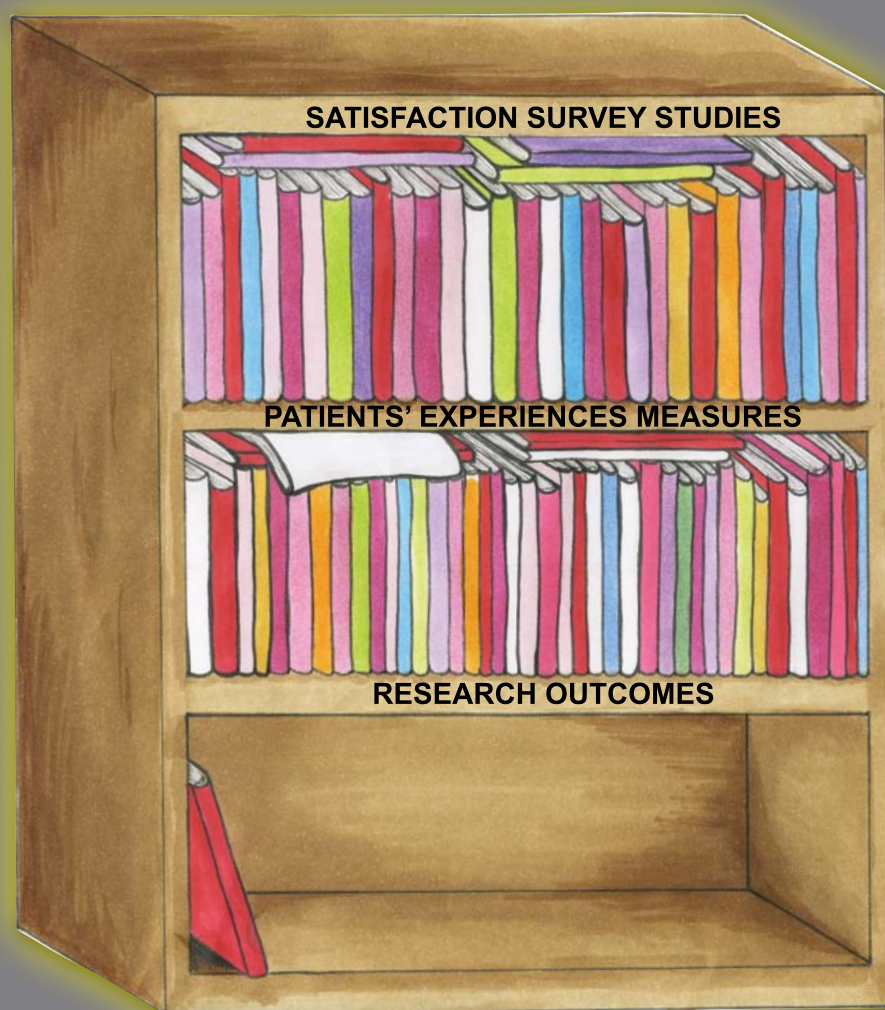


# Patients' experiences of primary health care services

A pilot study of patients' experiences of primary health care services



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# Patients' experiences of primary health care services

## Research Report

2014

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## **1 Introduction**

Patients' experiences are an indicator of the quality of a health care service from service users' perspectives. Patients' experiences data complement rather than replace other indicators of quality such as clinical effectiveness and safety. These three indicators – clinical effectiveness, safety and patients' experiences – are closely related and should be examined together. In some countries, such as the UK, patients' experiences data are used to inform quality improvement processes.

In Australia, the focus is on collecting data on patients' experiences rather than using the findings to improve service quality. One important barrier to using patients' feedback is professional scepticism about its value. Some practitioners argue that patients are not medical experts, and their perspective is therefore of no value. However, patients clearly have the capacity to report on quality indicators that matter to them. This is the cornerstone of a patient-centred health care system, as opposed to a solely technically-centred system.

Patients' experience surveys have begun to replace patient satisfaction surveys to measure the quality of health care services. Patient experience is feedback from patients on 'what actually happened' in the course of receiving care or treatment, both the objective facts and their subjective views of it (The Intelligent Board 2010). Patients' experiences provide a more discriminating measure of a health service's quality and performance than satisfaction surveys.

A number of different methods are used to measure patients' experiences, dividing broadly into qualitative and quantitative methodologies. Both methodologies are useful for different purposes. Qualitative data provide nuanced understandings of people's experiences of health care services.

### **1.1 Aims of study**

The aim of the pilot project was to investigate first-hand consumer experiences of primary health care services. Primary health care is delivered in the community, not in a hospital. Primary Care Services include services such as GP clinics, Community Health Centres, Physiotherapy Practices, and Counselling Services.

