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Mapping user satisfaction while evaluating the Primary Health Care System in the City of York, United Kingdom

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Abstract: Over the past few decades Primary Health Care has been progress singly regarded as health systems' cornerstone, mainly in western societies. European countries have established primary healthcare systems that emphasize in the provision of a wide range of accessible yet quality services that nowadays are required to be offered effectively in a way that enhances patients' satisfaction. To evaluate the Primary Health Center and user satisfaction in the York area of the United Kingdom**.** 154 York citizens participated in the survey through the completion of an anonymous, pre-approved, structured questionnaire formulated by closed-ended items aiming in recording their experience visiting the Primary Health Center. For the statistical analysis the Statistical Package for Social Sciences (SPSS) 23.0 was deployed.31 men and 123 women, aging between 25 to 44 years, participated in the survey. The overall experience from the provision of medical services is higher among the younger respondents and the elder ones, all the while 81.2% of the participants reported absolute confidence in General Practitioners and 73.4% of them acknowledged participating in the decision-making process as well. The higher the satisfaction rate emerging from visiting hours, the higher the overall satisfaction from the whole appointment process, the provision of medical services, and the lower the frequency of communication with the doctor. Despite the level of trust in health professionals being very high, the relationship between physicians and patients is increasingly becoming more impersonal, compared to the past.

Keywords: Primary Health Care, satisfaction, health service users, general practitioner.

1. Introduction

From the early 1980 Primary Health Care (PHC) and family physician as one of its main functionaries, have been acknowledged as health systems' cornerstone [1]. For several decades now, in the western world particularly, PHC has been the centerfold for reforms aiming in addressing the most prominent concerns around the various health systems. In the European territory, emphasizing on PHC by strengthening it, is expected to provide a solution for the continuous increase in health expenditure emerging from a surge in healthcare services demand emerged from both, socio demographic and epidemiological causes[1].

The Primary Care System in the United Kingdom, within which General Practitioners (GP) are the key contractors for National Health Systems' (NHS) services, was established by the NHS founding declaration in 1947[2]. The system in question, that over the years has ensured GP's relative independence, has guaranteed as well that their individual interests have not been in contradiction with those of the NHS at any given point thought its history[3,4]. With an emphasis on the principle of equality in accessibility and healthcare provision, GPs function as the "gatekeepers" in guiding the patient through the different tiers of care.

In the decades that followed its founding, primary service delivery structures were encouraged to provide a diverse range of services, thereby shaping the supply of healthcare services, introducing competition as well as the aspect of their timely provision to accommodate the needs of the population they cater to [2,5]. As depicted in the strategic five-year NHS Outreach Program[6], the concurrent objectives for primary care were in line with the vision for the NHS to further develop integrated care services and care delivery networks, that satisfy citizens' requirements from their local services, in particular, from those who face long-term health problems or battle multiple diseases[7].

For such a project to prosper, all organizations within defined geographical boundaries, are required to work together to develop a five-year Sustainability and Transformation Plan (STP)[8]. STPs include geographic location - based care programs while detail how all providers will operate together collaboratively to deliver more comprehensive care to the local community. Advanced STPs, at the moment have been evolved into Integrated Care Systems (ICS), attributing significantly to the local health system's autonomy, though the delegation of power for primary care and specialized services, as well as the possibility of transforming funding where they deem necessary, among other provisions [8].

In recent years, patients have become more demanding on what they expect from GPs[9]. According to

the Royal College of General Practitioners, patients nowadays want to receive an integrated response from GPs, who assume the role of the key care provider, offering better coordination among additional services that focus gravely on their overall health promotion, all the while cherishing the special bond that is formed between them and the patient [9]. Moreover, physician's opinion is now regarded as the starting point for dialogue between healthcare providers and well-informed consumers, who maintain a rather active role in regard to their health[9]. The above model of collaborative decision-making, where both, health professionals and patients, file opinions and perceptions during consultation, is oftentimes difficult to manage whilst met with reticence from some physicians [10].

Numerous publications over the past decades have highlighted the importance of patient/customer satisfaction, mostly supporting the significance of evaluating those services provided by their recipients [11-14]. Several bodies worldwide are involved in determining and measuring healthcare services quality, approaching said assessment from distinct angles, addressing the interest of the two major stakeholders of each health system: its internal and external customers [15]. The former consists of the medical personnel, administrations, employees' unions, and executives involved in healthcare management, that assess differently the quality of services provided regarding their respective role within the system, however, the latter, seek quality in the services they acquire [16]. The purpose of this survey is to assess user satisfaction from the primary healthcare services in the York region, in United Kingdom, through investigating participants' views in different aspects of their experience with the GPs, such as trust and decision-making.

