



Safety in the Eyes of the Beholder

Investigating the Patient's Perception of Safety in General Practice

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'It seems strange to talk about the health and safety of a GP ('s practice), it's the safest place on earth. If you're going to fall downstairs, fall down the GP's stairs!'

[Interview 21]

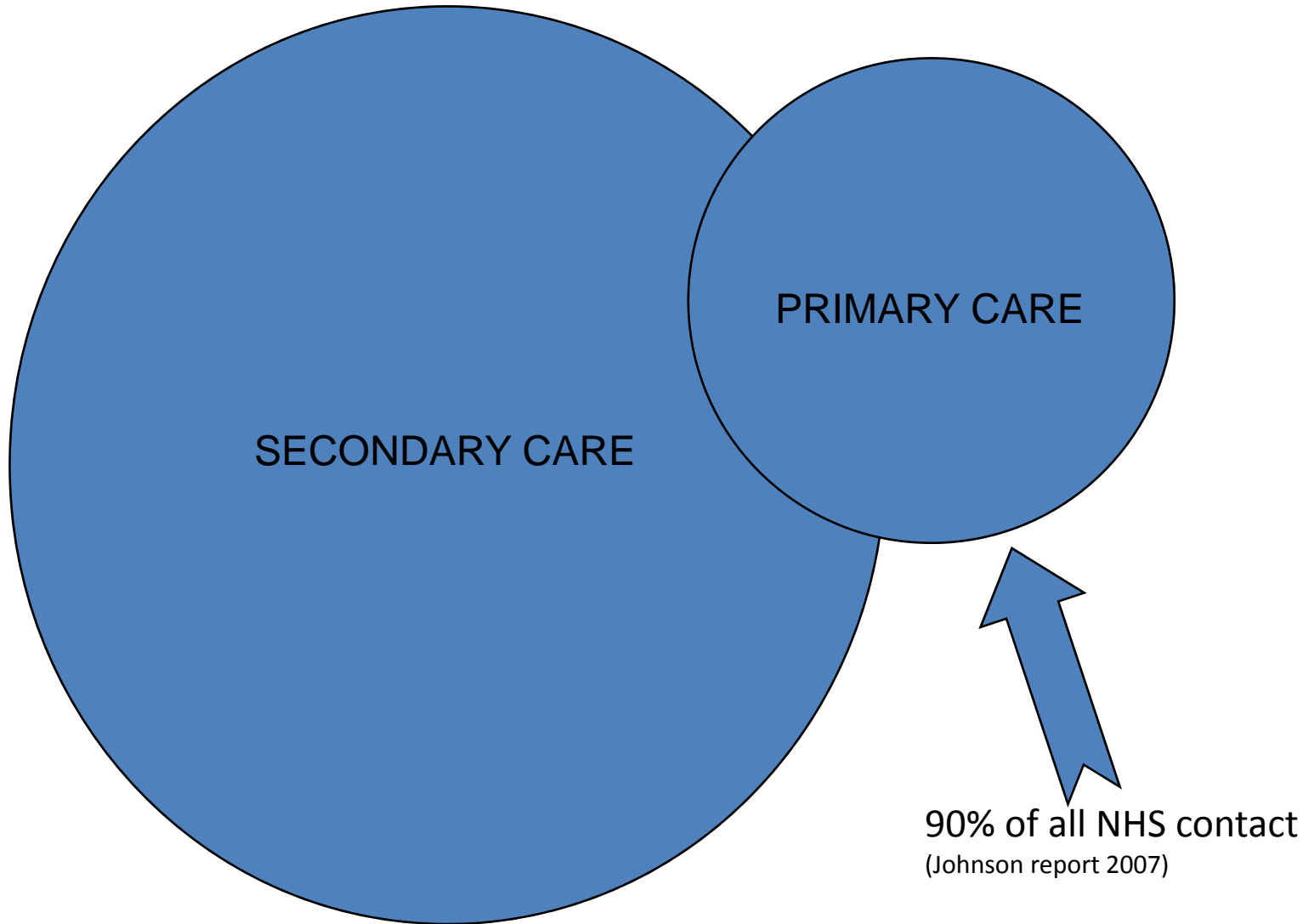


Outline

- Background & literature
- Aim and objectives
- Methodology
- Results
- Discussion
- Conclusion