Twenty-four (24) people who had used a primary health care service in the Bayside Medicare Local (BML) area within the previous six months were asked to describe their experiences. They were asked questions about the efficiency of the service (e.g. access, waiting times), communication with clinical and non-clinical staff, provision of information, and ongoing support. Participants described what was good about the service and what was not good. They were also given the opportunity to make suggestions about how to improve the service.

## **2 Background**

Prior to the pilot study, a literature review was undertaken (Appendix 1). The objective of the literature review was to inform the design of the pilot study. The literature review identified six generic themes that are known to be important to patients. The six generic themes are:

- Feeling informed
- Staff who listen and spend time with patient
- Being treated as a person, not a number
- Patient involvement in care and being able to ask questions
- The value of support services
- Efficient processes

## **3 Methods**

### **3.1 Ethics**

This study was approved by the Alfred Hospital's Human Research Ethics Committee (HREC).

### **3.2 Workshop**

Five practitioners from a range of primary health care services<sup>1</sup> and five consumers attended a workshop. The practitioners and consumers were equally remunerated.

During the workshop, practitioners and consumers worked together to develop specific questions for the questionnaire.

### **3.3 Recruitment**

Members of the general community who use primary health care services in the BML area were invited to participate in this study. The following recruitment strategies were used:

1. Information about the project was published in the BML Bulletin.
2. A media release was circulated to local media outlets.
3. Consumers who attended the initial workshop were asked to inform people within their networks about the study.

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<sup>1</sup> Chiropractor, GP, Practice Manager, Mental Health Nurse, Maternal and Child Health Co-ordinator

In addition, seventeen Primary Health Care Services were contacted. Practice Managers and/or clinicians at these services were asked to inform clients about the research by posting a flyer in the waiting room (Appendix 2) and distributing the Participant Information document (Appendix 3). Five services agreed to inform clients about the research.

Some Practice Managers expressed a reluctance to collect data for Bayside Medicare Local. One practice manager stated that collecting data was “*too demanding*” for staff.

Our practice has just finished RACGP accreditation. It is too demanding for staff. It is another thing for staff on top of an already busy workload.

No payments, reimbursements or other incentives were offered to encourage people to participate in the research. The lack of remuneration prevented one Practice Manager from supporting the research.

There are plenty of patients but are they remunerated for their time.

### **3.4 Sample**

Twenty-three people completed the questionnaire online and one person completed a hard copy of the questionnaire. No participant requested a phone interview. The sample included twenty women and four men. Ages ranged from 36-79. The mean age of participants was 57. Participants indicated that they used a range of services within the past six months (Table 1).

**Table 1: Primary health care services used within the past six months.**

<b>Type of Primary Health Care Service</b>	<b>Number who used service</b>
GP clinic	21
Dentist	12
Physiotherapy Practice	6
Counselling/Psychology Services	5
Podiatrist	5
Community Health Centre	4
Chiropractic Practice	1
Mental Health Nurse	1

### **3.5 Data analysis**

The data was analysed using thematic analysis.

### **3.6 Strengths and limitations of the research**

The small sample size is a major limitation of this study. In addition, several participants stated that they had used several different services during past six months. This made it difficult to determine the service to which their specific comments referred.

### **3 Findings**

#### **3.1 Getting an appointment**

Participants were asked how long it took before they could get an appointment. Twenty-three participants responded to this question.

- Nineteen participants were seen as soon as they thought were necessary.
- Four participants stated that they should have been seen a bit sooner.

It is noteworthy that no participant stated that he/she should have been seen “*a lot sooner*”. The Menzies-Nous Australian Health Survey (2012)<sup>2</sup> that found thirty per cent of Australians have to wait more than three days to get an appointment. In the pilot study, only one participant had to wait more than three days.

I have had to wait for Doctor for over a week. (Participant 14)

Several participants stated: “*service availability is generally excellent*”.

I was able to make appointments for all three services [GP clinic, Chiropractic Practice, Dentist] when I needed them. (Participant 3)

Some participants used private primary health care services. These participants stated that they are able to make appointments “*easily*”.

I go to a private billing doctor, dentist and physiotherapist, so I usually get in right away. (Participant 5)

Several participants preferred to see a specific practitioner. Some participants were prepared to wait to see their preferred provider; other participants chose to see another provider.

I was unable to get an appointment with my preferred service provider. I was seen within a sufficient time but I had to attend a different practitioner. (Participant 20)

If you don't care who you see, service is immediate. But if you want to see someone specific it can take longer. (Participant 18)

When it is non-urgent, I prefer to wait to see the practitioner of my choice. (Participant 6)

It always takes longer to see a part-time practitioner, most of whom are female. Frankly there is more value (economically and in terms of workload) to be gained when males obtain Medical degrees. Perhaps the shortage of GP hours in Australia is related to the increase in females doing medicine. This may not be a politically correct comment but, whether we want to look at it or not, it is a problem. (Participant 17)

One participant described a lack of flexibility in the appointment system.

