Fundholding No. (%)		Non-fundholding No. (%)	
	1992	1994	1992	1994
Sex				
Male	182 (43)	220 (40)	240 (46)	249 (42)
Female	243 (57)	334 (60)	284 (54)	349 (58)
Age				
15 to 40	135 (32)	184 (33)	166 (32)	195 (35)
41 to 60	147 (35)	203 (36)	176 (34)	191 (35)
61+	142 (33)	170 (31)	181 (34)	168 (30)
Marital status				
Single	53 (13)	81 (15)	68 (13)	75 (13)
Married	281 (67)	372 (67)	370 (71)	429 (72)
Other	87 (20)	102 (18)	81 (16)	89 (15)
Employment status				
Employed	185 (44)	258 (47)	231 (44)	296 (50)
Unemployed	29 (7)	36 (6)	37 (7)	36 (6)
Retired/other	207 (49)	261 (47)	254 (49)	257 (44)
Health in past 12 months[a]				
Good	134 (32)	198 (36)	192 (37)	216 (37)
Fairly good	198 (47)	248 (45)	232 (44)	274 (46)
Not good	88 (21)	101 (19)	98 (19)	101 (17)

[a]Patient's own perception.

Table 2. Patient's perception of doctor's readiness to prescribe.

Variable	Too inclined to prescribe No. (%)		Reasonable about prescribing No. (%)		Reluctant to prescribe No. (%)	
	1992	1994	1992	1994	1992	1994
Fundholding	24 (6)	25 (4)	379 (91)	500 (93)	13 (3)	17 (3)
Non-fundholding	19 (4)	36 (6)	443 (89)	527 (91)	35 (7)	17 (3)

Table 3. Patient's perception of reported waiting time between referral and first being seen by the consultant.

Variable	Up to 1 month No. (%)		1 to 2 months No. (%)		2 to 6 months No. (%)		More than 6 months No. (%)	
	1992[a]	1994[a]	1992	1994	1992	1994	1992	1994
Fundholding	87 (41)	138 (48)	48 (22)	59 (21)	59 (28)	72 (25)	19 (9)	18 (6)
Non-fundholding	109 (45)	123 (39)	51 (21)	66 (21)	65 (26)	93 (30)	19 (8)	31 (10)

[a]Fundholding patients in 1992, n = 213; non-fundholding patients in 1992, n = 244; fundholding patients in 1994, n = 287; non-fundholding patients in 1994, n = 313.

GP's willingness to refer

Patients were asked, 'In the last 12 months, has your doctor been willing to refer you for a specialist's/consultant's opinion on your medical condition, when you felt it necessary?' They could answer 'yes', 'no, has not agreed', 'reluctant, but agreed after pressure from [me]', or 'not appropriate'. Of those patients for whom the question was appropriate, 92% (258/281) of fundholding patients and 94% (294/314) non-fundholding patients indicated yes in 1992; similar proportions answered yes in 1994: 94% (348/373) of fundholding patients and 91% (358/394) of non-fundholding patients. According to patients, there was no evidence to suggest that fundholding GPs were less willing to refer than non-fundholding GPs.

Experiences of secondary care

Information on referrals to private health care was collected in 1994. Although there was some variation between practices, fewer fundholding patients (11%; 38/347) were paying privately or using health insurance for secondary care than those from non-fundholding practices (17%: 66/394). Patients were asked a series of questions concerning their satisfaction with their most recent NHS referral to a specialist or consultant. Those who paid privately were excluded from the analysis.

Referral waiting time. In 1994, 48% (138/287) of fundholding patients reported that they were seen within one month, compared with 39% (123/313) of non-fundholding patients. In 1992, the figures were 41% (87/213) and 45% (109/244) respectively. The results from this part of the study suggest an improvement in waiting times in 1994 (according to patients' perceptions) for all four fundholding practices, but in only one of the non-fundholding practices. This difference is statistically significant (chi-square association component = 4.45 df = 1, $P<0.05$; chi-square homogeneity component = 2.42, df = 3, ns).

Quality of treatment received. Patients were given a series of questions about their most recent appointment with the consultant. High proportions (varying from 77% to 97%) of patients from each practice were satisfied with various aspects of the consultation. Patients were also asked the length of time spent in the waiting room prior to being seen. Overall, time spent in the waiting room for all patients in 1994 was much shorter than in 1992, but there was no difference in waiting times between fundholding and non-fundholding patients.

Subsequent treatment. In 1994, patients were asked how long they had to wait for treatment or further investigations after seeing the specialist. Eighty percent (205/257) of fundholding and 79% (226/286) of non-fundholding patients considered that they waited less than two months for further treatment or investigations, and approximately 45% of both groups indicated a wait of less than two weeks.

Outreach clinics

In 1994, three fundholding practices had arranged for consultants to see their patients in the surgery. Overall, the proportion of fundholding patients who saw the consultant in the surgery was 21% (15% in one fundholding practice, 19% in another, and 48% in the third).