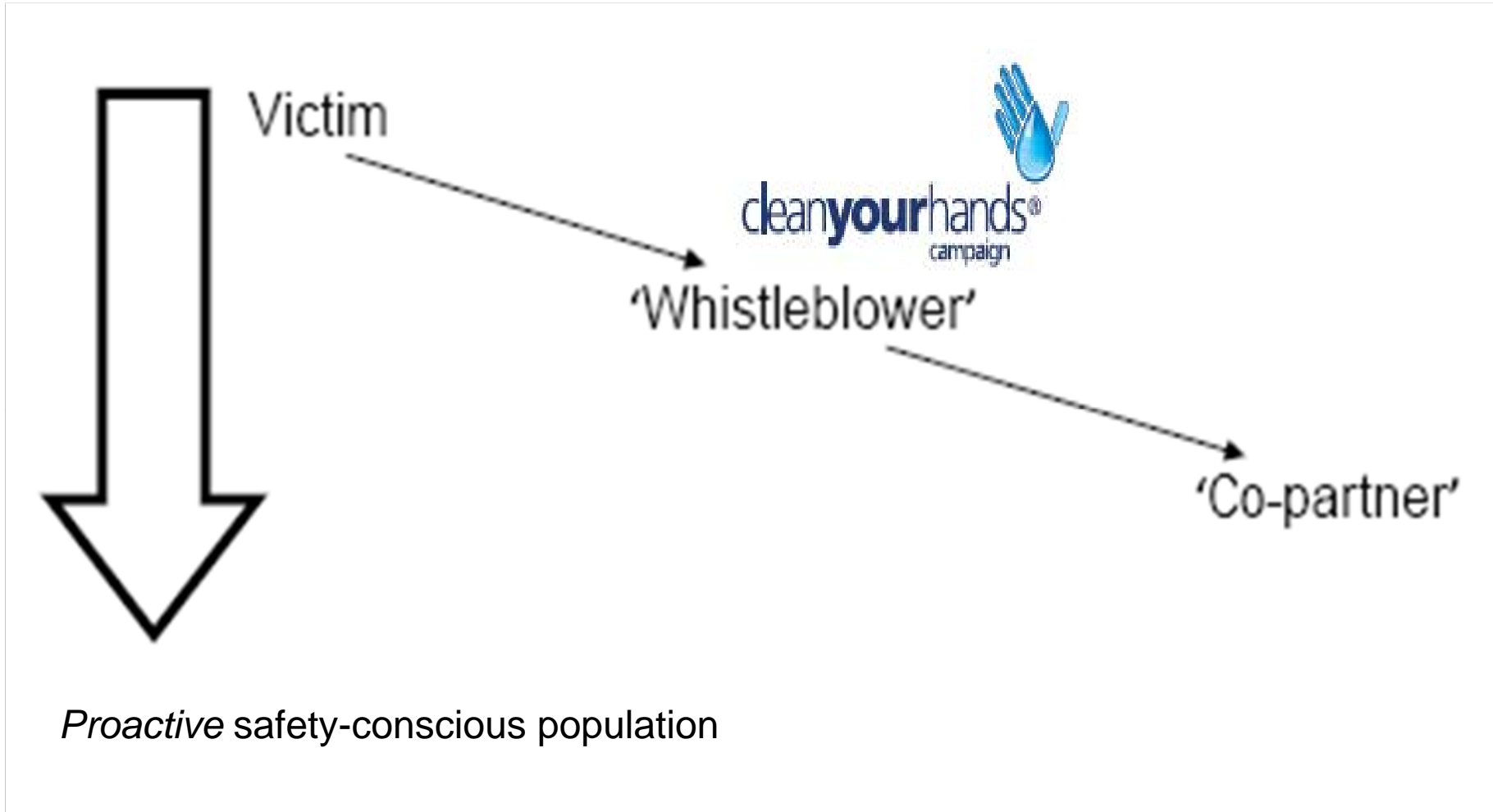


The Patient Safety Revolution





The Patient Role





Literature: Patient Perceptions

8 papers investigating the **patient's perception** of safety:

- General lack of consideration or concern (Blendon et al 2002, Burroughs et al 2007, Harris et al 1997)
- Measured by non-clinical indicators/previous experience of unsafe care. (Evans et al 2006, Wolosin et al 2006, Burroughs et al 2007)
- 'Patient Safety ' encompasses a much broader range of issues. (Burroughs et al 2007)
- Professional and lay attitudes towards responsibility for safety differ. (Blendon et al 2002, Espin et al 2006, Kaiser 2006)
- Only one paper identified in the literature addressed patient safety in **general practice from the patient perspective**. (Kuzel et al 2004)



Knowledge Gap

Optimization of patient contribution to safe care requires a **research based understanding** of patients' perspectives
(Entwistle,2005)

**Patient
empowerment**

**Community-led
care**

UK studies into the unbiased patient perspective of
safety in General Practice



To analyse **patient perceptions** of patient
safety in **general practice**



To analyse patient perceptions of patient safety in general practice

- To determine the perceived importance of established patient safety issues in general practice
- To explore patient perceptions of patient safety in general practice



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Patient Safety

‘Any issue that can potentially lead to harm of any kind to patients’



Methodology

North West London GP, 10 days: May-June 2007



MIXED METHODOLOGY

QUANTITATIVE

Determine importance patients attribute to specified safety issues in general practice

QUALITATIVE

Explore patients perceptions of safety in general practice and reasons for them





Study Design

QUANTITATIVE

- 15 item questionnaire

“Getting to and from the surgery is an important safety issue”

Devised by team

Piloted for face validity

Good internal consistency (Cronbach’s alpha 0.89)

- Ranked according to mean perceived importance score (non-parametric sequential Friedman Analyses)
- Exploratory Factor Analysis

QUALITATIVE

- Semi-structured interviews
- 4 areas of questioning
- Grounded theory (Pope and Mays framework, 2000)