You can only have an appointment with a podiatrist every 9-10 weeks. I find my feet need attention about every 7 weeks. (Participant 24)

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<sup>2</sup> Conducted by the University of Sydney and the Australian National University

### **3.2 Improving the efficiency of the appointment system**

Twelve participants offered suggestions about how to improve the efficiency of appointment systems at primary health care services.

Some participants suggest that receptionists need to ensure that all appointments are filled; other participants suggested that receptionists should keep spots for urgent appointments.

A lot of it relies on the front desk. If the receptionist makes sure all appointments are filled when a cancellation occurs we move through the system faster. This does not happen at one CHC - I now go to one outside my area. (Participant 24)

Don't book out too many spots too early so those with more immediate needs can get in. (Participant 12)

Some primary health care practices currently use text messages to confirm appointments.

My GP and physio all SMS to confirm appointments which I find handy. (Participant 5)

Several participants suggest that clients should be able to make appointments online and use SMS messages to cancel an appointment.

I can't believe services cannot run more efficient appointment systems in this age of technology. While there are always occasional dramas that mess up appointment times, this should not happen regularly. When I access other services, such as complementary health practitioners, I get a call or text on the rare occasions when they are running late. How useful is that! There's nothing worse than being in a parking spot with the meter running out and having no idea when you will get in and out of your appointment. (Participant 4)

Online booking system rather than having to telephone during business hours. (Participant 19)

Being able to cancel via text message. (Participant 14)

A participant suggested that practitioners should be punctual.

The appointment times should be realistic. Why be offered a 10 am appointment if you don't get in to see the [practitioner] until 10.40? This is not an occasional event, and not exclusive to that service. Hospital outpatients are the worst. As patients we also have lives too! Stop treating us as cattle! (Participant 4)

Some participants compared public and private primary health care services. One suggested a need for more public services, and for public system to be more flexible.

I think that the appointment system at public clinics is appallingly inefficient in contrast to private practice where I have no complaints. (Participant 15)



Maybe having a few more days available at community centres.  
(Participant 7)

Provided my needs conform to what 'the system' wants to provide I can access same easily and conveniently. When I attempt to step outside those available services, access to them becomes impossible. (Participant 10)

### **3.3 Reception staff**

Participants were asked how reception staff treated them. Twenty-four participants answered this question.

- Twenty participants stated that the reception staff treated them very well.
- Four participants stated that the reception staff treated them moderately well.

According to Robert et al. (2011), friendly and supportive receptionists are an important factor in determining a positive experience of a primary health care service.

Twenty participants described what receptionists did to make them feel welcome. Several participants described receptionists who are friendly and courteous, who address clients by their name and smile when greeting them.

They make you feel comfortable. (Participant 5)

Smiled and acted in a friendly and relaxed manner. (Participant 20)

Greet me by name and ask how I am. (Participant 11)

Participants appreciated being told where to wait and informed about any delays.

Greeted me and referred me to the correct waiting room.  
(Participant 17)

Welcome you when you arrive - keep you up to date with delays.  
Courteous, call you by your name. (Participant 15)

Participants appreciated receptionists who were considerate.

They were extremely friendly and considerate of my needs.  
(Participant 8)

One very hot day, they took me into another room to wait and offered water. (Participant 24)

Some participants were critical of their interaction with receptionists.

They do smile but some smile like a robot and many speak in the same fake robot way. Being friendly only works if it is genuine.  
(Participant 14)

When using the service to see a doctor the reception staff were nice. When using the needle exchange the reception staff gave judgemental looks and limited talking to me, big change in attitude, did not appreciate the attitude when using needle exchange. Body language is very noticeable! (Participant 14)

One participant experienced difficulty when asking a receptionist an unusual question.

When I asked for something outside what was a set agenda, the reception staff simply couldn't provide any assistance. (Participant 10)

### **3.4 Waiting time**

Participants were asked about the length of time they waited to see a practitioner. The length of time they waited is listed in Table 2.

**Table 2: Length of time that participants waited to see their practitioners**

<b>Time waited</b>	<b>Number of participants</b>
< 5 minutes	2
6 – 15 minutes	15
16 – 30 minutes	4
31 – 45 minutes	3

Participants noted that waiting times varied among services. Waiting times at GP practices were longer than other health care services. Participants describe *“getting used to waiting”*.

Varied with the service. Sometimes no wait, longest wait about 30 minutes. (Participant 9)

Have been made to wait for over an hour for doctor's appointment before. (Participant 14)

Community Health Centre waiting time is 6-10mins; I generally wait about 30 minutes to see a GP. (Participant 24)

The GP is very competent but his time management is poor. I made a point of seeking the first appointment and he was late in arriving. (Participant 22)

The practitioner herself has said to me she often runs 10-15 minutes late and has asked me to take that into account when I book in to see her. (Participant 6)

Some noted that the waiting times in private clinics were less than in public clinics.

