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Survey of North Shore residents' views of general practice

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Key points

- The great majority of patients select a new GP on the basis of the recommendations of others
- Continuity of care is very important to patients
- Most people without a GP are young, healthy and without dependants
- Patients appreciate out of business hours appointments
- Many people would pay for a 30 minute consultation if they knew it was available

ABSTRACT

Aims: To discover more about how patients perceive the service they are receiving from GPs, and the value they place on general practice care.
Method: Four focus groups with both patients and GPs were held to gain an understanding of the topic. Following this a questionnaire was posted to a random sample of patients living on the North Shore, Auckland, and a questionnaire was given to patients without a GP who attended an Accident and Medical (A&M) clinic.
Results: Some 335 North Shore registered patients returned the questionnaire and 64 patients with no GP completed their questionnaire. Most GPs are highly regarded by their patients. Patients usually select a GP on the recommendation of others rather than through advertising, and those patients without a GP see themselves as "between GPs" rather than actively choosing not to have one. Continuity of care is very important to patients, but 46 per cent would appreciate being able to see their GP out of normal business hours. Current fees are a barrier for 25 per cent; however 46 per cent would be prepared to pay more for 30 minute appointments. Patients attend A&M clinics for reasons of convenience rather than quality. Only 15 per cent also attend alternative therapists.
Conclusion: Although general practice services are generally well-regarded there is room for improvement in terms of accessibility, eg, extended opening hours and longer appointments. Continuity of care is very important to patients.

INTRODUCTION

Consumer demand for easy access to primary care is changing the manner in which general practice is provided in New Zealand. Continuing personal care from a GP is still available, but

many New Zealanders are now also choosing to receive some, or all, of their primary health care from clinics with extended opening hours, no appointments and a variety of ancillary services available at the same site.

Demographic characteristic	GP patients Percentage (n=335)	No GP patients Percentage (n=64)
AGE BRACKET		
16-30 YEARS	19	39
31-45 YEARS	37	47
46-65 YEARS	32	5
65+ YEARS	12	0
FAMILY INCOME		
<$30,000	34	23
$30-50,000	33	42
>$50,000	33	5
GENDER		
MALE	24	30
FEMALE	76	49
NUMBER OF DEPENDANTS		
NONE	47	65
ONE OR TWO	37	18
THREE OR MORE	27	17
MEAN NUMBER OF GP VISITS IN PREVIO	5.6	1.7

Most GPs have a strong belief that better care can be provided within the context of an ongoing relationship between the doctor and the patient1 but wonder if this is still valued by most New Zealanders.
As a result of these and other concerns the Board of Directors and Quality Board of Comprehensive Health Services (CHS), an Independent Practitioner Association (IPA) located on the North Shore, Auckland, commissioned the Goodfellow Unit, University of Auckland, to discover more about how patients perceived the service they were receiving from GPs, and the value they place on GP care. To this end it was decided to survey GP patients about the services they receive and to survey patients without a regular GP to discover why they do not have a GP.
The North Shore has 187,700 residents living within an area of approximately 12,979 hectares. It is the country's fourth largest city and has the second to highest average household income ($54,420). CHS had a membership of 87 GPs at the time of the survey.

Most preferred method of selecting GP	GP patients Percentage (n=265*)	No GP patients Percentage (n=64)
ASK FRIENDS, NEIGHBOURS, WORKMAT	56	59
ASK ANOTHER HEALTH PROFESSIONAL	14	5
ASK OWN DOCTOR	33	-
PICK THE CLOSEST	6	25
PICK ONE FROM SHORECARE LIST OF GI	-	9
CHOOSE ONE THAT ADVERTISED	0	0
* THOSE PATIENTS WHO SELECTED MORE THAN ONE MOST PREFER		

METHOD

The two sources chosen for gathering this information were (a) current patients of CHS GPs and (b) patients without a GP. The latter group was identified through asking attendees who attended a 24-hour A&M clinic, owned and run by North Shore GPs (Shorecare and its subsidiary branch, Northcross), whether they had a regular GP. Three focus groups of six to eight patients each were held to gather information on how patients perceive GPs and GP care. The patients were selected by their GPs to provide a cross-section of age, gender and socioeconomic status, ethnicity and frequency of use of GP services.
The focus group process was semi-
structured with topics preselected to guide, but not control, the discussion.2 Notes were taken at the time, but not full transcripts. A fourth focus group of CHS GPs, using a regular peer group, was also held to explore their perceptions of what patients like and dislike about GP care. Each focus group lasted one to two hours.