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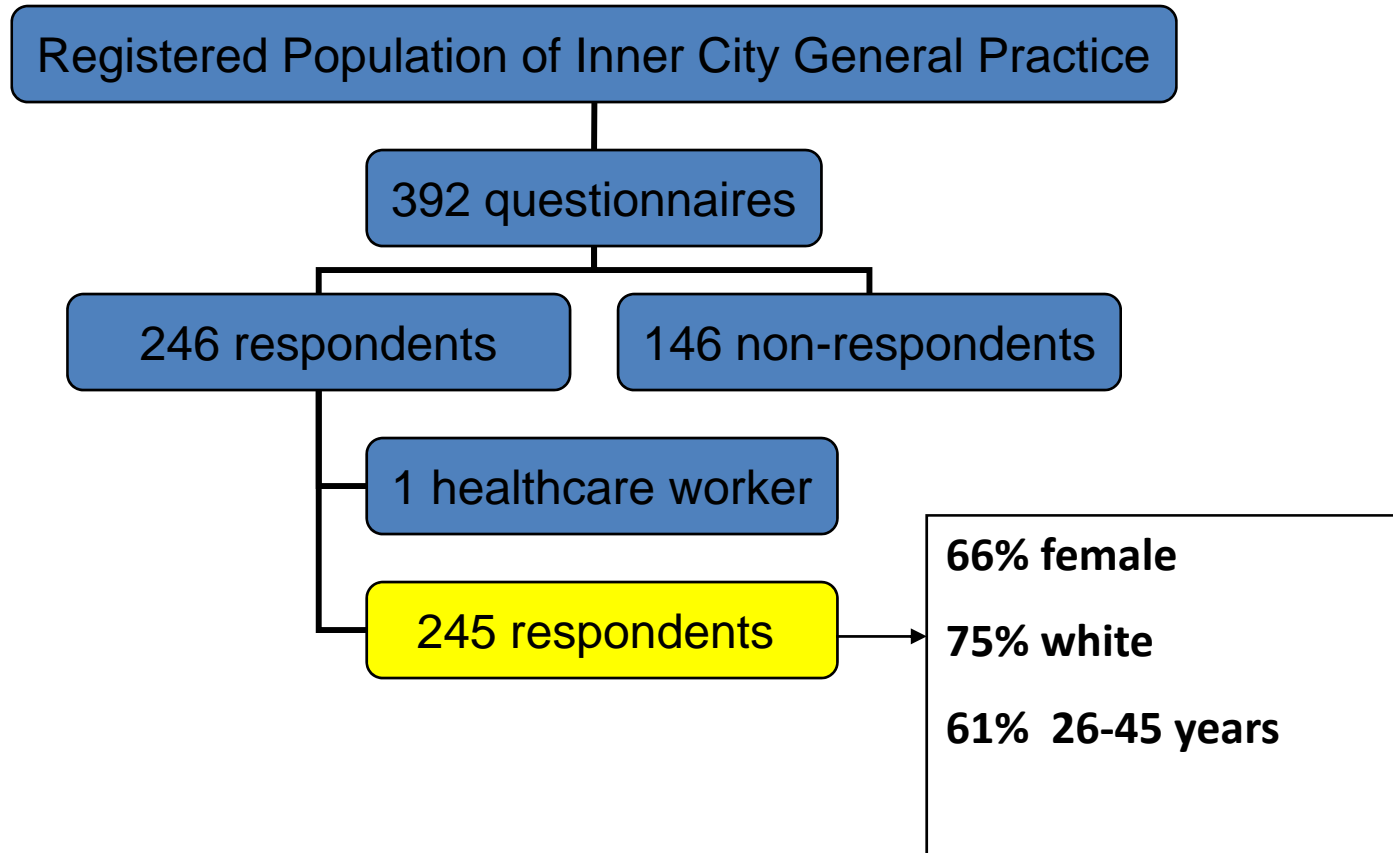
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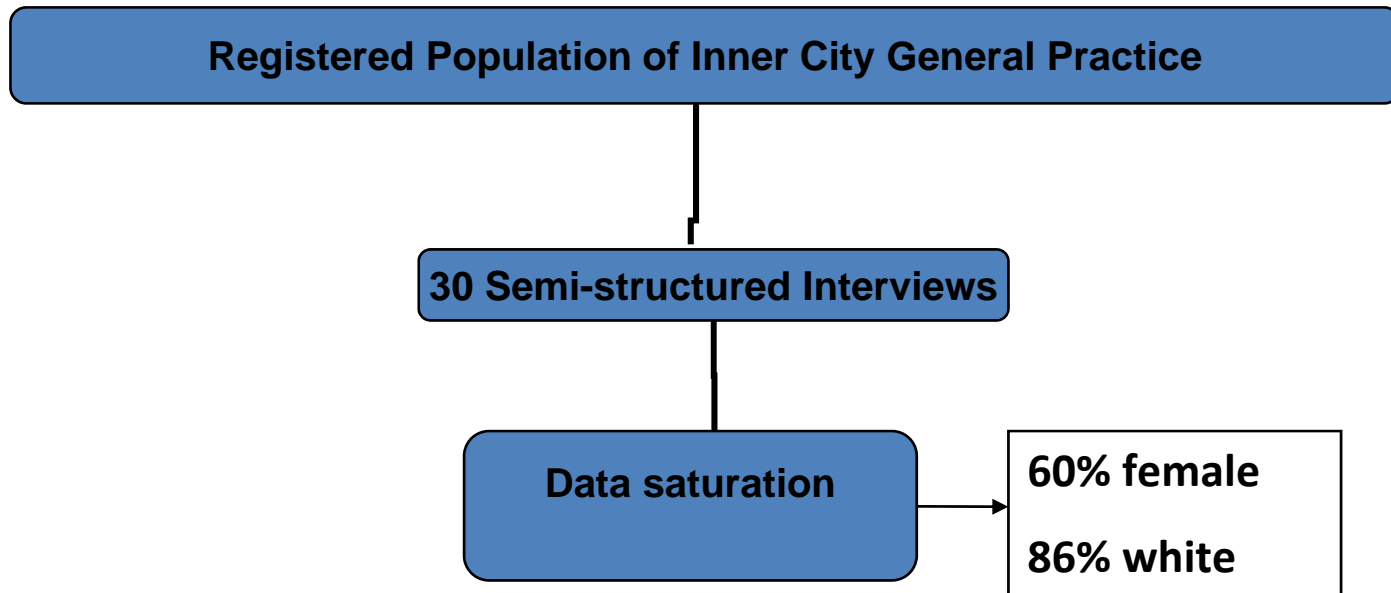
Questionnaire Sample

