PRIORITY BRIEFING
The purpose of this briefing paper is to aid Stakeholders in prioritising topics to be taken further by PenCLAHRC as the basis for a specific evaluation or implementation research project. They were complied in 2-3 days.

Does a simple pre-clinic form improve patient satisfaction following a diabetes appointment?

Question ID: 10
Question type: Implementation
Question: Does a simple pre-clinic form improve patient satisfaction following a diabetes appointment?

Population: Patients with diabetes attending secondary care clinics.

Problem: Diabetes appointments are "pressured" times with much to get through from the medical/nursing agenda. Not all doctors/nurses address the main issues worrying the patient nor do all patients manage to vocalise these issues.

Service and setting: Diabetes clinics in secondary care (specialist nurses and diabetologists).

Solution: Patients would be offered a simple form prior to clinic - a combination of free text in response to simple questions e.g. what do you most want to discuss with the doctor/nurse today?/what are you most concerned about regarding your diabetes and/or a tick-box – e.g. worried about weight/diabetes control/hypos etc.

Outcome: Patient satisfaction (by questionnaire) and ultimately markers of engagement/compliance. If effective, could change the method of consultation for 4% of the total population.

Diabetes:
Diabetes is a common life-long condition where the amount of glucose in the blood is too high as the body cannot use it properly. There are two types of diabetes Type 1 diabetes which develops when the insulin-producing cells have been destroyed and the body is unable to produce any insulin. Usually it appears before the age of 40, especially in childhood. It is treated with insulin either by injection or pump, a healthy diet and regular physical activity and Type 2 diabetes which develops when the body doesn't produce enough insulin or the insulin that is produced doesn't work properly. Usually it appears in people aged over 40, though in South Asian and Black people it can appear from the age of 25. It is becoming more common in children and young people of all ethnicities. It is treated with a healthy diet and regular physical activity, but medication and/or insulin is often required.

The Health Problem

Diabetes is a serious health problem. World-wide prevalence is expected to rise from 2.8% in 2000 to 4.4% in 2030, meaning that 366 million people will be affected. There are currently over 2.6 million people with diabetes in the UK and there are up to half a million people with diabetes who are not aware of their condition. Diabetes UK estimate that 15 per cent of children and adults with diabetes have Type 1 diabetes and 85 per cent have Type 2 diabetes.

Patients often want more information from clinicians (doctors and nurses) or find that the information they do receive does not address their particular needs. Providing information is important because it is a determinant of patient outcomes, satisfaction, compliance, recall and understanding. Patients may feel intimidated or otherwise unable to voice their needs. Currently, there is no routine implementation of strategies to help patients address their information needs.[1]

Guidelines:

The *National Service Framework for Diabetes (2002)* includes a 'review checklist' to guide clinicians during a diabetes review. However, there was nothing proposed to give to patients to help them prepare or be aware of what should be being discussed. There is a National Framework Standard that needs to be reached by 2013 called 'empowering people with diabetes' which states that 'all children, young people and adults with diabetes will receive a service which encourages partnership in decision-making, supports them in managing their diabetes and helps them to adopt and maintain a healthy lifestyle. This will be reflected in an agreed and shared care plan in an appropriate format and language. Where appropriate, parents and carers should be fully engaged in this process.

NHS Priority

Regional

SW SHA Priorities framework 2008-11

- There are no priority headings linked to improving patient satisfaction in diabetes care

Local

Local perspective

- For people with long term conditions DPCT aim to create a model of care where individuals have maximum control and individual plans for independence and choice
- Plymouth Hospital NHS aim to have good communications with patients with long term conditions
- RD&E also aims to provide support for people to have their say and influence

Existing Research

Published research

One systematic review relating generally to this area, *Interventions before consultations for helping patients address their information needs,* conducted by the Cochrane Collaboration (2007) was found.[1] This review looked at a number of studies (33) using different interventions. The most common interventions were question checklists and patient coaching delivered immediately before the consultations. Commonly reported outcomes were question asking, patient participation, patient anxiety, knowledge, satisfaction and consultation length. The results indicated that interventions before consultations designed to help patients address their information needs within consultations produce limited benefits to patients. The review suggested that further research could explore alternative outcomes such as whether anxiety before consultations is reduced, the effects on patient engagement/compliance training and the timing of interventions. No relevant primary search studies since 2007 were identified in the search conducted for this briefing.