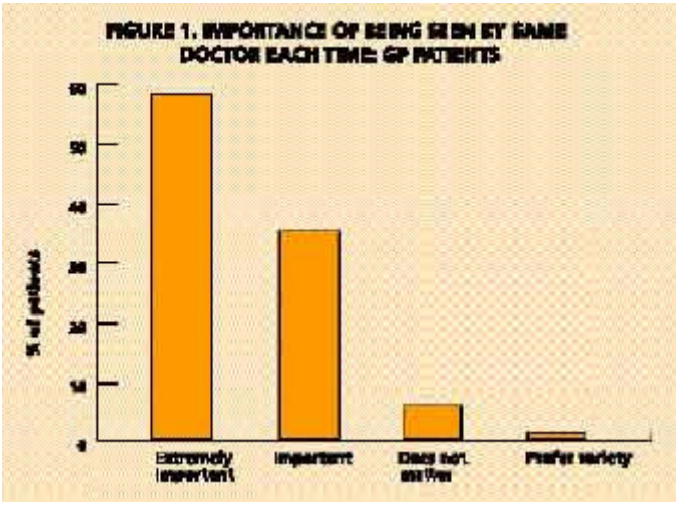
Questionnaire for GP patients

The issues raised in the focus groups and by the Quality Board of CHS were used to draft a questionnaire for GP patients that was piloted with non-medical staff at the School of Medicine, University of Auckland, and checked by the CHS Quality Board and staff for logic, clarity and completeness.
Twenty GPs were selected from the CHS membership to cover a breadth of general practice types (solo, two-person and group, low and high socioeconomic area, male and female), and asked to select 40 patients to receive the questionnaire, using systematic sampling methodology, ie, first chart starting with "A", second chart starting with "B", etc. Three GPs declined to participate because of disillusionment with the changes to the health system, one declined because his patients had recently done a patient satisfaction survey. These four were replaced. Three of the GPs who had agreed to participate were so tardy with the questionnaire that it only went to 680 patients from 17 GPs.
Covering letters were prepared on the GP's notepaper and 40 envelopes sent to the GP containing the covering letter, the questionnaire and a stamped return envelope addressed to the Goodfellow Unit. GPs mailed them to the patients to maintain confidentiality of names and

addresses. In order to maintain complete anonymity and facilitate ease of completion there was no identification used on the questionnaires or double envelope response system. The survey was carried out in November and December 1997.

Questionnaire for patients without a GP
Information for the items to include in the questionnaire for patients without a GP was obtained from a discussion with three Shorecare staff, circulating a questionnaire to other Shorecare staff, from the patient focus groups and the focus group of CHS members. The draft questionnaire was checked for clarity and completeness by the CHS Quality Board and Shorecare staff.
The questionnaire was distributed by reception staff at both Shorecare and North Cross A&M centres to all patients who said they had no GP when they arrived, throughout the 24 hours that the clinic is open. Patients put the completed questionnaires in a sealed box in the waiting room. The aim was to collect 100 completed questionnaires over two months.

RESULTS



Three hundred and thirty-five questionnaires were received from patients with a regular GP ("GP" patients), a response rate of 49 per cent. Sixty-four questionnaires were received from patients who could not name a regular GP ("No GP" patients). The numbers of patients attending who did not have a GP turned out to be lower than anticipated. Staff reported that almost all patients offered the questionnaire completed them, but the staff did find it difficult to remember to distribute the questionnaire in very busy periods.
Not all patients answered every question but their responses were still used in the data analysis. Therefore in some cases n is less than 337 or 64.

Demographics
The demographic differences between the two groups are shown in Table 1. The No GP group tended to be younger with less dependants, in the middle income bracket and required less frequent health care.

Selecting a GP
Both groups of patients were asked their most preferred method for selecting a new doctor (see Table 2). The most common method used by both groups was to ask a social contact to recommend one. One-third of those patients with a current doctor would ask him or her for a recommendation. Twenty-five per cent of No GP patients would select the closest doctor, in contrast to only 6 per cent of those who currently have a GP.
Forty-four per cent of the No GP patients stated that they were "between GPs at the moment", rather than "feeling no need to have a regular GP". For those "between GPs at the moment" the reasons given were: they had shifted away from their GP (76 per cent); they were unable to get into the GP of their choice (11 per cent); they did not like their last GP and were yet to find another (8 per cent); or their GP had shifted or retired (3 per cent).
Fifty-eight of the 64 had had a GP in the past and their most important reasons for leaving the practice were: they had moved (88 per cent); it was hard to get an appointment (7 per cent); perceived technical incompetence (3 per cent); or GP lacked empathy (2 per cent). No one selected these options for leaving their last GP: he or she always ran late, the staff were unfriendly or because he or she worked part time.
Twenty-three per cent thought it very likely they would find a regular GP in the next five years, 54 per cent thought it was likely and only 23 per cent thought it not at all likely. When asked what would have to change in their life to prompt them to find a GP the following reasons were given: developing poor health (52 per cent); having a more stable life, eg, permanent address, job or getting married (31 per cent); and able to find a GP with long opening hours (13 per cent).