Usually there is minimal wait at the places I go because they are private billing. (Participant 5)

Specialist appointments 6-15 minutes but GP visits take longer because the usual waiting time is about 30 minutes. (Participant 15)

Participants were asked how well staff communicated information about the waiting time. Twenty-three participants answered this question.

- Eleven participants stated that staff communicated the wait time well.
- Six participants stated that staff communicated the wait time moderately well.
- Six participants stated that staff communicated the wait time poorly.

Participants indicated that they appreciated being informed about how long they need to wait before seeing a practitioner. Those who were not informed about the waiting time expressed dissatisfaction.

There are never any updates or apologies about waiting times.  
(Participant 4)

This practitioner always runs late, so the staff don't mention it.  
(Participant 6)

When wait times were high, no one told me or offered to reschedule my appointment. (Participant 14)

### **3.5 Facilities in waiting room**

Participants were asked how facilities in the waiting room could be improved. Nineteen participants answered this question.

Five participants described the waiting room as *"fine"* with *"no need to improve"*. Fourteen participants made suggestions for improving the waiting room. Their suggestions included displaying more information about local support services, provision of Internet facilities (Wi-Fi), toys for children and up-to-date magazines.

Maybe more toys to keep little ones occupied and more reading material. (Participant 18)

Decent magazines - not all of us want to read crappy women's magazines or golf magazines. If we have to wait 30 mins plus, give us some decent material, and update it! (as in, we don't need women's day from 2010!). (Participant 3)

Worth (2013) argues that correcting minor problems such as the provision of up-to-date magazines can improve patients' satisfaction, but it does not impact on the quality of health care that is delivered, or indeed patients' health outcomes.

### **3.6 Payment**

Participants were asked whether or not they knew how much they had to pay prior to the consultation. Twenty-four participants answered this question.

Fourteen participants knew the exact amount they had to pay prior to the consultation – either because the practice displays signs indicating consultation fees, or the fees had been explained when making an appointment. Some participants stated that they knew the costs because they had previously attended the practice.

They have it clearly up on the wall in the surgery depending on your length of time of consultation. (Participant 5)

There is a poster at reception listing all the fees, including cancellation fees. (Participant 6)

I have a healthcare card and they bulk bill between certain hours and the receptionist explains this when you make an appointment. (Participant 21)

These are our regular health care professionals and we are aware of all costs. (Participant 3)

Ten participants did not know the costs until after the appointment.

After the consultation, I was told what to pay. (Participant 1)

Only when I went to pay. (Participant 2)

When I went to reception after my appointment. (Participant 8)

### **3.7 Time spent with professional**

Participants were asked the time they spent with a practitioner. Twenty-two participants answered this question.

- Twenty participants described the time they spent with the practitioner as "*about right*".
- One participant (Participant 8) stated that the time spent with the practitioner was "*too long*".
- One participant (Participant 20) stated that the time spent with the practitioner was "*too short*".

Although participants noted that practitioners are generally busy and "*rushed*", twenty participants stated that practitioners spent sufficient time with them to address their health issues.

My Podiatrist took as long as necessary with my feet. (Participant 7)

I only stay within the consultation long enough to satisfy the matter at hand. (Participant 10)

Some practitioners are rushed but generally they give the right amount of time. (Participant 17)

The GP allows whatever time I need for the consultation. (Participant 22)

One participant stated that the time she spent with the GP was "*too long*": she described being treated like data. Being treated as a person, not a number has been shown to be an important factor in a patient having a positive experience at a primary health care service (Robert et al. 2011).

I was ignored for a major part of the time I was in with this doctor as she spent most of the time entering information on her computer. (Participant 8)

### **3.8 Treated with respect**

Participants were asked whether or not the health professional treated them with respect. Twenty-two people answered this question.

- Eighteen participants stated that the practitioner definitely treated them with respect.
- Three participants stated that the practitioner treated them with respect to some extent.
- One participant (Participant 8) stated that the practitioner did not treat them with respect

Some participants described health professionals as “*professional*”, “*thorough*” and “*courteous*”.

I have had two different Podiatrists attending to my feet and both were very thorough and professional. (Participant 7)

My GP is nice. He is polite and caring. Not sure that he is the best GP in the world but I don't care. He calls me by name and he respects me. (Participant 2)

One participant described a doctor respecting her advance care plan.

After consultation and taking a photocopy my doctor signed an advanced care plan stating my wishes. I am confident he will respect them. (Participant 1)

A 44-year old female described feeling empowered to comment on any disrespectful behaviour.

