

## Guest editorial

# Patient perspectives on quality in primary care

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It is a pleasure to write this guest editorial for this special edition on quality in primary care from a patient perspective and to thank authors who have all submitted perceptive, thoughtful and informative papers.

Quality is an elusive concept. Dictionary definitions of quality include 'degree or standard of excellence especially a high standard'. In health care, quality is often defined by managers as meeting government targets. For the General Medical Council (GMC), the body that regulates doctors in the UK, quality is embodied in the standards set out in *Good Medical Practice*,<sup>1</sup> for the Royal College of General Practitioners (RCGP) it is attaining the standards embodied in one of their quality awards and for individual practices in attaining high scores in the Quality and Outcomes Framework (QOF). While patients may endorse many of these standards, they are not always involved in the setting of the standards. Mitzi Blennerhassett gives examples of how patients often emphasise different aspects of quality, and poses the sorts of questions that all practices should ask of patients in evaluating the quality of the service.

Alison Blenkinsopp and colleagues look at aspects of medicine use in primary care and give a set of possible audit questions to identify performance standards in medicine management, which these authors believe can only be improved through local collaboration between general practice, community pharmacists and patients. Millie Kieve writes passionately about adverse drug reactions (ADRs), how professionals can learn from the patient experience, the need for professionals to listen to what patients are telling them and the need to improve education to prevent ADRs.

Patient choice is discussed in the paper by Sue Horrocks and Joanna Coast in their study of patients with skin problems referred either to hospital out-patients or general practitioners with a special interest (GPwSIs), and by Helen Barnett in her balanced analysis of the use of complementary and alternative medicine.

For patients, quality in primary care embraces all aspects of the direct contact between patient and professional, as well as the outcomes of consultations and treatments. But quality for patients extends much more widely, as seen in Barbara Greggains' paper on the expected benefits for both patients and practitioners of the National Health Service Information Technology (NHS IT) programme. Quality for patients means the ability to be fully involved in all aspects of health care, including commissioning. Graham Box eloquently argues the need to establish legitimate structures of public engagement in commissioning.

'Collaboration', 'involvement' and 'participation' are terms used in most of the papers. Health service organisations are now charged to involve patients and the public but often do not know who to consult. In her scholarly paper, Charlotte Williamson explores the implications of the different levels and kinds of knowledge and experience held by patients for their involvement in the wider aspects of health care.

These papers challenge. They show that what defines quality can differ from one person to another and that patients' definitions may not be the same as those of professionals. They also offer insights into how patients' views can be incorporated into professional standards and health service planning.

Finally Jo Parish describes the nine winning projects, all of which involve patients or their representatives, of the Health Foundation engaging with the quality in primary care scheme.

## REFERENCE

- 1 General Medical Council. *Good Medical Practice*. London: General Medical Council, 1998.

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