RESPONSE RATE: 63%





Interview Sample





Results



To determine the perceived importance of established patient safety issues in general practice

Rank	Safety Issue
1	Infection control
2	Doctor assessment Consent and confidentiality Abuse Record keeping Long-term monitoring Treatment choices Medical equipment management Medication Procedures Staff training Information
3	Communication
4	Environment
5	Access



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Factor Analysis: Domains of Patient Safety

EXPERT DOMAIN

- Health Monitoring
- Infection
- Treatment Choice
- Equipment Management
- Treatment
- Tests & Examinations
- Training & Education
- Information

PATIENT DOMAIN

- Access
- GP Environment

PATIENT RIGHTS

- Consent & Confidentiality
- Abuse
- Patient Info/
Paperwork

DELIVERY of CARE

- Communication
- Dr Assessment



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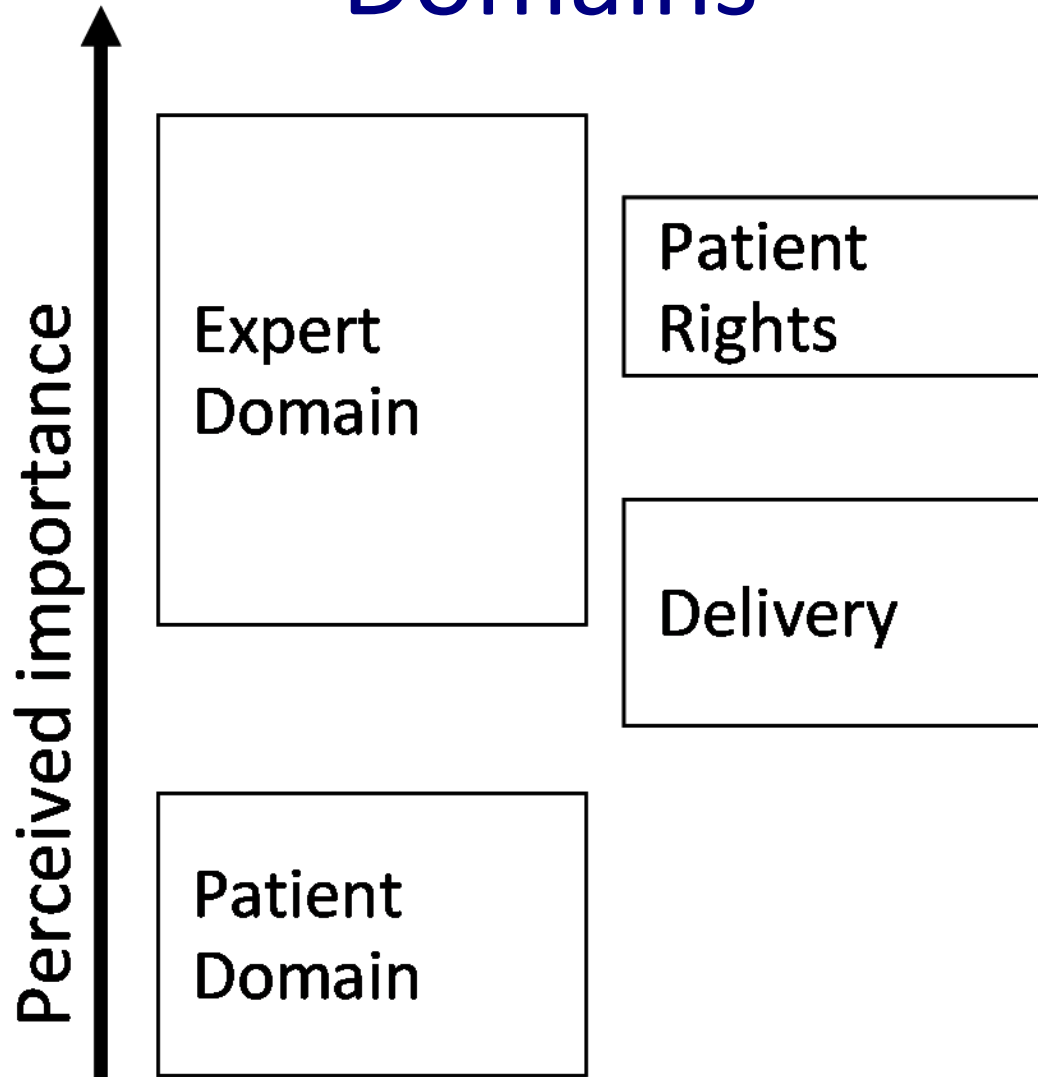
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Perceived Importance of Safety