2. Methods

To serve the purpose of the study a cross-sectional survey was conducted during January 2020. An anonymized, structured questionnaire consisting of 63 closed-ended items that was already deployed to evaluate patient satisfaction from the NHS GP services in the United Kingdom was applied. Said questionnaire that is comprised from 8 sections, is answered with the 5-item Likert Scale, and complies fully with all standing ethical provisions. Questionnaire's sections are portrayed in Table 1 below. Study participants were selected randomly among York habitants, with 154 of them providing consent and completing the survey, after being thoroughly informed about the study's purpose, their participations' voluntary nature, and the anonymization of their data. Most of them were women (79.9%), between 25 to 44 years of age (53.2%), working full time (100%), all the while being a parent to a child with less than 16 years of age (55.8%). The study was conducted after being guaranteed all necessary ethics approvals. Participants' responses were analyzed with the Statistical Package for Social Sciences (SPSS) version 23, through descriptive and inductive statistics; in particular, analysis of variance (ANOVA), independent samples t-test, Pearson's correlation coefficient. The level of statistical significance was set 0.05.

Table 1. GP Patient Survey

Questionnaire section	Number of items
Local GR services	10
Making an appointment	12
Last appointment	8
Overall experience	1
Health status	12
Seeking GP when services are closed	5
NHS Dentistry	5
Demographics	10

3. Results

3.1. Appointment booking process satisfaction

Sex seemed to affect the frequency of communicating with GPs, as men seemed to communicate more often than women ($M = 3.00$, $SD = 0.00$ Vs $M=2.41$, $SD=0.796$, $p<0.005$). Age as well impacted communications' tendencies, as keener to contact GPs oftentimes were young adults from 18 to 24 years old as well as those between 35 to 45 years of age [$(F(4.79) = 17.402, p < 0.05)$]. Both, the youngest respondents ($M=4.00$) and the elder ones ($M=4.00$), apart from receiving satisfaction from the visiting hours available [$(F(4,149) = 9.305, p < 0.05)$] identified as a gratifying parameter the booking process as well; in particular, those between 18 to 24 years of age ($M=5.00$, $SD=0.00$) along with the ones with more than 55 years ($M=3.5$, $SD=0.51$) [$(F(4,149) = 20.547, p < 0.05)$]. These two specific sample's subgroups were the ones manifesting the highest overall satisfaction levels from the healthcare services provided ($M=5.00$, $SD=0.00$ and $M=4.5$, $SD=0$,

51 correspondingly, ($F(4,149) = 3.456$, $p < 0.05$).

Table 2 below presents the correlations among the booking process satisfaction related variables with the deployment of Pearson's coefficient. As depicted, the frequency of communication is negatively related to the satisfaction induced from the visiting hours availability ($r = -.397$, $p < 0.05$), the overall satisfaction of the appointment booking process ($r = -.333$, $p < 0.05$) and the overall satisfaction of the healthcare services provided ($r = -.466$, $p < 0.05$). Therefore, the higher the satisfaction one is granted from the visiting hours availability, the less inclined will be to communicate with the GPs frequently.

Table 2. Correlations

	1	2	3	4
1.Satisfaction from visiting hours availability	1	-.397**	.566**	.774**
2. Communication frequency with GP		1	-.333**	-.466**
3. Overall satisfaction from appointment booking process			1	.392**
4. Overall satisfaction from the healthcare services provided				1

**. Correlation is significant at the 0.01 level (2-tailed).

3.2 System trust

The vast majority of participants admitted having full confidence in the specialist they had the appointment with (81.2%), whereas a much lower percentage (18.8%) admitted having confidence in said practitioner to some extent. When asked to reflect and elaborate on the issue of having faith in the medical personnel they come across under these circumstances, the 73.7% of those participated in the survey provided a positive answer, when solely 26.3% reported inability to trust the practitioners. Given how 72.1% of the respondents did not prefer to have appointments with a particular doctor, the above findings highlight how much the citizens of York trust their respected primary health care system, since their experience with distinct doctors within the system is positive for 73.7% of them. Such findings are explained by the fact that despite patients' choices freedom degrees being reduced, the system presents rather high effectiveness level in an area without disparities in healthcare provision. Additionally, it is in accordance with the commonly acknowledged trust primary healthcare services receive.