Professional qualities of GPs

Patients with GPs were asked to select the five most important personal characteristics of GPs from a list of 11 items that came directly from the patient focus groups. The percentage of patients who ticked each item is shown in Table 3. Similarly patients were asked to select the five most important professional characteristics of GPs from a list of six items which again came from the patient focus groups.

Patients were asked to indicate whether their own GP showed the personal and professional qualities listed above (see Table 3). They were not restricted to tick only five options for this section, although a large proportion did, thus perhaps giving a falsely low picture of the incidence of these qualities in their current GP.

TABLE 3: GP QUALITIES OF IMPORTANCE TO GP PATIENTS

Personal quality	% of pts to whom the quality was important n=335[1]	% of pts whose GP had the quality n=355[1]
MAKES YOU FEEL FREE TO ASK QUEST	79	78
FRIENDLY	86	89
GOOD LISTENER	56	75
TRUSTWORTHY	53	70
SOMEBODY WITH UNDERSTANDING	46	63
RELAXED	43	69
CARING	39	57
NOT CONDESCENDING	33	61
RELATES TO YOUNG CHILDREN	23	36
SHOWS INTEREST IN THE FAMILY	16	44
CONVERSATIONAL	16	46
PROFESSIONAL QUALITY		
GIVES GOOD EXPLANATIONS IN EASIL LANGUAGE	90	86
THOROUGH	86	98
SHOWS EVIDENCE OF KEEPING UP TO D	94	79
TAKES THE TIME TO DISCUSS DIFFERE RATHER THAN JUST WRITING A SCRIP	60	70
CAN TEST THE GP'S KNOWLEDGE AGAI HAVE LEARNT ELSEWHERE	33	37
ACCEPTS OTHER THERAPIES	32	31

[1] Percentages add up to greater than 100 as each patient had five votes
[2] Patients could tick as many of these as they thought appropriate

Continuity of care

Patients with GPs were asked how important it is for them to be treated individually by somebody they know rather than seeing a different doctor each time. For 93 per cent this was either important or extremely important (see the figure). In addition, when GP patients were asked to decide whether "personal service" was more true of Shorecare or GP care, 99 per cent voted for GP care as being personal service.

For the No GP patients, only 1 per cent selected seeing a different doctor each time as one of the four most important reasons they chose Shorecare rather than a regular GP. For many, seeing a regular doctor was still seen as important (see Table 4).

Opening hours and appointments

GP patients were asked how important it was to them that the surgery should be open outside business hours. Forty-six per cent responded that this was important to them. In addition 25 per cent said they sometimes attended an A&M clinic because they are open after business hours. For 22 per cent it was important to them that the surgery should have drop-in times when an appointment was not required. When GP patients were asked to select between GP care and Shorecare as to which they associated with convenient opening hours, 87 per cent selected Shorecare.

For the No GP patients two-thirds thought that extended opening hours were more important than continuity of care and almost half thought the ability to drop in without an appointment was more important than continuity of care (see Table 4). When asked to select their four most important reasons for attending Shorecare the two most favoured reasons (both scoring 78 per cent) were the opening hours and the lack of appointments.

Additional services and costs

The focus groups produced several suggestions either about existing services or possible additional services. The percentage of GP patients who rated each service as either useful or important is shown in Table 5.

GP patients were asked about the costs of the service they received from their GP. For 69 per cent current costs were about right, for 30 per cent they were too high and for 1 per cent they were too low (n=332). Only 16 per cent were prepared to pay more if the services improved and for 25 per cent current costs were a barrier to seeking GP services. However, when patients were asked how many times in the last year they would have booked a 30 minute appointment at twice the normal fee, had this been available, 46 per cent said they would have used this service at least once. One-third were prepared to pay for practice nurse consultations.