Domains





To explore patient perceptions of patient safety issues in general practice and reasons for them

1. Awareness of potential mechanisms of unsafe care BUT seldom recognised as risks in general practice

"I don't think you would have the serious problems that you would have in hospital; MRSA and that sort of stuff."

[Interview 13]

2. Patient conceptualisation of safety included one additional safety issue identified - the 'system'

"So it is not the doctors, it is the system, and that isn't safe, that is safety"

[Interview 2]



Themes

- The ‘spell of invisibility’ (Beck, 1992)

“It’s one of those things, if you don’t experience it directly, then you don’t really think about it.”

[Interview 28]

- The ‘womb’ effect

“It’s sort of like a womb-like feeling knowing that coming here, you’re gonna be looked after.”

[Interview 3]

- Satisfaction cloud

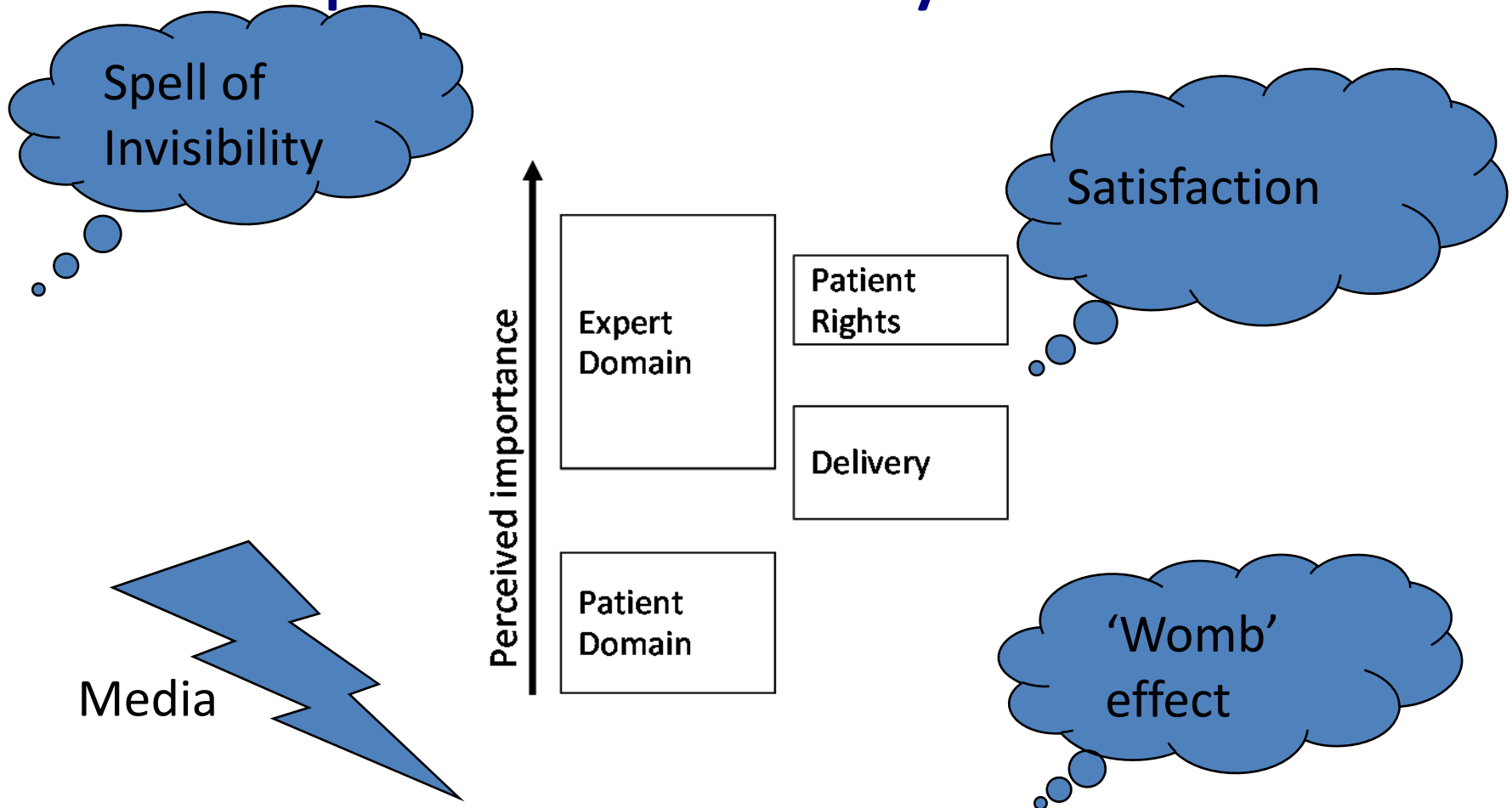
- The distorting effect of the media



Discussion



The Status Quo of Patient Perceptions of Safety in the UK?





Perceptions In Context

Health professional perception:

Rank	Safety Issue
1	Confidentiality
2	Prescribing
3	Health and Safety
4	Communication
