

“He treats you as a person not just like a number”

How important is personal care in general practice?

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ELPS

This is an experimental style of writing up a research paper, which is being tried out for this issue.

P+

The traditional style, in both long (EL, electronic long) and short (PS, paper short) versions appears on bmj.com, with additional references (indicated by P+)

Changes in policy and practice in primary care, such as the development of NHS Direct or walk-in centres, or the fact a GP practice may not be able to ensure a patient sees the same GP each time they visit, could have a significant impact on the ongoing relationship between patients and their doctor. Not being able to see a doctor who knows the patient or with whom the patient has developed a relationship could have an impact on that patient's personal care, according to this research.

Why carry out the study?

The extent to which patients are able to see the same GP or nurse over time (longitudinal continuity) has been suggested as important in promoting personal care.

However, changes in the organisation of primary care and the role of the GP, intended to improve some aspects of care, may reduce longitudinal continuity, and this in turn may threaten personal care.

For example, primary health care teams have been growing in size, and patients have greater choice of provider including the telephone advice service NHS Direct, and sometimes walk-in centres. A national policy has been adopted for appointments with a GP within 48 hours, and a report on the future of health services predicts further changes including the provision of much routine

care by nurses and assistants, allowing GPs to become more specialised. The new GP contract includes a proposal for practice rather than personal lists of registered patients.

Despite these changes, it is not clear whether concern about personal care is well founded, nor what action can be taken in response. The nature of personal care has been little studied; previous research has tended to focus on the GP-patient relationship, but there may be other ways of making care personal.

The background

This paper reports an interview study which explored people's experiences of personal care. The aims were to explore (i) patients' perceptions of the features of personal care, and how far these are shared by healthcare providers, (ii) whether a continuing provider-patient relationship is essential for care to be personal, and (iii) the circumstances under which a continuing relationship is important.

What were the main findings?

1 Patients' perceptions

a. Patients want human communication

Human communication, including good interpersonal or communication skills, was the most prominent theme in patients' accounts. They appreciated evidence of empathy, and the perception that providers listened and “had time” for the patient. Social talk and appropriate use of humour were also described (see opposite 1).

b. Patients want individualised or tailored care

Individualised diagnosis, treatment, and management was also an important theme, although patients were less likely than providers to explicitly describe personal care in these terms. GPs and nurses talked about tailoring their management of conditions and their

information-giving, and reception/administrative staff talked about tailoring their social talk, as specific ways of providing personal care (see opposite, 2).

c. Patients want whole person or holistic care

Many patients' accounts of personal care centred on dealing with the “whole person” in the context of their life and illness, rather than just treating the presenting illness. Patients often referred to the importance of professionals knowing about them and/or their family history. This theme also featured strongly in health professionals' accounts. It was particularly salient for nurses, who described themselves as specialists in this respect. Receptionists also emphasised the need to appreciate the life context surrounding a patient's behaviour (see opposite, 3).

d. How the accounts of patients, GPs, nurses, and receptionists differed

All accounts described personal care as treating someone as an individual person rather than just another patient. Patients tended to focus on the experience of receiving personal care, and human communication was central to this. Nurses often defined personal care as “holistic” care, and described this as fundamental to their role. GPs tended to focus on the importance of a continued relationship in developing personal knowledge, and maintaining consistency and effectiveness of treatment. Receptionists were particularly keen to ensure that the practice seemed friendly.

2 Is a continual relationship essential?

a. Did respondents think a continuing relationship was always necessary for personal care?

A continuing relationship was central to many accounts of personal care (see opposite, 4). Personal care in a relationship was valued for fostering trust and confidence, putting the patient at ease, facilitating open communication,

and promoting better long-term management.

However, even in continuing relationships, care was not seen as personal when previous consultations were not referred back to, or built upon, despite repeated encounters, or when patients felt they were not being responded to in an appropriate or human way.

Some patients reported receiving personal care in a single consultation with an unfamiliar provider (see right, 5). Patients' accounts of these "brief encounters" emphasised good human communication skills and empathy.