TABLE 4: IMPORTANCE OF CONTINUITY OF CARE TO NO GP PATIENTS

Quality selected	Percentage*

Use of A&M clinics

Having a regular doctor who knows me OR	53
Being able to drop in without an appointment	47
Having a regular doctors who knows me OR	33
Being able to see a doctor outside business hours	67
Having a regular doctor who knows me OR	37
Having the doctor, nurse, x-ray, chemist all at same place	63
*Patients selected one statement from each pair	

Some 89 per cent of GP patients considered GP services as better value for money than A&M clinics or Shorecare services. In contrast 69 per cent of No GP patients said they would pay more for being seen at a place like Shorecare than by a regular GP.
The No GP patients were asked to select the four most important reasons for using Shorecare rather than having a regular GP (see Table 6). No GP patients were also asked to select the one most important reason why they selected Shorecare rather than other similar clinics. For 66 per cent it was because the clinic was the closest one, and for 12 per cent the quality of care was perceived as being higher than other clinics. Less waiting time was only selected by 8 per cent, the clinic being run by GPs by 7 per cent and the 24-hour opening hours by 5 per cent.
GP patients were also asked what would influence them to go to an A&M clinic. They were asked to tick as many reasons as applied to them (see Table 7).

Alternative therapists

All respondents were asked how often, if at all, they had attended an alternative health therapist in the previous 12 months. Examples given were homoeopathist and herbalist.
Fifty-three of the GP patients (n=337) and six of the No GP patients (n=64) had attended at least once, a total of 59 from both studies. The majority had only visited the alternative therapist once or twice.
The reasons they gave for attending were: alternative treatments are more effective (34); went for a specific service, eg, acupuncture (19); GP does not discuss alternative therapies (11); GP does not take their condition seriously enough (8); GP does not explain things well enough (7); GP gives too many drugs (7); GP consultation is too short (6); and referred by GP (5).

Service	Useful or important Percentage (n=355)
LOCUMS OF HIGH QUALITY	98
MORE PERSONAL CONTACT BY GP IN SERIOUS ILLNE	89
PROVISION OF PATIENT INFORMATION ON MEDICAL	86
GP PROVIDES MORE HELP WITH ACCESSING OTHER S	81
PROVISION OF BROCHURES OUTLINING PRACTICE S	49
ADEQUATE SERVICES PROVIDED BY GP TO AVOID RE	42
MORE SERVICES PROVIDED BY PRACTICE NURSE	41
EQUIPMENT AVAILABLE FOR LOAN, EG, NEBULISERS	25
COFFEE AVAILABLE IN WAITING ROOM	6

DISCUSSION

Methodology: The methodology of using focus groups to develop questionnaire items, followed by piloting of the questionnaires before administration is standard. The 49 per cent return rate for the questionnaire to GP patients is relatively high for one mailing without follow-up of non-responders and, although acceptable for this type of survey,3 the results do need to be interpreted with some caution as it may be that those who completed the surveys were more positive about their general practice care.
It is not possible to know how complete the sampling of patients at Shorecare was. However, there is no reason to believe that any patients who did not receive a questionnaire, because of the reception staff being busy on their arrival, would have been any different from those patients who did receive one.
The survey was limited to patients of the North Shore, Auckland and so results cannot be generalised to all patient groups within New Zealand.

Reason	Percentage (n=64)
OPEN IN EVENINGS AND WEEKENDS	78
NO NEED TO MAKE AN APPOINTMENT	78
ALL SERVICES IN ONE PLACE (GP, NURSE, X-RAY, CHE	66
GENERALLY FIT AND WELL	51
PROXIMITY TO HOME	49
STAFF WELCOMING AND FRIENDLY	21
SERVICE OF HIGHER QUALITY	19

Major findings: Patients who do not have a regular GP differ from the patient population in that they are younger, more mobile and do not have dependants. The best way to attract new patients would appear to be by providing a good service to existing patients, as the most common way patients select a new GP is by asking social contacts or their current GP for a

ROOMS NICELY DECORATED	10
EASY PARKING	8
CHEAPER FEES	4
PREFER TO SEE DIFFERENT DOCTOR EACH TIME	1

recommendation. Advertising would not appear to be a useful method of attracting patients. Proximity is only important for the transient population.

The majority of patients with no current GP appeared not to be against having a regular GP but instead were mostly well, mobile people who had shifted locations and had not yet bothered to find a new GP. Very few had left their last GP for reasons of dissatisfaction with the service. Most realised that if they developed an ongoing medical condition they would need to have their own GP. The numbers of patients on the North Shore without a regular GP would appear to be low (it took two months to collect 64 questionnaires). These patients also have a low rate of consultation.