5	Record keeping
6	Test results
7	Staff training
8	Infection control
9	Use of a chaperone
10	Learning from events

Source: Medical Protection Society (MPS) 2006b



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NHS Next Stage Review



Our vision for primary and community care

EXPERT DOMAIN

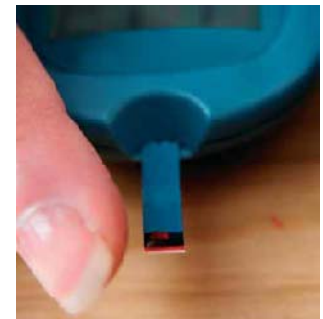
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Expert Patient Programmes
Self Management



PATIENT DOMAIN

- Access
- GP Environment
-
-
-





NHS Next Stage Review



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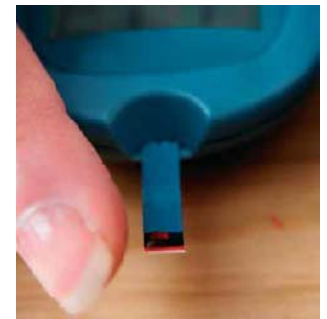
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Expert Patient Programmes Self Management



PATIENT DOMAIN

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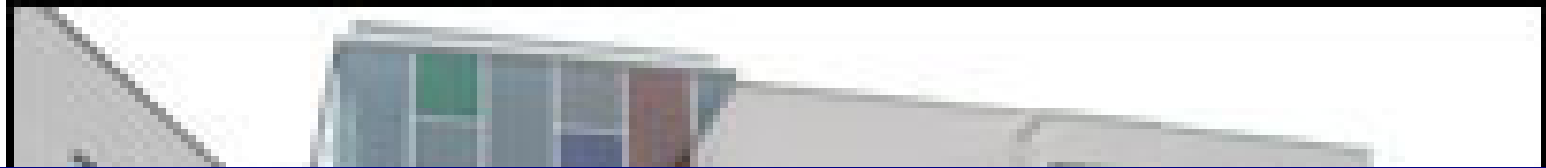




'Making The Shift'

'First five polyclinics in London will open by spring 2009'

[Razaq, A. BMJ 2008;337(Accessed online: 18 September 2008)]



"I think hospital is a more complex place really"

[Interview17]





Accountability

"he was a good doctor nevertheless.....but they're obviously restricted by time, money, and whatever it is."

