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Genitourinary medicine services; consumers' views

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Abstract

Three hundred patients attending a department of genitourinary medicine were asked their opinion of various aspects of the current services and those which should be provided in a new department. A majority of patients wanted the clinic to be open in the evening and to be sited away from the main out-patients department. Three quarters of the patients wanted to maintain an open access system although more than half would have liked appointments to be available. A small majority wanted to be addressed by name rather than number. Nineteen per cent of men and 50% of women wished to be examined by a doctor of the same sex but only 16% of men expected to be examined by a male nurse. Most patients did not want the result of the consultation to be sent to their general practitioner (GP) without their consent but 71% of women agreed to their GP being informed of the result of their cervical cytology test.

The purpose of the 1916 Venereal Diseases Act in the UK was to make services for the diagnosis and treatment of venereal disease available to patients regardless of their ability to pay; this innovation recognised the importance of facilitating patients' attendance at clinics in order to control the epidemic of syphilis and gonorrhoea during and after the first world war.

In 1990, we are facing the onset of another epidemic caused by the heterosexual transmission of human immunodeficiency virus and it is well recognised that genitourinary medicine (GUM) clinics will be in the forefront of the effort to control this disease. It is therefore important that GUM services should reflect the needs of patients who perceive themselves to be at risk. A recent report of a working group set up by the Department of Health[1] has delineated the problems faced by GUM clinics because of the poor quality of clinic premises and the inadequate staffing resulting from years of neglect.[2]

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The opportunities offered by an influx of government money should not therefore be missed, and in developing new departments and new services it will be important to be sensitive to the needs of patients in an age of consumerism.

The GUM clinic in Watford serves South-West Hertfordshire but draws patients from a wider area since some adjacent Districts have no service. The clinic is situated in old and unsuitable premises in the administrative block of the hospital, some distance away from other clinical areas, and is open for only 14 hours a week. All sessions are open access but because of the restricted accommodation some patients have to wait two or more hours even for simple treatments. The earliest time the clinic is open is 1 pm and the latest time for attendance is 5.15 pm. Money has recently become available to move the clinic into new premises and the opportunity was therefore taken to seek the opinions of patients about the facilities which they thought should be available.

Methods

We asked all patients who attended the clinic during the month of April, 1989 to complete a questionnaire while they were waiting to see the doctor. The questionnaire dealt with hours of opening, the need for an appointments system, the siting of a new department and the patient's preference with regard to being addressed by number or name and with regard to sex of the examining doctor and nurse. We also asked whether the patient would want his results sent to his general practitioner (GP).

Results

The questionnaire was completed by 171 men and 129 women. Of these, 161 (93 men and 68 women) had attended the clinic before and 139 were new patients. Forty eight patients had attended another GUM clinic in the past. No patient declined to participate but not all questions were answered in full.

CLINIC HOURS (TABLE 1)

Patients were asked to indicate during which two hourly periods between 8 am and 8 pm they would prefer to attend and during which they would find it impossible to attend. There was a strong preference for evening clinics and late afternoon clinics, the least popular time being mid-morning. There was no

Table 1 Clinic times preferred and rejected by sex of respondent

Sex of respondent (no) and response	No (%) of patients selecting indicated time:					
	8–10 am	10 am–12	12–2 pm	2–4pm	4–6 pm	6–8 pm
Males (171)						
Preferred	62 (36)	44 (26)	56 (33)	60 (35)	85 (50)	95 (64)
"Impossible"	57 (33)	57 (33)	45 (26)	46 (27)	26 (15)	34 (20)
Females (129)						
Preferred	47 (36)	35 (27)	50 (39)	50 (39)	72 (56)	87 (67)
"Impossible"	54 (42)	58 (45)	48 (37)	44 (34)	27 (21)	23 (18)

N.B. Most patients expressed more than one preference.

difference between the responses of men and women or between the responses of old and new patients.

APPOINTMENT SYSTEM (TABLE 2)

Although just over half the respondents would have liked to have had an appointment, more than three quarters wanted the open access system to remain.

PREFERENCE FOR FORM OF ADDRESS (TABLE 3)

The tradition at Watford has been to use the name for calling a patient into the consulting room. A small majority preferred this system but 40% of patients would have preferred to be called by their clinic registration number.

PREFERENCE FOR SITING OF CLINIC (TABLE 4)

Three quarters of the patients preferred the new clinic to be in a separate building rather than being part of the main out-patients department.

PREFERENCE FOR DOCTOR AND NURSE OF SAME SEX AS RESPONDENT (TABLE 5)

In the last 4 years all male sessions have been conducted by a female doctor but some female sessions have been staffed by a male doctor. For many years, all the nursing staff have been female. Fifty percent of women respondents wanted to be examined by a female doctor whereas less than one fifth of men wanted to be examined by a male doctor. However, more than one third of women would not have objected to a male nurse. Sixteen percent of all men attending would have preferred a male nurse but this increased to 35% of the 29 men who had attended another clinic.

Table 2 Preference for open access or appointment system

Sex of respondent (no)	No (%) of patients expressing indicated preference:		
	Appointments only	Open access only	Some appointments
Males (171)	43 (25)	83 (48)	45 (26)
Females (129)	26 (20)	60 (47)	42 (33)

Table 3 Preference for form of address by sex of respondent

Sex of respondent (no)	No (%) patients expressing indicated preference:		
	Number	Name	No preference
Males (171)	68 (40)	97 (57)	7 (4)
Females (129)	53 (41)	69 (53)	6 (5)

RESPONDENTS WISHES WITH REGARD TO COMMUNICATION WITH GENERAL PRACTITIONERS (TABLE 6)

Patients were reminded that the results of their tests were only sent to their GP if they had been referred initially by the GP with a letter. Although a small proportion of patients felt that the GP should always be informed and a similar proportion felt that the GP should never be informed, the majority indicated that each patient should be asked his wishes. Forty four men (26%) and 27 women (21%) had initially been referred to the clinic with a letter from their GPs but the responses of these patients did not differ significantly from the responses of patients who were self-referred. When female patients were asked about the results of a cervical cytology test, 71% felt that the GP should know the result.