Ongoing Research:

No reports of ongoing research were identified by the searches.

Feasibility:

A very simple study could be conducted to look at response within subgroups such as adolescents, type 1 v type 2, and the elderly etc.

References

1) Kinnersley, P., A. Edwards, et al. (2007). "Interventions before consultations for helping patients address their information needs." Cochrane Database Syst Rev(3): CD004565.
BACKGROUND: Patients often do not get the information they require from doctors and nurses. To address this problem, interventions directed at patients to help them gather information in their healthcare consultations have been proposed and tested. OBJECTIVES: To assess the effects on patients, clinicians and the healthcare system of interventions which are delivered before consultations, and which have been designed to help patients (and/or their representatives) address their information needs within consultations. SEARCH STRATEGY: We searched: the Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library (issue 3 2006); MEDLINE (1966 to September 2006); EMBASE (1980 to September 2006); PsycINFO (1985 to September 2006); and other databases, with no language restriction. We also searched reference lists of articles and related reviews, and handsearched Patient Education and Counseling (1986 to September 2006). SELECTION CRITERIA: Randomised controlled trials of interventions before consultations designed to encourage question asking and information gathering by the patient. DATA COLLECTION AND ANALYSIS: Two researchers assessed the search output independently to identify potentially-relevant studies, selected studies for inclusion, and extracted data. We conducted a narrative synthesis of the included trials, and meta-analyses of five outcomes. MAIN RESULTS: We identified 33 randomised controlled trials, from 6 countries and in a range of settings. A total of 8244 patients was randomised and entered into studies. The most common interventions were question checklists and patient coaching. Most interventions were delivered immediately before the consultations.Commonly-occurring outcomes were: question asking, patient participation, patient anxiety, knowledge, satisfaction and consultation length. A minority of studies showed positive effects for these outcomes. Meta-analyses, however, showed small and statistically significant increases for question asking (standardised mean difference (SMD) 0.27 (95% confidence interval (CI) 0.19 to 0.36)) and patient satisfaction (SMD 0.09 (95% CI 0.03 to 0.16)). There was a notable but not statistically significant decrease in patient anxiety before consultations (weighted mean difference (WMD) -1.56 (95% CI -7.10 to 3.97)). There were small and not statistically significant changes in patient anxiety after consultations (reduced) (SMD -0.08 (95%CI -0.22 to 0.06)), patient knowledge (reduced) (SMD -0.34 (95% CI -0.94 to 0.25)), and consultation length (increased) (SMD 0.10 (95% CI -0.05 to 0.25)). Further analyses showed that both coaching and written materials produced similar effects on question asking but that coaching produced a smaller increase in consultation length and a larger increase in patient satisfaction. Interventions immediately before consultations led to a small and statistically significant increase in consultation length, whereas those implemented some time before the consultation had no effect. Both interventions immediately before the consultation and those some time before it led to small increases in patient

satisfaction, but this was only statistically significant for those immediately before the consultation. There appear to be no clear benefits from clinician training in addition to patient interventions, although the evidence is limited. AUTHORS' CONCLUSIONS: Interventions before consultations designed to help patients address their information needs within consultations produce limited benefits to patients. Further research could explore whether the quality of questions is increased, whether anxiety before consultations is reduced, the effects on other outcomes and the impact of training and the timing of interventions. More studies need to consider the timing of interventions and possibly the type of training provided to clinicians.