Many patients felt that the wider practice team, and receptionists in particular, were as important as individual health professionals in making care personal (see right, 6). This was reflected in receptionists' accounts, although some felt this role could be difficult, particularly when under pressure.

GPs were relatively unlikely to describe "practice level" personal care unprompted, but both nurses and receptionists felt that good communication within the practice team promoted personal care. This was viewed as particularly important for patients with complex or chronic problems. Practice level personal care seemed to be easier to achieve where all staff felt involved in the practice, shared common goals, and had developed informal ways of communicating about patients.

3. Under what circumstances is a continuing relationship important?

Where a patient's reason for consulting involved an acute, easily resolved problem, most patients and health professionals felt that care could be personal in a "brief encounter."

However, if a problem was long term, complex, or involved emotional concerns, a long term relationship was often seen as essential. Under these conditions interviewees felt that a health professional needed to be familiar with the patient's background and concerns, and patients were prepared to wait for an appointment in order to get this level of personal care (see overleaf, 7).

Patients who had already built up a relationship with a provider through past consultations emphasised the importance of a continuing relationship in making care personal. Patients who consulted several different health professionals (for example in a large practice, or because of the nature of their illness) were more

Features of personal care

1. Human communication

Patients' accounts:

"Dr O helped me a lot you see. I find it easier to talk to him cause he listens really, really well. He takes his time ... Yeah he likes to listen" (Patient 28)

Providers' accounts

"A lot of it is just listening to them; it is purely listening knowing that they know you are there for them and understand" (GP 3)

2. Individualised or tailored care

Patients' accounts:

(lack of personal care)

"He's usually got half the prescription wrote out before you even walk in ... like you're on a conveyor belt system" (Patient 38)

Providers' accounts

"It's about ... knowing what [patients'] expectations are ... tailoring the treatment to the person. You can't treat everybody just the same, because they are all different ...some people just need more time, more explanation." (GP 1)

3. Whole person or holistic care

Patients' accounts:

"I do find that if you're with the same doctor ... they know what's wrong, they've followed you through your life, they know about your family. My doctor will say to me ... 'your mother's got high blood pressure we'll have to check that next time you come' or whatever, and I like that because they can see patterns in people's lives" (Patient 31)

Providers' accounts:

"We have drug addicts, we have alcoholics, people who are very, very depressed ... some people find it very difficult to be compassionate towards someone who's standing there at the counter saying 'I want my drugs now' ... but people take drugs for different reasons, you know, they become involved for different reasons." (Receptionist 4)

4. Personal care in a continuing relationship

Patients' accounts:

"I think a one to one relationship obviously makes the care personal ... and really that's established over the years" (Patient 1)

Providers' accounts:

"As I understand it personal care is given to the same patient by the same doctor all the time, who knows that patient very well from his previous problems" (GP 1)

5. Personal care in brief encounters

Patients' accounts

"He was concerned, he'd got a lovely manner about him, and ... it wasn't a case of 'I'll pull you in, examine you and push you out', he talked, spoke all the time to me ... and that made you feel more at ease." (Patient 22)

Providers' accounts:

GP: ...I don't think (personal care) happens in a single consultation, I think it happens over a number of consultations

Interviewer: so is it impossible for care to be personal where you're just seeing someone in a single consultation?

GP: it's not impossible, you can see one patient just once and they can go away feeling happy ... so yes there is an element of personal care in that consultation (GP 7)

6. The role of the receptionist

Patients' accounts:

"It's gotta start from when you first walk through the door ... OK the receptionist shouldn't know any medical backgrounds but name-wise it's brilliant. You know, it puts you at ease." (Patient 39)

Providers' accounts

"I think it's quite important to have a bit of compassion ... the reception is the first step towards the doctor and ... where you get a complete blank wall as soon as you walk in, that is very off-putting ... Then when they go in to see the doctor they can have this defensive attitude with them" (Receptionist 4)

continued overleaf

7. When is a continuing relationship important?

Reason for consulting

'If I'd sprained my wrist I wouldn't care who I saw; but if it was something ongoing ... I would want to see my own GP, or if it was something of a more intimate nature, I wouldn't want to see any GP and I would wait to see him.' (Patient 18)

Consulting history

Interviewee: I try to keep to the one doctor ... Because if you keep going to different doctors how do they know you? I mean, as I said I've been with this one so long that he knows me quite well. Yes I like to see Dr X ...