Otherwise I would have made comments to the person at the time. But no, I have not experienced discourtesy. (Participant 9)

Some participants gave examples of disrespectful behaviour.

GPs often don't acknowledge your own knowledge about your own condition. Why don't they ask more questions to ascertain what you have already done or already know? We are often experts in our own bodies. (Participant 3)

Sometimes they are so busy there is no time for chit chat. You get the feeling they don't want to get personal. You have an allotted time. (Participant 17)

When it is not your usual doctor, you expect the alternative doctor to have actually glanced at, if not read, your file. The [alternative] GP kept suggesting options that were tried and ruled out 18 months ago. It's tedious and shows a lack of preparation and respect. (Participant 4)

Some participants described feeling uncomfortable about the way health professionals treated them.

This was the first time I had used this local clinic so took an appointment with a doctor I knew nothing about. I was so disappointed with her lack of friendliness and warmth. I was charged an exorbitant amount for an 'extra long appointment' when the actual face-to-face consultation time was very short - most of it was her ignoring me and using her computer...I felt as if I was imposing on her...I decided to write this off as an unfortunate experience and not use this clinic in future. (Participant 8)

I think some would just like me to go away. (Participant 10)

### **3.9 Communication about health issue**

Participants were asked how well the practitioner communicated information about their health issue. Twenty-two participants answered this question.

- Eighteen participants indicated that the practitioner communicated information about their health issue well.
- Three participants indicated that the practitioner communicated information about their health issue moderately well.
- One participant (Participant 4) indicated that the practitioner communicated information about their health issue poorly.

Some participants described asking questions to elicit information from the health practitioner.

I always take a list with me and they patiently address all my concerns. (Participant 3)

I also ask a lot of questions, and these were all answered. (Participant 9)

I always ask questions to clarify something if I do not understand. (Participant 19)

Some participants suggested that communication would be enhanced if health professionals asked more questions and listened.

They need to talk more and ask more questions...If you urgently require attention; you see someone who really knows nothing about you except what's written in previous notes. They don't always listen to you they hear the complaint but don't have time to join the dots. A mother knows her child and knows how they react to medications. They don't always listen to the parent. (Participant 18)

One participant suggested that practitioners are less able to answer questions satisfactorily when these questions are 'outside the norm'.

When the topic becomes less mainstream, then they tend to struggle and I have experienced being given a 'run-around'.  
(Participant 10)

A 36-year old female stated that her GP did not discuss treatment options.

Doctors don't give enough options, for example what else could I do other than take medications? (Participant 14)

One participant commented on the diversity of views amongst different health care providers; another participant described good teamwork amongst different health providers.

Different health professionals have widely different points of view, which only adds to the confusion of patients. (Participant 10)

I am fortunate I have a good relationship with my GP, also under specialists treating my breast cancer and the team works well. They communicate with each other. (Participant 21)

### **3.10 Written information**

Participants were asked whether or not they were given written information about their health issue. Twenty participants answered this question.

- Four participants were given written information, and it was easy to understand.
- One participant was given written information, and it was not easy to understand.
- Four participants were not given written information.
- Eleven participants did not need any written information.

Participants noted that the need for written information "*depends on the issue*". Participants with chronic illnesses, for example, indicated that they did not need written information.

My various health issues are long standing so there is no need.  
(Participant 5)

Participants with newly diagnosed illnesses stated that they would have benefited from written information.

I was not offered any written information but this would have been good. (Participant 14)

Some participants described why they like to have written information.

I find that individual health professionals do not all possess full knowledge even in the areas of their expertise. Therefore I often require second opinions to corroborate the initial information provided. (Participant 10)

GPs (and other providers) could do a better job of handing over information. Why can't we leave an office with 3 key bits of info written/typed out for us? Few of us remember everything when we leave. (Participant 4)

### **3.11 Patients' Views**

Participants were asked whether or not their views were taken into account when deciding which treatment(s) they should have. Twenty-two participants responded to this question.

- Fourteen participants stated that their views were definitely taken into account
- Eight participants stated that their views were to some extent taken into account

Several participants used the pronoun "we" when describing how treatment decisions are made.

I consult with my doctor regarding my treatment and he listens with respect and *we* [my italics] work out what is best for me.  
(Participant 3)

Other participants described the health practitioner telling them what to do.

I wasn't given options to discuss. It was more a case of take this to fix that. (Participant 14)

### **3.12 Medications**

Participants were asked how clearly information about medications was communicated. Twenty participants answered this question.

- Thirteen participants stated that information about medications was communicated very clearly.
- Five participants stated that information about medications was communicated moderately clearly.
- Two participants stated that information about medications was not communicated clearly.

In some cases, pharmacists provided information about medications. In other cases, no one provided information about medications.

I was given clear instructions from the pharmacist, not the GP  
(Participant 19).

