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Comment on Weston *et al* ‘Measuring patient satisfaction in STI clinics: A systematic review’

Positive patient experience has been identified as a key marker of health service quality.¹ With the drive towards more patient-focused care, there is increasing interest in seeking patient opinion on the service and care they receive across all areas of the NHS. The Medical Foundation for AIDS and Sexual Health (MedFASH) has recommended that users (and potential users) of sexual health services are consulted about the design, planning, delivery and improvement of services to ensure that the care provided is user-focused and of high quality.² As Weston *et al* note,³ it is therefore of concern that the Health Care Commission report found that fewer than half of primary care trusts regularly consulted with their patients on the quality of sexual health services.⁴ The particularly sensitive nature of sexual health services, patients’ desire for anonymity and some patients’ ‘get in, get seen, get out’ attitude towards accessing these services may in part explain the limited user consultation. However, the response rates of the published studies included in the Weston *et al* review suggest that concerns about seeking user opinion on sexual health service experiences are unwarranted,³ with some studies reporting a response rate in excess of a very impressive 90% (although we acknowledge the possibility of publication bias in this respect).

Another possible hindrance is that service providers may be reluctant to assess patient satisfaction because they do not know which questions to ask or how to ask them. In this regard, Weston *et al* provide a very useful commentary on the strengths and weaknesses of different modes of data collection, as well as identification of the important themes that should be covered

when seeking patient views.³ Although questionnaires were the most common methodology employed by the included studies in this systematic review to gauge patient satisfaction, there was evidence that more qualitative approaches are increasingly being used, particularly over the last decade. A mixed method approach can ensure both broad and in-depth understandings of patients' experience of the service, which in turn can have a direct impact on service delivery. For example, Paxford-Jenkins and Kumar describe how service user pathways were improved through the use of touch-screen technology after mystery shoppers identified queuing and lack of privacy at reception as problematic.⁵

The authors acknowledge that a 'one size fits all' approach to understanding patient satisfaction will not be possible as different populations have different needs.³ For example, as Weston *et al*, and as others have found (such as the One-Stop Shop Evaluation⁶), convenience is frequently identified as an important feature of a service. But convenience may well be defined in different ways by different population groups. Young people may prefer services to be open after school or college between 4-6pm, whereas people who work regular office hours may prefer evening and/or weekend clinics. In this respect, it is worth noting that data from the Patient Access and the Transmission of Sexually Transmitted Infections ('PATSI') study found that whether or not people were in education, at work or had childcare responsibilities during clinic hours were not associated with delaying seeking or accessing care from GUM clinics.⁷ As Weston *et al* recommend, the extent to which patient satisfaction influences attendance and clinical outcomes requires more exploration.

This systematic review includes studies that focus on satisfaction amongst patients accessing services that offer dedicated sexually transmitted infection (STI) testing, in the main within genitourinary medicine (GUM) clinics set in the UK. Anonymity and non-judgmental staff were identified as important service characteristics, and participants in the included studies may have specifically attended GUM clinics for the specialist care they provide. In the UK, individuals have some choice in the available services offering STI screening, and a substantial proportion of STIs are diagnosed and treated within general practice, particularly amongst female patients.⁸ Standardisation of instruments that can be used across different health provider settings, and within the community, to measure patient satisfaction needs further attention.

The authors conclude by calling for a validated and standardised approach to assessing patient satisfaction in sexual health clinics that would enable trends over time to be monitored within and between services. The collation of validated and standardised questions could be overseen by British Association for Sexual Health & HIV (BASHH) and set up in the same way that the University of Surrey hold The Question Bank as part of the Economic and Social Research Council's Data Archive (see: <http://surveynet.ac.uk/sqb/qb/>). This archive helps researchers designing questionnaires to identify and use validated questions on such topics as economic activity, crime, and social class. Indeed, such a resource for sexual health service providers might also include tips and advice on undertaking such surveys, for example emphasising the importance of undertaking a pilot survey first, (which, it is interesting to note, was not uniform practice for the studies Weston *et al* reviewed) to ensure that the data are not just collected at regular intervals but that they are also of the best possible quality. Such data will be vital in

evidence-based service planning to ensure that providers are doing all they can to encourage individuals to seek STI care and use sexual health services.

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References

1 Department of Health. Understanding what matters. A guide to using patient feedback to transform services. 2009. HMSO: Leeds.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_099780

2 Medical Foundation for AIDS & Sexual Health. Recommended standards for sexual health services.

London: MedFASH. 2005

http://www.medfash.org.uk/publications/documents/Recommended_standards_for_sexual_health_services.pdf

3 Weston R, Dabis R, Ross JDC. Measuring patient satisfaction in sexually transmitted infection clinics: a systematic review. *Sex Transm Inf.* 2009

4 Healthcare commission. Performing better? A focus on sexual health service in England. 2007.

Commission for Healthcare and Inspection.

5 Paxford-Jenkins R, Kumar U. Use of touch-screen technology to deliver user-focused service improvements in a walk-in sexual health centre. *J Fam Plann Reprod Health Care*. 2008;34(4):268.

6 The One-Stop Shop Evaluation Team. Evaluation of One-Stop Models of Sexual Health Provision. London: Department of Health. 2008

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_083200

7 Mercer CH, Sutcliffe L, Johnson AM, *et al*. How much do delayed healthcare seeking, delayed care provision, and diversion from primary care contribute to the transmission of STIs? *Sex Transm Infect* 2007;**83**:400–5

8 Cassell J, Mercer CH, Sutcliffe L, *et al*. Trends in sexually transmitted infections in general practice 1990-2000: population based study using data from the UK general practice research database. *BMJ*. 2006;332:332-334.