

# Good Questions

Issue Two: Patients' experience of healthcare

February 2007

## How much are doctors worth?

Can 'patient reported outcomes' move the debate from 'cost' to 'value'?

### Inside this issue:

How much are doctors worth?	1
PCOS: how can we improve healthcare experience?	1
Good answers?	2
In the news...	3
Training courses	4
You ask the questions...	4
Forthcoming events	4

Recent press reports indicate that doctors' salaries are at an all time high, but the cited figures vary according to the message of the article (e.g. mean GP salary, mean consultant salary, salary relative to European medical counterparts, salary relative to other UK professionals). A recent BMJ editorial<sup>1</sup> suggests that GPs earn close to (and often in excess of) £100,000 per annum, and that this is higher than their European counterparts. In a related article, GP Laurence Buckman<sup>2</sup> suggests that without adequate remuneration there is no morale among GPs. But what is "adequate"? Newspaper headlines have suggested that such high doctor salaries are responsible for the financial crisis in the NHS, but do these headlines reflect the thoughts and feelings of patients? Would we care about GP salaries if we didn't perceive the NHS to be in crisis? Work by the NHS Federation suggests that the largely negative perception of the NHS (attributed to the public by the media) is at odds with the positive feedback received from those using the service<sup>3</sup>.

The doctor-patient relationship is based primarily on communication and trust. If we are complaining about the cost of doctors' salaries, it is likely to be because we don't value the service

They are providing. Value cannot be demonstrated without communication and trust. Nor can it be demonstrated without an understanding of the patients' priorities and preferences. In 2005, the Healthcare Commission published the results of the "Primary Care Trust" survey<sup>4</sup> which focused heavily on objective outcomes (such as availability of appointments, continuity of care, telephone access, waiting times) without asking about patient satisfaction with these outcomes. It showed that patients were more frequently being seen on the same day, but that they found it difficult to contact general practices or local healthcare centres, had more appointment delays and did not always understand answers given by GPs in response to their questions. Only one measure of satisfaction was included, showing that 73% of patients were satisfied that their main reason for visiting had been dealt with. Their 'reason' remained unexplored, and if the patients' main reason for visiting was to receive a formal diagnosis or pharmacological treatment, then contact problems or a delayed appointment would have borne no relevance to this question.

...continued on page 2

## PCOS: how can we improve healthcare experience?

A recent qualitative study in Polycystic ovarian syndrome\* (PCOS) conducted by AHP Research found that women's quality of life is affected in numerous ways by the condition. In the study, women discussed their experiences of receiving the diagnosis, pharmacologic and non-pharmacologic management, and the issues they faced in dealing with and managing their health condition.

One of the most common issues that arose was a perceived lack of understanding or empathy from healthcare professionals

(doctors and dieticians) about the condition. For example, many women were instructed to lose weight, but not offered any assistance or guidance on how to do this effectively. Many women also recounted how healthcare professionals did not appear to be empathetic to the difficulties they faced in losing weight compared to "normal people", which contributed to their distress and frustration.

...continued on page 3

\*PCOS is estimated to affect 5-10% of women of child bearing age.



## How much are doctors worth?

(continued from page 1)

Knowing that patients have waited an average of twenty minutes to see the doctor is meaningless unless we understand the patients' perception and experience of that waiting time. As Nigel Edwards, Director of Policy at the NHS Confederation recently commented "if you measure patient experience and outcomes rather than whether people have waited four hours, you focus on the right thing. We need to measure outcomes and align the system"<sup>3</sup> (p. 24). Widely publicised waiting time reductions are inconsequential unless we can demonstrate an equivalent and meaningful improvement in patient satisfaction with those reduced waiting times and other equally important aspects of care. Reducing waiting times may seem to be important but if it is at the expense of consultation time or perceived care, it may not be preferable to patients. It is likely that the experience of a briefer consultation with the doctor may contribute to dissatisfaction with services overall (and with the average doctor's salary in particular). It is therefore important to ensure that the strategy chosen to reduce waiting times does not impact negatively on the perceived quality of care in other areas. Furthermore, other factors (e.g. information provided, comfort of the waiting room, friendliness of reception staff, not to mention confidence in and outcome of the consultation) are likely to contribute to satisfaction. Ultimately, the results of patient satisfaction surveys provide many benefits for both the patients and the practice, including identifying ways to improve services that would be most valued by patients and of greatest benefit to the practice<sup>5</sup>.