Potential risks or side effects are often not mentioned, although in my case these were not significant anyway. (Participant 9)

I was put on valium and not told that it would affect me in the heat or that stopping it suddenly would cause seizures-found that out the hard way! (Participant 14)



Some participants were critical about the prescription of medication.

Sometimes doctors are not across the latest research in certain illnesses or regarding certain drugs. This can be annoying, costly and time wasting....The other huge area of concern is the tendency to over drug elderly people, especially those in Nursing Homes. This leads to worsening patient condition and a huge drain on the medical budget. This problem of resorting always (and sometimes inappropriately) to drugs for any condition is an area that requires massive re-education. Thankfully the message seems to have got through where antibiotics are concerned. (Participant 17)

Health professionals are often harried; by opening up conversation there is often a deep-seated reason for symptoms which could be treated differently. Sometimes patients want to hear it's ok to feel the way they do, and not just given a prescription which masks the underlying condition. (Participant 18)

### **3.13 Tests and procedures**

Participants were asked whether or not they had tests or procedures during the past six months. Twenty-two participants answered this question.

- Fifteen participants indicated that they had tests/procedures during past six months.
  - Eleven participants were given an explanation about the purpose of the test/procedure very clearly.
  - Four participants were given an explanation about the purpose of the test/procedure to some extent.

One participant indicated that he had not been given an explanation until he asked questions about the test/procedure.

I had to ask questions to understand what it was about. (Participant 12)

Fifteen participants were asked whether or not a member of staff explained what would be done during the test/procedure.

- Eleven participants received a complete explanation
- Three participants received an explanation to some extent
  - One participant received a complete explanation, but did not understand the explanation.
- One participant (Participant 18) did not receive an explanation, but would have liked one

Fifteen participants were asked whether or not the results were explained in a way that they could understand.

- Eleven participants completely understood the results
- Three participants understood the results to some extent
- One participant (Participant 11) did not receive an explanation but would have liked one

### **3.14 Asking health professionals questions**

Participants were asked how easy it was to ask health professionals questions. Twenty-two participants answered this question.

- Sixteen participants stated it was very easy to ask health professionals questions.
- Five participants stated it was moderately easy to ask health professionals questions.
- One participant (Participant 2) stated it was difficult to ask health professionals questions.

Some participant suggested that there was not always sufficient time to ask questions. Some participants did not know which questions to ask.

It is very easy to ask my podiatrist questions. But not so with my GP - unless I book a double appointment. (Participant 24)

I never know what questions to ask but that's not the doctor's fault. (Participant 14)

One participant indicated that his doctor was selective in which questions were answered.

When I asked him about further radiation and would my eye need to be removed if this failed, my doctor refused to answer my question. He said that I wasn't being positive. (Participant 2)

### **3.15 Preventative health care**

Participants were asked how health professionals encourage them to look after their own health. Twenty-two participants answered this question.

Three participants stated that their health professionals did not offer any encouragement. For example, one participant stated that her *"eye doctor was only interested in her eye"*.

Nineteen people provided examples of how health professionals encourage them to look after their own health. Some participants described regular check ups, flu vaccinations and being given a *"written plan of action"* to use between appointments. One participant was given written information about self-management, including when it might be necessary to contact a health professional.

By explaining options, signs to look for, and clear indicators as to when it would be important to get back to the GP, and what their hours of opening were should I need to ring. This was also all on written pamphlets to take away.

Several participants were given follow up activities such as exercises and dietary advice. Some participants were advised to "*avoid alcohol and stressful situations*".

I think that given the time constraints health professionals do a good job of encouraging me to look after my own health - exercise etc. (Participant 14)

### **3.16 Understood by health professional**

Participants were asked how well they felt the health professional understood them. Twenty-one participants answered this question.

- Eighteen participants stated that they felt that the health professional understood them.
- Three participants stated that they did not feel well understood.

Participants explained the importance of health professionals understanding patients and being treated holistically.

In relation to on-going issues, I think the best GPs/services acknowledge a patient's own expertise and experiences, the way that their bodies respond to medications etc, and the broader context of their lives. They ask questions. The worst ones treat you like a blank page or a universal 'text book' case. Humans are not text books, we are individuals. (Participant 4)

One big problem is the area of depression and other illnesses. GPs always go to drugs as treatment but seem ignorant about the research finding that it is the combination of drugs and therapy (particularly cognitive behaviour therapy) that is most effective. And sometimes just therapy will do. They need to refer on to a specialist if the issue requires it and if they themselves are not expert in the area. They particularly need to be aware of when to refer to a psychologist. Many illnesses are symptoms of depression - to give patients a simple one-page mood checklist (that is available from Beyond Blue or the Black Dog institute) would help GPs to see patients holistically. It is this holistic approach that is most lacking. (Participant 17)

Some participants suggested that health professionals were focussed on the medical issue, not the person.

