

Who wants to see a GP? – Almost everyone!

Key Findings

- Despite the expanded range of primary healthcare services available in the UK, respondents to our survey preferred the 'traditional' options of self-care for minor symptoms and consulting General Practitioners (GPs) for more serious symptoms
- People will make trade-offs between who they see and how long they wait for an appointment for less serious symptoms
- For more serious symptoms, patients want to see a GP even if they have to wait a long time for an inconvenient appointment

What problem was this research addressing?

Government policies^{1,2} have increased the range of primary healthcare options available to patients. These options include other primary care team members such as practice nurses and pharmacists³, additional services such as nurse-led telephone advice lines or encouraging patients to self-care for minor symptoms⁴. Policy emphasises broadening the skill mix in primary care delivery and moving away from the GP as a default provider. It is therefore important to understand the situations in which people are comfortable using healthcare options other than a GP. This research identified people's preferences for dealing with three common symptoms, with different levels of seriousness: diarrhoea, dizziness and chest pain.

What this research adds

We identify the trade-offs people make between convenience, waiting time, and providers when choosing primary care services to manage symptoms. Knowledge of these trade-offs can inform the organisation of primary care services. We used a discrete choice experiment (DCE) survey of 1,370 adults, recruited from 20 general medical practices across the UK, to explore preferences for managing symptoms.

Methods

A DCE is an economic method used to assess preferences⁵, based on the assumption that a service can be described in terms of attributes (e.g. health professional seen) and levels (e.g. GP or practice nurse) and with the requirement that individuals make trade-offs between the attribute levels presented to them.

The attributes and levels in this study were informed by earlier phases of this study⁶ and are shown in Table 1:

Table 1: Attributes and levels within the DCE

ATTRIBUTES	LEVELS
Healthcare provider	Self-care; Practice nurse; NHS24/NHS Direct; Pharmacist; Complementary practitioner; GP
Waiting time	0 hours; 1 hour; 6 hours; 1 day; 3 days; 8 days
Time available for consultation/treatment	5 minutes; 10 minutes; 20 minutes; 30 minutes
Out of hours availability	Normal working hours only; Normal working hours and out of hours (evenings and weekends)
Chance of a satisfactory outcome	Poor chance; Fair chance; Good chance; Very good chance
Cost	£1; £3; £5; £7.50; £15; £25; £40; £75

Best practice methods were used to identify 48 choice sets (split into 6 sets of 8 choices to reduce the respondent burden). An example choice is shown in Figure 1. In each choice respondents were asked to choose one of three alternatives: two primary health care services or taking no action.

Figure 1: Example Choice Question

Which option would you choose?			
	Option 1	Option 2	
Action you take	GP	Pharmacist	
Waiting time	3 days	1 day	
Time available for consultation/treatment	10 minutes	20 minutes	
Convenience/availability	Any time	Normal working hours only	
Cost	£15	£5	
Chance of satisfactory outcome	Fair	Very good	
(Tick ONE box only)	Option 1	Option 2	Do Nothing

Research Findings

Preferences varied between symptoms. For diarrhoea respondents preferred to *Self-care*, followed by visiting a *Pharmacist*, but not to consult the GP or use *NHS24/NHS Direct*. For both dizziness and chest pain the preference was to consult the GP followed by consulting a *practice nurse*, and for both symptoms people would not *self-care*. For all symptoms,

respondents would not use a *complementary practitioner*. *Waiting time* and *chance of a satisfactory outcome* are important factors for all three symptoms. Crucially, respondents were prepared to wait longer and accept an inconvenient appointment to see a GP. These preferences hold across different population sub-groups.

Research Highlights

- Despite an increased range of primary healthcare services in the UK, there is a strong preference to see a GP for more serious symptoms (dizziness and chest pain in this study).
- Self-care is preferred for minor symptoms (diarrhoea in this study).
- Our findings suggest challenges in encouraging respondents to move away from seeing the GP for more serious symptoms – they were willing to wait longer and accept an inconvenient appointment to see a GP (rather than other healthcare providers).
- Understanding such preferences may help inform interventions aimed at changing symptom management behaviour.

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Or contact Verity Watson (v.watson@abdn.ac.uk).

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http://twitter.com/HERU_Abdn

CONTACT US

HEALTH ECONOMICS RESEARCH UNIT

Institute of Applied Health Sciences, Polwarth Building, Foresterhill, Aberdeen AB25 2ZD

Tel: +44 (0)1224 437197/437196 Fax: +44 (0)1224 437195 Email: heru@abdn.ac.uk www.abdn.ac.uk/heru