Patients' ratings of their doctors are determined by multiple factors<sup>6</sup>, including a variety of subjective outcomes (i.e. perceptions of care), which offer valuable information to support objective outcomes. Without asking about the patients' perspective, the personal relevance of these outcomes can be lost and satisfaction / dissatisfaction with the service is likely to go undetected. Unfortunately however, we tend to value the things we measure rather than measure the things we value.

So, how do we place a value on good healthcare? Are we happy to fund large salaries to benefit from doctors' experience and skill? Currently, we do not know how patients feel about doctors' salaries, or what influences patients' satisfaction with doctors' salaries. As a general rule, however, few people question the cost of a service that they value.

In conclusion, satisfaction and preference studies would provide important insight into the patients' perspective and enable us to understand how to improve services in ways that are important to those who use them. Perhaps, then, the debate will focus on the value rather than the cost of doctor's services.

This article was published as a rapid response in the BMJ:

<http://www.bmj.com/cgi/eletters/334/7587/0>

### References

1. Godlee F. How much should doctors earn? BMJ 2007;334
2. Buckman L. Is doctors' self interest undermining the national health service? BMJ 2007 334: 235
3. Carlisle D. Talking up the NHS. Health Service Journal, 8<sup>th</sup> February 2007.
4. The Healthcare Commission. Primary care trust survey of patients 2005. Downloaded from the World Wide Web February 2007: [http://www.healthcarecommission.org.uk/national\\_findings/surveys/patientsurveys/nhspatientsurvey2005/pctsurvey2005.cfm](http://www.healthcarecommission.org.uk/national_findings/surveys/patientsurveys/nhspatientsurvey2005/pctsurvey2005.cfm)
5. Barendse S, Speight J and Bradley C. Closing the audit loop with the Diabetes Clinic Satisfaction Questionnaire (DCSQ): reducing sources of dissatisfaction and increasing clinician sensitivity to patients' views. Diabetic Medicine 1999 16(1), 15.
6. Duberstein P, Meldrum S, Fiscella K, Shields CG, Epstein RM. Influences on patients' ratings of physicians: Physicians demographics and personality. Patient Education & Counseling 2007 65, 270-274

## Good Answers?

Every month in "Good Questions", we give you the opportunity to benefit from your own "Good Answers". Just give some thought to the problem we pose and send us your answer.

**Think of words ending in "-gry". "Angry" and "hungry" are two of them. There are only three words in the English language. What is the third?**

If you think you know the answer, please email: [info@ahpresearch.com](mailto:info@ahpresearch.com). The closing date for entries is 12 noon on Friday 16th March, when we will pick the winning answer out of a hat. The lucky winner will receive an Amazon.com voucher.

We will publish the answer to this month's problem in next month's issue, along with the name of the winner. Don't worry, if you would prefer to remain anonymous, just let us know.

*"Widely publicised waiting time reductions are inconsequential unless we can demonstrate an equivalent and meaningful improvement in patient satisfaction with those reduced waiting times and other equally important aspects of care"*

## In the news...

### Persuading Big Pharmas to make vaccines for the poor

<http://www.newscientist.com/article/dn11201-persuading-big-pharma-to-make-vaccines-for-the-poor.html>

### In rich countries children's basic needs have been generally met but there is scope for further progress in child well-being

[http://www.unicef.org/media/media\\_38299.html](http://www.unicef.org/media/media_38299.html)

### Industry bias in clinical trials

<http://www.jr2.ox.ac.uk/bandolier/band150/b150-7.html>

### SMBG in type 2 diabetes

<http://www.jr2.ox.ac.uk/bandolier/band148/b148-3.html>

### Reassuring patients about normal test results

<http://www.bmj.com/cgi/content/short/334/7589/325>

### Trusts poach sexual health funding

<http://www.hsj.co.uk/healthservicejournal/pages/n1/p6/070215>

### How young can children reliably and validly self-report their health-related quality of life?

<http://www.hqlo.com/content/5/1/1>

### Pig cells hope for diabetes cure

<http://news.bbc.co.uk/1/hi/health/6353811.stm>

### Secrets of the drug trials

<http://news.bbc.co.uk/1/hi/programmes/panorama/6291773.stm>

## PCOS: how can we improve healthcare experience?

(continued from page 1)

Other complaints centred around the lack of effective communication during the diagnosis. Most women reported not receiving further counselling or advice to help them understand, manage or come to terms with their condition. This was particularly evident when the women did not present with an immediate concern about their fertility during their diagnosis.

