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Evaluating patients' satisfaction with eye clinic services.

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People diagnosed with macular disease (MD) are often dissatisfied with the care received from health professionals in the UK¹ and would like more information and support. The MD Society helpline frequently receives calls from people who have been distressed by their experiences at diagnosis. A survey of members of the MD Society (UK)¹ showed that over 70% of respondents had been told 'Nothing can be done' about their MD. This led to 60% of those people feeling depressed or anxious¹ and 54 people reported feeling suicidal. While there may often be nothing that can be done medically, there are ways in which all people with MD can be helped to adjust to living with MD through support, rehabilitation and low vision aids, although in practice many receive no such services. Evidence has suggested that dissatisfaction with experiences at diagnosis is associated with decreased well-being in the long term.²

Ophthalmologists are often unaware of the distress experienced by many of their patients at diagnosis and may not consider how their own actions may exacerbate that distress. What they say to patients is often remembered years later, word for word. It is important for ophthalmologists to have systematic feedback about their patients' experiences of diagnosis and management of MD and to evaluate the impact of interventions to improve patient satisfaction.

Over the past two years our team at Royal Holloway has worked with members of seven groups of the MD Society (Leicester, Croydon, Fareham, Basingstoke, Reading, Camberley and Guildford) to design a measure of satisfaction with services provided to people with MD, the MacSSQ³.

The MD Society has provided funding to audit patient satisfaction using the MacSSQ with 100 patients in up to 10 eye clinics throughout England. People who cannot read the MacSSQ and complete it themselves will be offered a telephone interview. Consultants at the eye clinics will also be asked to complete the MacSSQ as if they were a patient in their clinic.

We will be able to describe the level of satisfaction/dissatisfaction with each of the issues covered within the questionnaire. Where possible we will investigate whether satisfaction differs between groups (e.g. treated vs untreated, hospitals with vs without eye clinic liaison officers or support desks). Consultants' estimates of patient satisfaction will be compared with patients' actual scores item by item to assess the extent to which consultants appreciate their patients' concerns.

We will report back to each eye clinic about their results. By increasing awareness of ophthalmologists about the levels of dissatisfaction in their patients we can expect to increase their motivation and help target their efforts to improve services offered.

To date five clinics have been recruited into the study and ophthalmologists from other clinics have expressed interest in taking part.

References

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