Social context and lifestyle

"That's how it's been in the villages, we have a personal relationship with our vicar and the doctor" (Patient 1)

likely to feel that care could be personal in other contexts.

Patients who saw themselves as busy, or who had chaotic lives, were more likely to prioritise quick access, and were more likely to feel that they could get personal care without a continuing relationship. Some patients felt that continuing relationships were central to their way of life, and were less likely to describe personal care in other contexts (see above, 7).

Healthcare providers were pragmatic in their view of whether a continuing relationship was essential for personal care. GPs usually described continuing relationships as necessary for personal care, but if they had many patients with busy or chaotic lifestyles, they were likely to describe meeting patients' access needs as being part of making care personal.

How was the study done?

Interviews were carried out with 40 patients (domiciliary visits), 13 GPs, 10 practice and community nurses, and six practice administrative staff (within practice premises).

Six Leicestershire general practices took part, out of 12 approached, selected to ensure diversity. Practices varied in size (one single handed, two with two to four partners, three with five or more partners), location (two inner city, three suburban/urban and one rural), and patients (socio-economic and ethnic group characteristics).

We used a narrative-based approach in interviews, which lasted 30-90 minutes, all but two being tape-recorded and transcribed verbatim.

We then held three focus groups of patients (28 people) and four of health professionals (18 GPs, eight practice/community nurses, eight administrative staff) to test the validity of initial interpretations. Participants were recruited from participating practices and

a single-handed practices organisation. Participants discussed statements based on identified themes, and were invited to give contradicting examples or beliefs. Subsequently all original interviewees were invited to provide postal feedback on an interim report of the findings.

Why are these results important?

A continuing provider-patient relationship was seen as promoting the development of personal care, but care could also sometimes be personal in a single consultation with an unfamiliar professional, particularly where a problem was acute and/or easily resolved.

Personal care in the context of a relationship was important if problems were complex or emotional, as this enabled the health professional to become familiar with the patient's story; this accumulated understanding of the patient was seen by provider and patient as important in appropriate management.

In contrast, patients with potentially embarrassing problems sometimes (but not always) preferred personal care outside of a relationship. Finally, personal care could be a feature of the practice as a whole; interactions between patients and members of the wider practice team, and communication within the practice team were described as contributing to personal care.

GPs in particular emphasised the value of a continuing relationship in making care personal; this may reflect both their acceptance of traditional definitions of personal care and their specific professional values. However, it is clear that patients do not always regard an ongoing relationship as essential to personal care.

The findings of this study indicate that personal care in the context of a relationship is particularly valuable to patients who have complex or ongoing problems, or problems with a high

subjective impact. We are now studying in detail the circumstances under which a continuing relationship is given priority by patients.

The study found that patients and health professionals alike emphasise the value of personal care. This suggests that Primary Care Trusts, practices and individual professionals should ensure that personal care is maintained despite changes in primary care delivery. This means promoting other routes to personal care in addition to providing opportunities for continuing relationships.

Take home message

If GPs and other practice members wish to focus on developing personal care, possessing or developing communication skills would be an important step. Additionally, managers should make sure staff have the time and support to use communication skills effectively.

The study has highlighted that receptionists play an important role in patients' experiences of personal care; receptionists' contribution to practice level personal care should be recognised and supported by practices and would benefit from further research.

The organisation and culture of a practice was also seen as having an influence on personal care. Research to shed more light on this relationship would be of much value.

Changes in policy and practice in primary care could threaten personal care if they make it more difficult for patients to get care in the context of a relationship when they need it. Consequently practices should have systems that enable patients to consult in the context of a continuing relationship whenever they prefer to do so.

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