Not that well. The doctors I see are very much focused on whatever the immediate issue is and that's all. Many have not even asked if I'm on other medications or asked why. (Participant 14)

Some participants suggested it was not necessary to understand the person, including their cultural and religious beliefs.

I felt she may have understood [me] but really couldn't care less.  
(Participant 8)

He understood my medical needs completely. (Participant 22)

Culture and religion don't come into the equation. (Participant 10)

#### **4 Conclusion**

The purpose of this project was to begin a formal process of understanding what patients' experiences of primary health care are, and where the opportunities exist for Bayside Medicare Local to make a positive improvement in structures and processes. The results of the research is not generalisable, nor is the sample representative.

The focus of the pilot study was on collecting data on patients' experiences. Patients reported on quality indicators that matter to them. This is the cornerstone of a patient-centred health care system. Consistent with previous research, participants indicated the importance of:

- An efficient appointment system
- Friendly and supportive staff (including receptionists)
- Clear communication
- Feeling 'listened to'/included in care

Further research is not required to find out 'what matters most' to patients. We know what matters most to patients. Instead, attention should shift to a quality improvement mode in which solutions are developed to meet patients' needs – based on what we know matters most.

There is an implicit assumption that the results of patient surveys will lead to improvements in the quality of health care. However, the mechanism for how information about patients' experiences can be used to improve patient-centered care remains unspecified. In some countries, patients' experiences are routinely collected and analysed as a tool for continuous service monitoring and quality improvements. In the UK, for example, patient feedback has become a significant policy driver, particularly for general practices.

Although measuring patients' experiences does not in itself improve the quality of care, it is a critical step. There is evidence that data collected at the level of individual teams, and close to the time when the care was experienced, may have the greatest impact on services.

## **Appendix 1 Summary of Literature Review**

The full literature review "Patients' experiences: top heavy with research" can be downloaded at:

<http://www.research-matters.com.au/publications/PatientsExperiencesReview.pdf>

Consumer advocates have argued for many years about the need to improve the quality of health care from service users' perspectives. Prior to 1995, research on patients' experiences was small-scale and relied mostly on qualitative methods. However, once this type of research became mainstream, the sample sizes became large and the methods mostly quantitative. The UK's annual GP Patient Survey, for example, includes over 5.5 million people.

During the past three years alone, over 2,100 peer-reviewed articles were published on 'patient reported outcomes', mostly patients' satisfaction and experiences. These articles are remarkable for their repetitiveness. Although studies focus on different sites of health care or on a specific illness – and use different methods and various instruments – the existing studies draw similar conclusions. Most patients are satisfied with the health care they receive. Even those patients who have bad experiences are generally satisfied with their health care.

Health care organisations spend a considerable amount of time and resources on gathering data on patients' feedback. Most studies focus on a specific illness or sector in the health care system. This burgeoning interest in patient feedback reflects a shift towards patient-centred care. However, strategies for collection, collation, analysis and dissemination of patients' experiences remain ad hoc. In addition, a number of different instruments are used to describe and measure patients' experiences. Without standardised surveys, it is impossible to compare findings with other health services, or often even within the same service over time.

Patient satisfaction surveys remain the most common type of feedback though without a universal definition of satisfaction, measurements of patients' satisfaction are problematic. In addition, findings from satisfaction surveys are non-specific, making them useless for improving patients' experiences.

Patients' experiences provide a more discriminating measure of a health service's quality than questions about satisfaction. However, relatively minor aspects of a health care consultation may have a significant impact on patients' experiences (but not on their clinical outcome). Evidence also indicates that patients' experiences are influenced by socio-demographic factors. This raises an interesting question: Does this reflect different expectations among different types of patients? Or do different types of patients within the same health service receive different types of care?

The focus to date has been on collecting data on patients' experiences rather than using the findings to improve service quality. In fact, little is known about how such feedback can be used to improve patient-centered care. There is some evidence that data collected at the level of individual teams, and close to the time when the care was experienced, may have the greatest impact on services.

A number of different methods have been used to measure patients' experiences, dividing broadly into qualitative and quantitative methodologies. Both methodologies are useful though for different purposes. The key to effective data collection is to use multiple methods and a range of data sources (including social media such as blogs, Twitter, Facebook, and rating websites). Multiple methods will enhance representation and therefore the validity of research findings.

The literature highlights individual, organisational and systemic barriers to using patients' feedback. One important barrier is professional scepticism about its value. Some practitioners argue that patients are not medical experts, and their perspective is therefore of no value. Health care practitioners may be experts about medical treatments, but patients are experts about their own lives. Patients clearly have the capacity to report on quality indicators that matter to them. This is the cornerstone of a patient-centred health care system, as opposed to a solely technically-centred system.