3.3. Collaborative decision-making process

From participants' responses in the items investigating their involvement in the decision-making process during appointments, becomes apparent that during their most recent one, the perceived participation in decisions concerning their care and treatment is seemingly very high. 73.4% of them, identified having been involved in the process as much as he would like to be. This is a very interesting finding given that health users' participation in concerning them is one of the main characteristics of contemporary health systems as well as core objective of those developing health policies[17,18].

3.4. Dissatisfaction

The most prominent factors of participants' displeasure were three; lack of empathy, limited patient education and the non-timely provision of care. Regarding mental health care services, 1 out of 2 survey participants reported that their respective needs neither being acknowledged nor understood during their last appointment. Concerning patient education, 51.8% of the sample stated never having a dedicated conversation with a health professional from the primary health services clinic, to define what is important to do when managing his condition; solely, 17.6% of the sample had been advised accordingly. Finally, timely provision of care and counseling was poor for 50.1% of participants, while a percentage of 24.6% was not in position to evaluate it. Given that most cases treated in primary healthcare settings are not emergency ones, this finding portrays mainly patients' dissatisfaction with the patient triaging and prioritizing in primary healthcare settings.

4. Discussion

The NHS is currently under pressure to provide high quality healthcare services to an ageing population affected by long-term medical conditions while undergone budget cuts [19] a state under which currently is not

only this well-established long standing system, but also newfound primary ones[20]. Patients' subjective experiences and memories are strongly influenced by their perceived satisfaction from the medical care they had previously received. However, patient's satisfaction determines his willingness to revisit a certain healthcare provider [21]. Key parameter for measuring patient satisfaction remains the qualitative nature of data, based on a person's thought processes and emotions, which impairs a wide range of factors, outside of the healthcare provided itself [22].

In this context, the present study aimed in assessing the qualitative characteristics of patients' experience, and consequently acquired satisfaction, as the users of the primary health care services in the region of York, in the United Kingdom. To serve the study purpose, a quantitative research tool that is widely applied to evaluate patient satisfaction from NHS services was deployed. A study's limitation could be considered its duration; notwithstanding, samples' randomized selection allowing for generalizable and safe conclusions to be drawn.

Among other findings, the ones regarding appointments' availability highlight misfunctioning aspects of the services provided as 69% of the study participants reported the lack of available appointments when they had sought them, while 31% of them that available ones concerned later dates. With 36.4% of the study participants reporting satisfied with booking hours availability, when 37% of them admitting quite dissatisfied, the need to optimize the framework for healthcare services provision is imperative. Therefore, becomes apparent that the services in question cannot be characterized neither timely nor adequate, despite almost one out of two respondents (44.8%) characterizing the overall appointment experience as positive. As one out of three respondents characterized the booking experience as "bad enough", targeted improvements are strongly suggested.

Amid other characteristics of the services provided, the lack of empathy was the most prominent one, as during their most recent appointments, for more than four out of five patients, no respective mental and emotional needs were recognized and acknowledged. This finding comes opposed to the patient-centered approach for healthcare services delivery, that almost three out of four respondents portrayed by admitting participating in the decision-making process about their care and treatment.

In addition, participants' responses underline the shift of the contact point being the primary healthcare center itself and not the GP as a person. The majority of those participated in the study (72.1%) supported not preferring to have an appointment with a particular doctor while just 18.2% does so at any given time. Moreover, an 81.2% recognized absolute confidence in the GPs with whom they had the appointment, with a 90.3% admitting the complete coverage of their needs during said appointment, leading in a rather impersonal doctor-patient relationship, significantly differentiated from the one developed in the past. Almost, half respondents (49.1%) confessed having faith in the physicians they had met under these circumstances, a percentage, however, well below the corresponding one for the determined GP of the patient's preference. Even though, the same participants attribute positive characteristics in their experience with a GP that is not their own doctor, it's necessary to ameliorate the stability in the services provided.

Lastly, in regard to how the overall satisfaction of primary healthcare users was differentiated proportionally to their demographic characteristics, solely participants' age seemed to affect their perceptions. As the overall experience of providing medical services is higher for users aging between 18-24 years and those over 55 years of age, resurfaces the requirement for multifaceted support that is essential for middle age groups. In retrospect, our findings highlight that patients' innate requirements of a primary healthcare system today is to fully incorporate and abide by the Astana Declaration through providing integrated, accessible, equitable, high quality and effective services[23].

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