For patients who have a GP, continuity of care is very important. Even for those who chose the convenience of the A&M clinic, continuity of care was seen as relatively important, but less so than easy access to care. Extended opening hours are important to many patients and are an important reason for patients with a GP visiting after-hours clinics.

TABLE 7: REASONS FOR GP PATIENTS USING A&M CLINIC

Reason*	Percentage (n=355)
WHEN ILL AFTER HOURS	94
AS A LAST RESORT	30
MORE CONVENIENT — OPEN AFTER BUSINESS HOUR	25
FOR A QUICK SIMPLE PROBLEM	13
FOR A SECOND OPINION	6
NOT SATISFIED WITH OWN DOCTOR	2

*Patients could tick as many of these as they wished

Two-thirds of patients would appreciate more personal contact by their doctor in times of serious illness, more assistance in accessing other health services, and to be given patient educational material on their medical conditions. Forty per cent of patients would also like to be cared for without referral to secondary services wherever possible and have increased services available from practice nurses.

Current consultation costs are about right. Most patients do not think it appropriate to pay for practice nurse services. Almost half would have paid double for a 30 minute consultation within the last year, had this service been available.

It would appear that use of alternative therapists is not having a major impact on general practice, with only 15 per cent having attended an alternative therapist, although it is of some concern that 10 per cent of patients consider alternative therapies to be more effective than GP treatment. However, one of the least important professional qualities to patients was whether their GP accepted other therapies. This contrasts with the 26 per cent of patients who had used one or more forms of alternative medicine in Halpern's4 study of UK patients and 34 per cent in the US.5

Comparison with other literature: The questions arising out of the focus groups were similar to the determinants of patient satisfaction in previous studies.6-10

The increased number of younger people in the group without a GP is similar to Pilotto et al's11 finding that those under 40 were more likely to see multiple doctors.

In regards to continuity of care, Baker and Streatfield (1995)12 and Baker (1996)13 found that practices which were smaller, had a personal list system, and had fewer changes in doctors were associated with greater patient satisfaction. These characteristics all relate to the continuity of care provided. Smith and Armstrong (1989)10 found that their 711 semi-rural patients ranked usually seeing the same GP as third most important for good health care, with only "the doctor listens" and "the doctor sorts out problems" ranking more highly.

A Norwegian study found that "an overall personal patient-doctor relationship increased the odds of the patient being satisfied with the consultation sevenfold",14 and continuity of care has also been linked to increased patient enablement.15 Gillon, 199816 in her focus groups representing Maori, Pacific people and Pakeha, also found that a relationship that continued over time was an important factor to patients. In addition, those patients who have a regular doctor have better access to care, resulting in their participating in a higher number of preventive activities such as immunisations and cervical smears.17

With regard to reasons for attending A&M clinics these findings are similar to those of Barnett and Kearns18 who, in their study of two after-hours medical clinics, found that 58.8 per cent attended the clinic for reasons of proximity, 42.5 per cent for the opening hours, and 10.7 per cent for the range and quality of services. The factors most liked by the 205 patients they surveyed were: convenience (18.8 per cent); opening hours (12.4 per cent); professional attention (32.3 per cent); ambience (22.3 per cent); everything under one roof (4 per cent); and cost (2 per cent).

Recommendations: Since there are gaps between what patients perceive as being important and the care they are receiving, all GPs should do regular patient satisfaction surveys which cover the above areas to discover where they need to improve. Educational sessions which cover both communication skills and attitudes to patients, including patient centredness, should then be made available to those GPs who score less well than their peers.
Since continuity of care is very important to patients, changes should not be made to the way primary care is structured without carefully considering its effect on the doctor/patient relationship and ability to maintain continuity of care. Those doctors who work part time could be encouraged to spread their sessions through the week to increase the likelihood of their patients being able to wait until they are available and in group practices every effort should be made to ensure patients see their own GP rather than the one who is least busy.
More research should be done on the effect of continuity of care on patient health outcomes. If the evidence in favour is strong, primary care services should be structured and funded to promote continuity of care.
If at all possible surgeries should open outside standard business hours in order to cater for the needs of their patients. In addition, individual practices could poll their own patients to ask whether they would prefer a no appointment system. Longer appointment times for twice the cost would be a welcome extra service to patients. There is potential to widen the scope of practice nurse services.

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