## Appendix 2: Flyer



### **Would you like to participate in a research project?**

What are your experiences of primary health care?

Bayside Medicare Local wants feedback about their primary health care services. You will be asked to reflect on both your positive and negative experiences e.g. *Is the service efficient? Is communication with staff clear? How could things be done better?*

You can choose to share your experiences via a phone interview, an online survey or by completing a written questionnaire. The phone interviews will take 20-30 minutes. The questionnaire and online survey will take approximately 20 minutes to complete.

Your name will be kept confidential and no identifying information about you will be used. The results of the research may help to improve primary health care services.

If you would like to take part in this project, please contact Dr Sarah Russell by phone, SMS or email. Sarah will then send you a detailed description of the project.

Dr Sarah Russell  
Principal Researcher  
Research Matters  
ph. 9489 5604 (B) 0435 268 357 (M)  
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## **Appendix 3: Participant Information**

### PROJECT INFORMATION FOR PARTICIPANTS

**Project Title: Patients' Experiences of primary health care services**  
Researcher Dr Sarah Russell

#### **Introduction**

Recruitment for this study ends on April 17<sup>th</sup> 2014. This document provides information about the project to help you to decide whether or not you wish to participate.

Bayside Medicare Local wants feedback from people who have used a primary health care service within the past six (6) months. Primary health care is delivered in the community, not in a hospital. Primary Care Services include GP clinics, Community Health Centres, Physiotherapy Practices, Counselling Services etc.

The aim of the pilot project is to investigate firsthand consumer experiences of primary health care services within the Bayside Medicare Local area. People who choose to participate in the study will not be remunerated.

Dr Sarah Russell has been commissioned to undertake this research. Sarah has no affiliation with Bayside Medicare Local. To find out more about Sarah and her previous work, please go to [www.research-matters.com.au](http://www.research-matters.com.au)

#### **What will I be asked to do?**

If you decide to take part in this study, you will be asked to share your views and experiences of any primary health care service(s) that you have used during the past six (6) months.

You can participate in this research project either via a phone interview with Sarah or by completing an online survey or paper-based questionnaire. The phone interview will take 20-30 minutes. The questionnaire and online survey will take approximately 20 minutes to complete. The online survey can be accessed at:

[https://www.surveymonkey.com/s/Patients\\_Experiences](https://www.surveymonkey.com/s/Patients_Experiences)

You will be asked some questions about the efficiency of the service (e.g. access, waiting times), communication with clinical and non-clinical staff, provision of information, ongoing support. You will have the opportunity to describe what was good about the service and what was not good. You will also have an opportunity to make suggestions about how to improve the service.

#### **Privacy**

Your anonymity and the confidentiality of your responses will be protected. Your contact details will only be kept with your permission so that we can send you a copy of the final report about the project. Your name and contact details will be kept in a password-protected computer file, separate



from any data that you supply. The data you provide will be permanently de-identified; this means that it will not be possible for the researcher to match recorded interviews to particular individuals. In the final report, you will be referred to by a pseudonym. The data will be kept securely at Bayside Medicare Local for five years from the date of the project's completion before being destroyed.

**Effects of Participation:**

The research findings may help to improve the future delivery of patient-centred primary health care services. The questions will focus on service delivery. No sensitive questions about your personal health will be asked. If you feel uncomfortable during the phone interview, the interview can be stopped at any time, at your request. If you feel that you need additional support because of your involvement in the project, counselling services can be made available. We can provide the services of an experienced counsellor who has been briefed on the project and is available to talk with project participants.

How will I receive feedback?

You will be able to download a copy of the final report from the internet (Bayside Medicare Local and Research Matters web pages) or have the report mailed/emailed to you.

Will participation prejudice me in any way?

Your participation in this study is completely voluntary and will not affect your clinical care in any way. Should you wish to withdraw at any stage, or to withdraw any unprocessed data you have supplied, you are free to do so without any repercussions.

Where can I get further information?

If you would like further information, please do not hesitate to contact Sarah by phone or email (see contact details below).

If you have any concerns regarding the conduct of the research project, please contact Ms Emily Bingle from the Office of Ethics and Research Governance at The Alfred Hospital. Please give Emily the following project number: 568/13. Emily's contact details are: Phone: 9076 3619 Email: [research@alfred.org.au](mailto:research@alfred.org.au)

**How do I agree to participate?**

If you would like to take part in this useful project please phone Sarah on 03 9489 5604 (W) or 0435 268 357 (M) or email [sarahrussell@comcen.com.au](mailto:sarahrussell@comcen.com.au)

Dr Sarah Russell  
Principal Researcher  
Research Matters

T: 9489 5604 (W) 0435 268 357 (M) E: [sarahrussell@comcen.com.au](mailto:sarahrussell@comcen.com.au)