

A Patient Perspective :What makes a good GP? What is Primary Care?

Cormac Sheehan

Department of General Practice, UCC and MPHCC



1 Aim + Methods

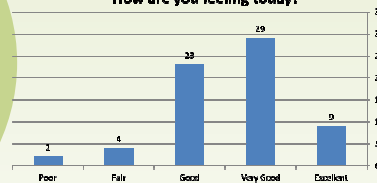
The aim of this study was to understand what patients of MPHCC expected from GP consultations, what patients consider to 'make a good GP', and anticipated outcomes from GP consultations. In addition, patients were asked 'what primary care means to you?' and to self-assess their personal health.

Methods- 80 administered questionnaires were collected at MPHCC. The questionnaires were based on an international study (1), and questions based on discussions with GPs and questions on a general understanding of primary care by patients. The survey also asked questions on general health, and the anticipated outcomes of GP consultations (2).

2 What makes a good GP? MPHCC Patients Top Ten

1. During the consultation a GP should have enough time to listen, talk and explain to me
2. A GP should be able to provide a quick service in case of emergency
3. A GP should tell me all I need to know about my illness
4. A GP should explain the purpose of tests & treatment in detail
5. A GP should critically evaluate the usefulness of medicine & advise
6. A GP should guarantee the confidentiality of information about all his/her patients
7. A GP should make me feel free to tell him or about my problems
8. It should be possible to make an appointment with your GP at short notice
9. A GP should go to courses regularly to learn about recent medical developments.
10. A GP should not only cure diseases, but also offer services to prevent disease.

How are you feeling today?



3 What does Primary Care mean to you?

122 patients gave their views. Although positive in general, there was little evidence of a consensus, however several themes emerged;

Convenience

First Care

'Not hospital care' 'outpatient' 'not a&e'

All care in one place

Personal Statement 'a lot', 'good', 'great' 'not much different'

About the building- 'waiting times' 'car park' 'food'

GPs and other services

Family Care

5 Conclusion

•What makes a good GP for MPHCC, is very similar to the findings of the international study(1).

•Little consensus of what Primary Care is, with too many themes to suggest that there is a clear understanding among the patients of MPHCC

•In general patients, anticipate receiving a prescription at over 40% considering this necessary, however, equally 40% consider it unnecessary.

•However, in context of blood pressure (60+% unnecessary), blood test (72+% unnecessary) and letter referral (61+% unnecessary), it is clear that patients expect prescription at much higher rates than blood tests, blood pressure, or referral.

•In general patients are overwhelming positive about their perceived health, although attending their GP.

Recommendations

Patients' understanding of the role of GPs needs to be improved, and patients' understanding of Primary Care needs to be drastically improved.

4 Patients Expectations of GP Consultations

Today's GP Visit

a) Do you think you will need to be prescribed medication today? Please tick ✓ appropriate box.

Absolutely Necessary	Probably Necessary	Don't Know	Probably Not Necessary	Not at all Necessary
10.1%	30.5%	23.7%	8.47%	27.1%

b) Do you think you will need your blood pressure taken today? Please tick ✓ appropriate box.

Absolutely Necessary	Probably Necessary	Don't Know	Probably Not Necessary	Not at all Necessary
6.7%	15.25%	16.94%	20.28%	40.67%

c) Do you think you will need a blood test today? Please tick ✓ appropriate box.

Absolutely Necessary	Probably Necessary	Don't Know	Probably Not Necessary	Not at all Necessary
8.47%	13.52%	15.21%	15.21%	47.32%

d) Do you think you will need to be referred to a different service or given a referral letter today? Please tick ✓ appropriate box.

Absolutely Necessary	Probably Necessary	Don't Know	Probably Not Necessary	Not at all Necessary
	20.28%	16.94%	23.66%	38.87%

6 References

1. Grol et al (1999). Patients priorities with respect to general practice care: an international comparison. Family Practice Vol 16, No 1
2. Barry et al (2000) Patients' unvoiced agendas in general practice consultations: qualitative study. BMJ. 320:1246-50

