

Good health care: patient and professional perspectives

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SUMMARY

Many health needs assessment exercises are professionally led, employing complex epidemiological methods. An alternative method that gives valuable information about patient preferences is a forced-choice questionnaire, which this study used in five practices in the West of Scotland. In each practice, patient-centred care was the most highly valued attribute of service provision.

Keywords: health care; health needs assessment; forced-choice questionnaire; patient-centred care; service provision.

Introduction

HEALTH needs cannot be defined solely by professionals, since the effects of good health care are not realized in the medical world of the doctor but in the social world of the patient.¹ In contrast, health needs assessment exercises are frequently professionally led and involve epidemiological methods, which are often impenetrable without specific training.² The importance of incorporating the patient perspective when designing local services has now been recognized. However, there may be discrepancies between the criteria used by health professionals to inform health care provision and the features of services that patients consider desirable. A rapid method of comparing the relative importance of these would assist practices when deciding which services to provide. We report on the findings of a forced-choice patient questionnaire, which, as part of a larger health needs assessment exercise,³ asked patients to identify their most important criteria for local primary care services.

Method

Two health boards in the West of Scotland were involved in the study. During 1994–95, every practice in each area was categorized according to location, deprivation status, fundholding, and number of GPs. Individual approaches were made to selected practices by letter, follow-up telephone calls, and visits inviting them to participate in a pilot study of health needs. From this, five practices agreed to use the questionnaire.

The forced-choice patient questionnaire was designed to illustrate the perception of needs by asking patients what they thought constituted good health care. Originally developed and evaluated by Smith and Armstrong,⁴ 20 statements (10 generated from patients and 10 from professionals) were randomly paired

by computer programme (Excel) to produce 10 questions. The 10 patient statements were derived from preliminary interviews with patients selected from local general practices. The 10 professional statements were extracted from policy documents including the *Health of the Nation*.⁵ Views on this and other health board strategy documents gave an indication of what was considered to be good health care, as discerned by primary care clinicians, public health physicians, politicians, and health services planners. The random method of pairing ensured that every statement was exposed to every other statement an equal number of times. The same pairing of statements occurred only once every 192 times.

Two hundred and fifty questionnaires were given to each practice and distributed to the first 250 patients, aged over 18 years, attending the doctor. By this quota sample method, the questionnaires were completed and ready for analysis within two to three weeks. Patients attending to see other primary care team members, or specific clinics, were excluded. Participants were asked to tick the statement in each pair that they considered to be the more important of the two. Each pair was compared and the 'winning' statement identified. The statements were then ranked: 1 = high and 20 = low, according to which ones had been selected by most patients.

Results

The response rate to the forced-choice questionnaire varied between practices from 78–90%. The patient preferences for the 20 statements (10 patient derived and 10 professionally derived), as shown in Table 1, indicate that the characteristics described by the patient-derived criteria were the most popular.

Regardless of locality or practice size, the patients' most important requirement of general practice is to have a 'Doctor who listens and does not hurry me', which was ranked first in each practice. This is most commonly followed by issues of access and availability, which come from the patients' own criteria of good health care. The only professional criteria that scored highly concerned health checks. Minor surgery, fundholding, and medical education did not appear to concern consumers of the service.

Discussion

Findings from the forced-choice questionnaire illustrate that the views of primary care professionals, concerning what is important for health needs, are not closely matched by those of patients. The recent shift towards patient-centred medicine⁶ is perhaps important here, as it would appear that GPs who promote a patient-centred method of practice are more likely to satisfy the perceived health needs of their populations.

Patients' four most preferred criteria reflected a focus on personal care rather than physical expressions of service provision. The variability in importance of the rest of the criteria appears to be affected by knowledge of, and access to services and personnel. As Hopton⁷ commented, unless people have had direct experience of health care professionals and services, they will have little knowledge of their work and are unlikely to understand their roles.

Using a forced-choice questionnaire provides practices with a rapid method of discovering patient preferences on professional proposals.

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Table 1. Ranking of patient statements by practice.

Statement	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5
A doctor who listens and does not hurry me	1	1	1	1	1
Able to get an appointment in two days or less	2	2	3	4	3
A doctor who sorts out problems	3	4	4	2	2
Able to see the same doctor most of the time	4	3	2	9	4
Waiting time <20 minutes	5	5	7	11	11
Nurse working on the same premises	8	15	10	16	13
Staff that know me as a person	12	11	14	7	10
Home visit at any time	14	6	8	3	5
Friendly and encouraging staff	15	8	12	8	7

Table 2. Ranking of professional statements by practice.

Statement	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5
Regular cancer checks	9	9	5	5	8
Regular checks for heart disease	6	10	6	6	6
Every child immunized	13	7	9	13	15
All children's health checks done in surgery	10	16	11	15	17
Woman doctor available	7	12	13	19	9
Doctor who goes on regular courses	17	13	15	14	16
Chiroprapist and physiotherapist available	11	14	16	17	18
Surgery for minor problems	16	17	17	12	12
To be a patient in a fundholding practice	18	19	18	20	20
Well-decorated convenient premises	20	18	20	18	19

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