The Mantel-Haenzel procedure was used to compare the perceptions of patients seen in the practice with those seen in the hospital on four variables: time waiting for the first appointment, time waiting in the surgery, time waiting for subsequent treatments, and distance travelled for these treatments. A contingency table was constructed for each of the three practices that offered this service.

Patients in the three practices indicated similar waiting times regardless of where they first saw the consultant. Their answers indicated no differences in their views about the quality of actual consultation. However, patients seen in the surgery setting considered that they spent less time in the waiting room than those seen in hospital. This difference was significant (chi-square association component = 8.19, df = 1, $P<0.005$; chi-square homogeneity component = 0.27, df = 2, ns). Similarly, patients seen in the surgery considered that they had to travel less far for subsequent treatments and investigations compared with those seen in hospital settings (chi-square association component = 10.92, df = 1, $P<0.005$; chi-square homogeneity component = 1.4, df = 2, ns).

Patients were asked where they would prefer to see the specialist or consultant. Seventy nine percent (46/58) of patients who had seen a specialist or consultant in the surgery indicated that they preferred this setting; only 3% said they preferred the hospital. Those who had only seen the specialist in hospital had much more mixed views: 30% (70/230) indicated the surgery, 35% (80/230) the hospital, and 35% expressed no preference.

Discussion

There are a number of inherent difficulties in measuring patients' views and satisfaction levels.[1,2] The quality of the data depends on a number of factors including data collection methods and the time gap between the patients' visits and the collection of their views. As this study focused on general practice fundholding, a decision was made to select patients recently seen. However, selecting recent attenders meant that higher attenders were over-represented and that housebound patients were underrepresented.

Although the overall response rate (60–70%) was reasonably high, variation occurred between practices. However, demographic details suggest that the responders were fairly representative of the total sample. The higher proportion of females was due mainly to the higher rate of female referrals to secondary care. Overall, the characteristics of the samples and the response rates indicate that comparisons can be made.

The results show high levels of satisfaction with primary care services. These are a common finding of patient satisfaction studies.[2] However, this study found some variation between practices. Other studies have suggested that a number of factors are important in determining patient satisfaction, including personal lists, non-training practices, and smaller practice size.[10]

Fundholding had no effect on the level of patient satisfaction with primary care services. This is perhaps not surprising as there was no evidence to show that services had changed substantially. Other studies have indicated that the clinical care of patients has been maintained.[11] This could be partly because fundholding budgets were initially based on historical spending patterns rather than on a capitation basis.[12]

Secondary care treatment

Although the 1994 survey indicated that patients from fundholding practices had to wait less time for their first appointment, there was no difference between the two groups in how long patients had to wait for subsequent treatments or further investigations. This is a similar finding to that of the Audit Commission.[12]

This study produced no evidence that the quality of treatment was different for the patients of fundholders. However, one change was the provision of 'outpatient clinics' within the surgery. This provision has been noted by others.[12] Three-quarters of patients who had seen a consultant in the surgery said they preferred this setting, and one advantage might be the reduction in travelling for future treatments and investigations, and a shorter wait at the appointment itself.

Overall, the findings suggest that no major differences had occurred in the primary care services received by patients between the two dates. Although there was some evidence of preferential treatment for the patients of fundholders, this was only in terms of the waiting times for the first outpatient appointment.

References

1. Fitzpatrick R. Surveys of patient satisfaction: 1 - Important general considerations, *BMJ* 1991; **302:** 887-889.
2. Baker R, Whitfield M. Measuring patient satisfaction: a test of construct validity. *Quality in Health Care* 1992; **1:** 104-109.
3. Greenfield S, Kaplan S, Ware J. Expanding patient involvement in care. *Ann Intern Med* 1985; **102:** 520-528.
4. Wilkin D, Hallam L, Doggert M. *Measures of need and outcome for primary health care*. Oxford: Oxford University Press, 1992.
5. Coulter A. Fundholding in general practice; early successes but will they last? *BMJ* 1992; **304:** 397-398.
6. Whitehead M. Is it fair? Evaluating the equity implications of the NHS reforms. In: Robinson R, Le Grand J (eds). *Evaluating the NHS reforms*. London: Kings Fund Institute, 1994.
7. Weiner J, Ferris D. *GP budget holding in the UK: lessons from America*. London: Kings Fund Institute, 1994.
8. Coyle J, Calnan M, Williams S. *Consumer satisfaction with primary care*. Canterbury: University of Kent, 1992.
9. Fleiss J. *Statistical methods for rates and proportions*. 2nd edition. Chichester: Wiley, 1981.
10. Baker R, Streatfield J. What type of general practice do patients prefer? Exploration of practice characteristics influencing patient satisfaction. *Br J Gen Pract* 1995; **45:** 654-659.
11. Howie J, Heaney D, Maxwell M. *General practice fundholding: shadow project - an evaluation*. Edinburgh: University of Edinburgh, 1995.
12. Audit Commission. *What the doctor ordered. A study of GP fundholders in England and Wales*. London: HMSO, 1996.

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