OTHER COMMENTS

Patients were asked to make additional comments and most of these related to the poor quality of the clinic premises and the need for increased opening hours and a faster throughput of patients.

Discussion

For many years the commercial world has been customer orientated but recently the demand to satisfy clients' needs at all levels has appeared in the public services. No longer is it sufficient to provide a competent service; this should be provided in an

Table 4 Preference for siting of clinic

Sex of respondent (no)	No (%) patients expressing indicated preference:		
	Main out-patients	Separate clinic	No preference
Males (171)	35 (20)	127 (74)	9 (5)
Females (129)	29 (22)	93 (73)	7 (5)

Table 5 Preference for doctor and nurse of same sex as respondent

	No (%) of patients expressing indicated preference:					
	Sex of Doctor			*Sex of Nurse*		
Sex of respondent (no)	*Same*	*Opposite*	*NP**	*Same*	*Opposite*	*NP**
Males (171)	32 (19)	6 (4)	133 (78)	27 (16)	12 (7)	132 (77)
Females (129)	65 (50)	2 (2)	63 (49)	83 (64)	0	46 (36)

*No preference.

environment conducive to the consultation at a time suitable for the patient. These factors assume even more importance when we consider that in treating a patient with a sexually transmitted infection, we are contributing to the health of the community and hopefully preventing the development of late complications of disease so costly to the individual and to society. In developing services that are "user-friendly", genitourinary physicians are following in the tradition of British venereal diseases services in attempting to overcome those factors which prevent the attendance of patients and their partners at clinics.

The purpose of the Watford survey was to try to identify those factors which would improve patient satisfaction with the service in order to encourage others to attend. The promise of funding to build a new department provided the opportunity to assess our current patients' views.

In assessing the results, it should be remembered that the respondents were all current clinic patients who were able to use the clinic during the present restricted hours of opening. Patients who could not attend during these hours would have to attend another GUM clinic or seek help elsewhere and thus the data in table 1 may not be a true representation of the local demand. It was surprising that there was little support for an early morning session which we thought might have attracted patients on their way to work. We were also surprised that the least popular session was the mid-morning one which would have been suitable for women with school age children, for example.

It is likely that the current long waiting times were responsible for the demand for an appointment system. It should be noted, however, that if an appointment session replaces an open access session, the number of patients who can be seen is reduced and thus access to the clinic is reduced. For an appointment clinic to be beneficial, it should be in addition to open access sessions, and preferably run concurrently, so increased funding is required.

Table 6 Respondents opinions of need to send results to general practitioners

	No (%) patients wishing that the results of the consultation should be sent to GP:			
Sex of respondent (no)	*Always*	*Never*	*Only at patient's request*	*If a cytology result*
Males (168)	29 (17)	26 (15)	113 (67)	
Females (129)	16 (12)	13 (10)	100 (78)	91 (71)

The preference for siting the new clinic away from main out-patients reflects the stigma which still attaches to attendance at the clinic. There is currently a strong feeling amongst genitourinary physicians, encompassed in revised guidelines for the design of GUM clinics,[3] that departments of GUM should be sited in the main out-patients area. Although those working in the field may now find it hard to believe that anxieties about attending the local "VD clinic" still exist, we should be chary of trying to push our patients too far along this particular path lest we lose all that has been gained in obtaining their trust and collaboration.

The data relating to the sex of the attending doctor and nurse are the only data which show a significant difference in relation to the sex of the respondent. The responses may reflect the pattern of patient care within the clinic, since, for example, men unwilling to see a female doctor might seek care elswhere. Nevertheless, the fact that nearly 20% of men and 50% of women wanted to see a doctor of the same sex indicates that attention should be given to this demand. This may be particularly difficult to do in small clinics but larger clinics should be able to offer more choice. As anticipated, females generally expected to be examined by a female nurse but a few men objected to be examined by a female nurse. The view that male nurses are essential to staff the male side of the clinic has not been given credence in this study.

Most patients did not want their GPs to receive the results of their investigations, and thus know of their clinic attendance, without their consent. This reinforces the view that attendance at a GUM clinic is still regarded as a stigma. However, anxiety about the attitude of insurance companies to HIV testing may have been another reason for patients' reluctance. It was interesting, however, that in contrast, female patients were aware of the importance of their GPs knowing the results of their cervical cytology tests. This may indicate an understanding that one test must be seen in the context of previous tests.

After surveying patients opinions about services,

clinicians are able to plan new developments which are most suited to local needs and demands. Furthermore, data similar to those obtained in this survey may be useful in making a persuasive case for particular facilities, expecially when competing for limited resources. It would, however, be useful to obtain opinions from potential, as opposed to actual, users and this could only be carried out in association with local organisations, for example schools, colleges and occupational health services. Input from other interested groups such as self-help and rape support organisations as well as non-clinic based HIV counselling services would also be helpful.

As a result of this survey it has been possible to introduce an evening session and two morning sessions and two short appointments sessions which are all well attended. For almost all sessions a male and a female doctor are present in the clinic and patients who express a strong preference may wait to see the doctor of their choice. When a computer is installed in the near future it will be possible to incorporate other aspects of patient choice into our clinical practice such as the form of address and the sending of reports to GPs. We will also be able to assess our patients' responses to innovation by similar questionnaire surveys which will allow us to continue to improve our services in response to our patients' needs.

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