[Interview 1]

Previous studies found that patients attributed blame of unsafe care to individual actors rather than institutions

[Blendon et al 2002, Espin et al 2006, Kaiser et al 2006]



Expectations



*“...but this is the system that runs in the country, and it’s better than other places and you know, **you just have to kind of go with what’s available, frustrating as it may be...**”*

[Interview 20]





Limitations

- Generalisability: predominantly white females, few disabilities.
- Subjectivity
- Study arms conducted on different samples
- Reactive effect
- Trade-off: conceptual bias versus framing effects



Conclusions

Previous research applies to general practice:

- patient and professional perceptions of safety are **not** aligned.
- a **lack of awareness** of the prevalence of unsafe care.

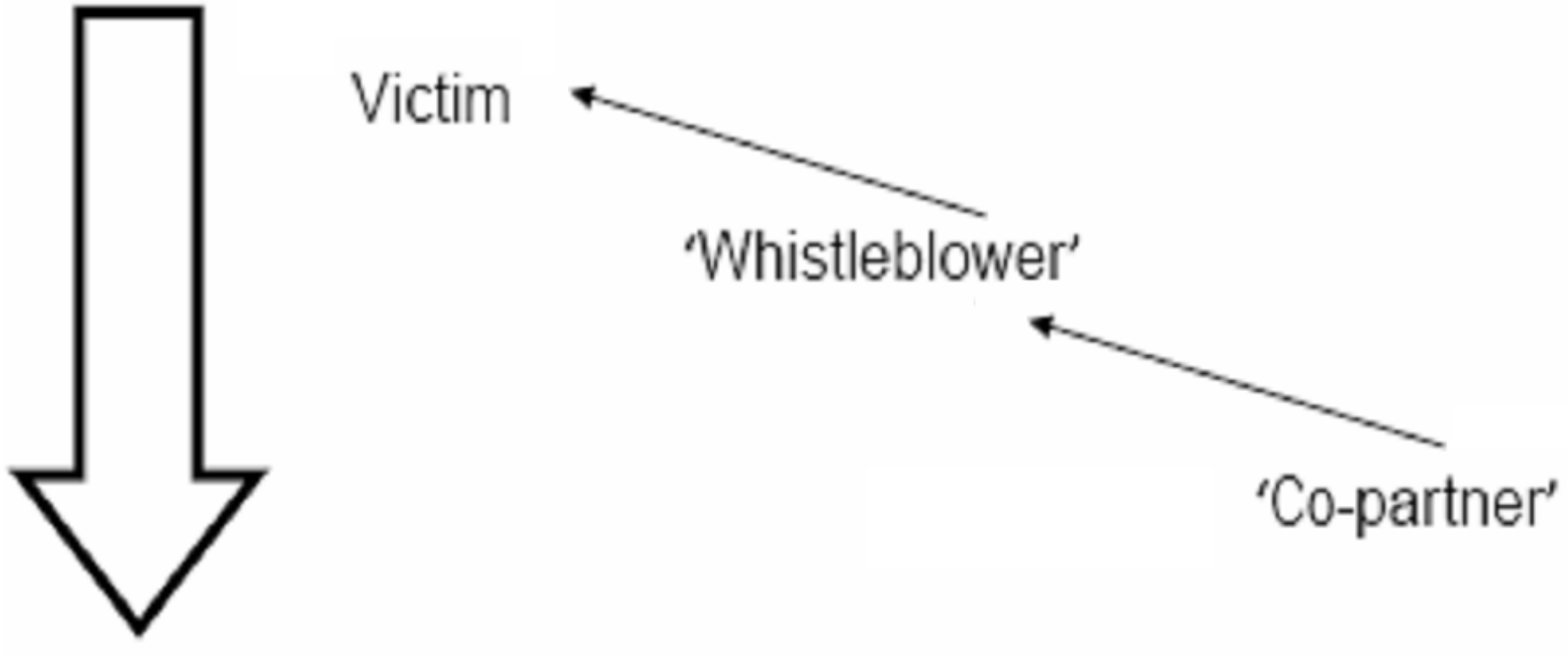
Further insight:

- Judgement of safety altered by unique relationships between the individual and their practice.
- Previously unidentified effects of publicly funded health provision may influence patient expectations and attitudes towards patient safety standards.

This empirical study suggests that future patient involvement initiatives in general practice may be compromised by these perceptual barriers.



The Patient Role?





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Questions

