

Plain English Publication Summary

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SJ Stocks, A Donnelly, A Esmail, J Beresford, C Gamble, S Luty, R Deacon, A Danczak, N Mann, D Townsend, J Ashley, P Bowie, SM Campbell. Development and piloting of a survey to estimate the frequency and nature of potentially harmful preventable problems in primary care from a UK patient's perspective. *BMJ Open* 2018; doi:10.1136/bmjopen-2017-01778

What was known before your paper was published?

Patients are thought to take a different view of patient safety to healthcare professionals. Consequently they may have different opinions to clinicians about how to improve patient safety or different priorities to clinicians, for example, prioritising psychological and emotional harm over technical errors. Involving patients in identifying errors and reducing harm occurs in hospitals but less so in primary care. Primary care includes all healthcare outside the hospital such as the GP or dental surgery, out of hours care, A&E, ambulance service, walk in clinics, pharmacy, community or district nursing, opticians and community mental health services. There was little information about how often patient's experienced preventable harm in primary care and the information that was available tended to come from the clinician's perspective. There were few methods available to measure how often patients experienced problems in primary care that caused, or had the potential to cause, preventable harm in *the patient's* opinion.

What did you do?

We designed and tested a survey to ask members of the public about the potentially-harmful preventable-problems they had experienced in UK primary care. The survey was designed by members of the public working with researchers then tested out by volunteer members of the public to make sure it was easily understood. The final survey asked respondents for a description of their problem, whether they had discussed it with a primary care professional and if they had suggestions for how the problem could have been prevented. We asked 7 members of the public (not those doing the survey) and 6 primary care clinicians (5 GPs and one dentist) how likely they thought it was that the problem really was potentially-harmful. We then compared the opinions of patients and clinicians. We also analysed the data to see if some types of patient were more likely to believe they had experienced a potentially harmful problem, for example according to age, gender, how often they used primary care.

What did you find?

We were successful in our aim to design, test and publish a survey to ask about potentially-harmful preventable-problems in primary care from the patient's point of view. Patients understood the survey, seemed interested in filling out the survey and gave us good information about problems they had encountered and believed might have been harmful. We found that 132 of the 638 (21%) people who completed the survey believed they had experienced a potentially harmful problem within the previous 12 months but only 14 of the 132 (10%) problems reported were considered to be "probably" potentially harmful by the group of 5 GPs and one dentist. On the other hand the 7 members of the public were more likely to agree with the person filling out the survey and judged that 87 of the 132 (66%) were "probably" potentially harmful. Only around half of patients had discussed their problem with a person working in primary care. The most common reasons given for not discussing the problem were being uncomfortable about raising the concern or being unable to find a person to raise their concern with. Prescribing or medication-related problems were the most common type of problem and more likely to be considered potentially harmful by the group of GPs/dentist. Other common problems included patient concerns related to investigations and referrals, communication and clinical skills or knowledge. The most frequent suggestions for ways that the problem could have been prevented were that clinicians should involve the patient more fully in the healthcare process (*i.e.* listen to the patient and trust their judgement more) and be up to date with, and apply, the most recent information about the patient's condition (*i.e.* take into account all of the patient's information—their medical history, results and letters).

What insights/knowledge did you add?

The survey now needs to be repeated using a representative sample of the public. The respondents were volunteers who might have been more likely to respond to the survey because they had encountered a problem. We found that there is some disagreement between the public and primary care professionals about what each group considers may be a preventable problem. Around half of patients did not discuss their problem with a primary care professional, pointing to a lack of opportunities for these differences to be resolved. If this is confirmed in a larger UK-wide study then there will be a strong rationale for interventions to reconcile these differences in opinion.