Socio-demographic variation in experience of shared decision-making with GPs in England

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Acknowledgements

- GPPS respondents and programme
- Dr Gary Abel
- Dr Georgios Lyratzopoulos
- Prof Martin Roland
Patient involvement in decision-making is an important aspect of quality of care

• Patient experience is an important dimension of quality of care

• Involvement in decisions about tests and treatment are key aspects of patient experience

• Satisfaction with involvement in decision-making may be associated with improved psychological outcomes

The extent to which this varies in primary care is not known
The General Practice Patient Survey allows us to examine variation of patient experience

- Annual survey sent to over 3.5 million patients in England
- Response rate 38% in 2011/12
- Asks a range of questions intended to evaluate various aspects of care
Study aims

Use GPPS to examine how experience of involvement in decision-making about care varies:

1. between patients of different genders, age-groups, ethnicities and deprivation status;

   and

2. if any differences might be accounted for by confounding by socio-demographic variables or clustering of certain patient groups in practices with particularly ‘good’ or ‘bad’ performance.
A single question evaluated experience of involvement in decisions about care

LAST GP APPOINTMENT

Q21 Last time you saw or spoke to a GP from your GP surgery, how good was that GP at each of the following?

Involve you in decisions about your care

☐ Very good
☐ Good
☐ Neither good nor poor
☐ Poor
☐ Very poor
☐ Doesn’t apply
How good was your GP at involving you in decisions about your care?

Overall responses

- Very good: 44%
- Good: 34%
- Neither good nor poor: 11%
- Poor: 2%
- Very poor: 1%
- Doesn't apply: 8%

n=963,516*

* excludes respondents with missing socio-demographic data
Our analysis was based on looking at the likelihood that patients reported a positive experience. Overall responses:

- Very good: 44%
- Good: 34%
- Neither good nor poor: 11%
- Poor: 2%
- Very poor: 1%

*n=963,516*

*excludes respondents with missing socio-demographic data*
Our analysis was based on looking at the likelihood that patients reported a positive experience.

Informative responses:

- **Very good**: 48%
- **Good**: 37%
- **Neither good nor poor**: 12%
- **Poor**: 2%
- **Very poor**: 1%

n=892,606*

* excludes respondents with missing socio-demographic data
Our analysis was based on looking at the likelihood that patients reported a positive experience.

Informative responses

- Positive: 85%
- Not positive: 15%

n=892,606*

* excludes respondents with missing socio-demographic data
Multivariate logistic regression models were used to examine variation in experience

<table>
<thead>
<tr>
<th>Model</th>
<th>Description</th>
<th>Question to be answered</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1</td>
<td>Crude experience</td>
<td>Does experience vary between different patient groups?</td>
</tr>
<tr>
<td>M2</td>
<td>Adjusted for gender, age, ethnicity and deprivation</td>
<td>Is this because of socio-demographic variables?</td>
</tr>
<tr>
<td>M3</td>
<td>As M2 with an adjustment for general practice</td>
<td>Is this because of variation between practices?</td>
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</tbody>
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Odds ratios of reporting experience of involvement in decision-making as positive as the reference group*

*Adjusted for gender, age-group, ethnicity and deprivation
Women report marginally more positive experience of involvement in care decision-making than men.
There is substantial variation in experience of involvement in decisions about care by age...
... and ethnicity ...
… with modest variation by socio-economic status
How much variation is explained by concentration of certain groups in particularly ‘good’ or ‘bad’ practices?

*Adjusted for gender, age-group, ethnicity and deprivation
How much variation is explained by concentration of certain groups in particularly ‘good’ or ‘bad’ practices?

*Adjusted for gender, age-group, ethnicity and deprivation and practice*
Variation in patient experience might suggest an opportunity to improve quality of care

**Patient factors**
- Differing expectations of ‘involvement’
- Patient morbidity

**Service factors**
- Treating patients differently
- Treating patients the same
- Clustering of patients in ‘poorly performing’ practices

**Measure artefact**
- Confounding by other measured variables
- Confounding by unmeasured variables
Placing our findings in a broader context

- Similar response patterns across a range of items in GPPS
- National Cancer Patient Experience Survey showed similar response patterns for gender, age and deprivation but not ethnicity
- Sources of potential bias: survival, non-response, etc.
- Construct validity of single item
Summary

- Substantial variation exists in experience of involvement in care decision-making by age and ethnicity with modest variation by socio-economic status.

- This variation is not fully explained by confounding by other socio-demographic factors or clustering of different patient groups in certain practices.

- A better understanding of the mechanisms underlying these apparent disparities is needed to improve the quality of patient experience of decision-making in primary care.