

Plain English Publication Summary

Publication title: [The frequency and nature of potentially-harmful preventable-problems in primary care from the patient's perspective with clinician review – a population level survey in Great Britain](#)

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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. The frequency and nature of potentially-harmful preventable-problems in primary care from the patient's perspective with clinician review – a population level survey in Great Britain. *BMJ Open* 2018

What was known before your paper was published?

Asking patients if they have experienced any mistakes in health care happens in secondary care but not often 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). Most of the information about errors in primary care comes from the health care professionals involved, not the patients. We had previously designed a questionnaire to measure how often patients believe they had experienced problems in primary care that did, or could have, caused harm ([Stocks et al, 2018](#)).

What did you do?

Using a survey, which was designed by members of the public and researchers working together, we asked almost 4000 members of the British public about any preventable problems they'd had in primary care which they felt could have been harmful to them. People were asked to describe the problem, whether they had discussed it with a healthcare professional and any ways in which the problem could have been prevented. Seven members of the public (who hadn't completed the survey) and 6 primary care clinicians (5 GPs and 1 dentist) then rated how likely it was, in their opinion, that the incident really had the potential to cause harm. We looked at whether some patients were more likely to report a potentially harmful problem or discuss it, depending on age, gender, ethnicity, where they lived and if they were employed. We also investigated if patients' confidence and trust in their GP was affected by their belief that they'd had a potentially harmful experience in primary care which could have been prevented.

What did you find?

In our survey of nearly 4000 members of the public, 300 patients (7.6%) told us they had experienced a preventable problem which could have been harmful in primary care during the previous year. About half of the patients had not discussed the problem with anyone working in primary care, so clinicians do not know the problem has happened. If these results are typical then, across Britain as a whole, around 3 million patients believe they have experienced a potentially harmful but preventable problem within the previous 12 months. Similarly, about 1.5 million people believe their health has been made worse as a direct result of the incident described. This is important, not only because genuine safety problems might occur, but also because patients who experienced problems are eight times less likely to have confidence and trust in their GP. Patients said they did not raise their concerns because they could not find the right person, were uncomfortable about doing so, or worried that it may affect their care in the future. Patients who did raise their concerns were more likely to have confidence and trust in their GP. We also found that there was no particular 'type' of patient who was more likely to believe they had experienced a potentially harmful incident, or discuss it with somebody working in primary care, and this was not affected by age, gender, ethnicity, where they lived or employment. About two-thirds of the incidents took place in general practice, with the remainder occurring in dental surgeries, out of hours care, A&E, ambulance service, walk in clinics, pharmacy, community or district nursing, opticians and community mental health services. The most commonly described problems were in prescribing medicines and late, missed or wrong diagnoses. Many patients described difficulty in getting appointments but thought this was less likely to be harmful. In rating the incidents, members of the public were much more likely to agree with the patient that the reported problems were potentially harmful than clinicians. In fact clinicians only agreed with the patient that the problem was "probably" potentially harmful in a small number of cases. Patients made many suggestions about preventing their problem. Most often they suggested more involvement in their own care and better communication between primary care professionals and patients, plus quicker access to primary care and investigations.

What insights/knowledge did you add?

From our survey it appears there may be many patients in England, Scotland and Wales who believe they have experienced an incident in primary care, which caused them harm and which could potentially have been prevented. However the survey also shows that a sample of six GPs and a dentist rarely agreed with the patients and members of the public that these problems are likely to cause harm. Researchers are already working closely with those in primary care to improve patient safety, but how do we deal with the patient-perceived problems, such as those described in our survey, that clinicians do not recognise as potentially harmful? Our study suggests that encouraging patients and making it easy for them to raise issues informally with a member of the primary care team may help with building trust, understanding and making expectations clear on both sides. Creating an easy to access, unthreatening, route in which patients are actively encouraged to discuss their concerns may be helpful. Further work is needed to develop ways for patients and primary care professionals to work in partnership so that primary care is not only as safe as possible in practice but is also felt to be so by patients.