Dissatisfaction with healthcare experience was commonly recounted along with the adverse emotional impact suffered as a result of PCOS. The emotional problems associated with these communication problems were a lack of self-esteem, self-consciousness about weight or appearance, frustration due to difficulty in losing weight, worry about the condition of their health, and an inability to cope, which could potentially lead to depression. The women in this study displayed a full range of signs and symptoms related to PCOS, including acne, facial hair, weight and fertility issues and insulin resistance.

Our research highlights the need for healthcare professionals to understand the emotional impact of PCOS, and to communicate the diagnosis and management plan clearly to women with this disorder. It is important to see

the "problem" from the patient's perspective. PCOS comprises more than just metabolic or fertility consequences; the range of symptoms and signs displayed is a multi-pronged attack on a woman's identity<sup>1</sup> with many women reporting an adverse impact of PCOS on their personal and sexual relationships. Therefore, the management of this condition needs to be dealt with great sensitivity and empathy.

The full results of the study (the impact on quality of life and healthcare issues faced by women with PCOS) are currently being prepared for publication. For more information about the PCOS study, please feel free to [contact us](#).

### References

1. Kitzinger, C. & Willmott, J. 'The thief of womanhood': women's experience of polycystic ovarian syndrome. *Social Science and Medicine* 2002 54 (3), 349-361

*"Healthcare professionals need to understand the emotional impact of PCOS, and to communicate the diagnosis and management plan clearly"*

## Training Courses

AHP Research offers various training courses for healthcare professionals and outcomes researchers.

In the first half of 2007, we will be running the following open courses:

- Critical appraisal skills: Thursday 3<sup>rd</sup> May 2007
- Appropriate selection and interpretation of patient reported outcomes (PRO) measures: Friday 4<sup>th</sup> May 2007

Courses will be held in West London over a full day (9am - 4.30pm).

### Attendance fees

Students & retired health professionals:  
£220+VAT early bird\*, £250+VAT full fee

NHS, academia & charities:  
£310+VAT early bird\*, £350+VAT full fee

Private medical, pharma and other commercial organisations:  
£395+VAT early bird\*, £450+VAT full fee

\* **Early bird rate:** closing date: 30<sup>th</sup> March 2007

Fees include a delegate handbook, lunch and refreshments. Accommodation is not included but can be arranged if required.

- **Group rates:** a discount of 20% on the full fee is available to all but the first delegate from the same organisation, booked at the same time and before 30<sup>th</sup> March 2007.
- **Multiple courses:** a discount of 20% on the full fee is available on the total price when you book both courses before 30<sup>th</sup> March 2007

Please [contact us](#) for further details, including a course outline, booking form and payment methods.

## You ask the questions, we'll get the answers

If you feel that there's something else you would like to see in the e-bulletin or if you have a burning question, ask AHP. We'll find the answer and publish the best one in next month's issue. Send your questions to: [info@ahpresearch.com](mailto:info@ahpresearch.com)

We also run in-house courses at the request of our clients, including:

- Communicating with patients
- Introduction to clinical research
- Issues in trial design
- Evaluating interventions
- Introduction to psychometric validation
- Informing best practice through patient involvement
- Social context in clinical research

Courses can be delivered at our own training centre or at our clients' premises.

We welcome your ideas for the development of courses you would like to attend. Please email your suggestions to:

[matthew.reaney@ahpresearch.com](mailto:matthew.reaney@ahpresearch.com)

### Forthcoming events:

14 - 16 March 2007

Diabetes UK Annual Professional Meeting: Glasgow

20 - 22 April 2007

PsychoSocial Aspects of Diabetes (PSAD) 12th Spring Meeting: Brussels

26 April 2007

Polycystic Ovary Syndrome UK (PCOS UK) 2nd Meeting: London

1 May 2007

Critical Appraisal Skills Training (UKCRN): London

3 May 2007

Critical Appraisal Skills Training: London

4 May 2007

Appropriate selection... of patient reported outcomes (PRO) measures: London

19 - 23 May 2007

ISPOR 12th Annual International Meeting: Virginia, USA

For further details on any of these events, please visit our [events](#) webpage.