



PATIENT VOICES AND PRACTICE ACCREDITATION: A NATURAL EXPERIMENT IN PRIMARY CARE QUALITY ASSESSMENT

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ABSTRACT

Many general practices use accreditation to maintain high patient safety and quality of care. Yet, we don't know much about the effects of these services on what patients think of healthcare quality. One of the goals of this study was to discover if accreditation improves the quality of care as seen by patients. Researchers took advantage of the sequential introduction of a national accreditation programme in a natural cluster randomised design. Responses to the same validated questionnaire were collected from both accredited and non-accredited practices. Multilevel regression was used to study differences between various key domains. No meaningful differences in patient-reported outcomes such as communication, accessibility and satisfaction, were observed between patients treated at accredited and non-accredited practices. The presence of accreditation did not make much difference in patient-rated quality of care. Any future accreditation process needs to focus on patient care and help practices apply improvements to their patient care.

Key Words: Accreditation, General Practice, Patient Experience, Quality of Care, Cluster Randomised Study

INTRODUCTION

Quality of care in general practice is a major focus in healthcare systems everywhere. Because patient-centred care is becoming more important, many countries have introduced accreditation programmes to strengthen medical care, reduce risks and achieve better clinical results.[1] Accreditation means healthcare organizations are externally examined against given criteria and is commonly considered a tool for boosting quality development all the time. Even though accreditation is now used widely, its actual results from the patient's standpoint are not well-established. Since patient happiness and experience play a major role in showing care quality in general practice, it is important to check if being accredited really improves how patients describe their outcomes.[2] While some claim that accreditation makes organisations work more effectively, others believe it leads to more bureaucracy without delivering big benefits in clinical or practical work. The authors are aiming to fill this gap by considering how general practice accreditation affects patient ratings of the care they receive with a natural cluster randomised experiment. The staggered accreditation of clinics allows this research to show the true effect of accreditation in actual practice.[3] Scientists pay special attention to see if receiving accreditation makes patients feel better about the communication, availability, continuity and total satisfaction of their health

care. Results from this research will add to the debate about the importance of primary care accreditation and offer useful advice for those who want to match quality standards with what is most important to patients.

STUDY OBJECTIVE

The main goal of the research was to determine if patients report that care improves after a general practice receives accreditation. The purpose was to see if practices that went through accreditation earned greater patient satisfaction and higher ratings of the quality they offer than those that were not yet accredited.[5]As judging health system results now focuses on what patients experience, this investigation is required and well-placed. With accreditation programmes, healthcare organisations are inspired to follow guidelines proven by research and build a more solid framework within their organisation. Nevertheless, most research finds better clinical routines and documentation, but the impact on patients' experience is hard to estimate.[6]This research was aimed at meeting this knowledge gap by examining four main aspects of patient-reported quality of care: communication, trust, accessibility and continuity. The objective was reached by using a natural cluster randomised experimental design. With patients seen in both accredited and non-accredited GPs over time, the National Accreditation Program provided the chance to study the differences in their experience. The research group examined groups of hospitals before they were accredited and again once accredited, enabling the study of possible explanations for the change in care quality. The goal of this research was to find out if accreditation helps make general practice a better experience for patients, beyond being an administrative process.[8]

METHODS

To assess how accreditation has affected general practice care as viewed by patients, a natural cluster randomised experimental study was used. The rollout of accreditation in general practices over different time periods allowed a quasi-experiment in which practices were grouped according to their accreditation during the study. Primary care practices were assembled as cohorts based on when they received accreditation. Some patients at the selected practices received a national patient opinion survey before and after their practices got approval. Only practices involved in the accreditation programme and giving regular primary care to a large number of patients were eligible.[10]Participants completed a validated questionnaire created to test five dimensions of patient-perceived care quality: communication with their doctors, how accessible the care was, coordination of services, the continuity of care and satisfaction with care overall. Responses to the survey were collected without identifying the participants and linked to both their practice's accreditation status and when they were accredited. To remove any possible confounders, analysis included information on age, gender and health status of all respondents.[11]Using multilevel analysis, the impact of accreditation on patient-reported outcomes was estimated, while taking practice membership and regional differences into account. This research was approved by the appropriate review board and every participant provided informed consent. Using this research method, the study was able to examine if accreditation has an impact on the quality as experienced by patients in everyday general practice.

RESULTS

Table 1: Impact of General Practice Accreditation on Patient-Reported Quality of Care and Baseline Characteristics

Characteristic/Outcome	Details
Study Participants	3,480 patients from 200 general practices
Practice Distribution	Evenly distributed between accredited and non-accredited (awaiting accreditation) practices
Mean Age of Respondents	54 years
Gender Distribution	58% female

Baseline Characteristics	Age, gender, and self-reported health status comparable between intervention and control groups
Overall Quality of Care Improvement (Patient-Reported)	No statistically significant overall improvement in accredited group after accreditation
Key Domains Assessed	Communication, appointment accessibility, continuity of care, trust
Differences in Key Domains	Only marginal differences between accredited and non-accredited practices
Multilevel Regression Analysis	Adjusted for clustering and demographics; accreditation not significantly associated with better scores
Adjusted Mean Difference in Overall Satisfaction	0.12 on 5-point scale (95% CI: -0.03 to 0.27; $p = 0.11$) – no meaningful clinical impact
Subgroup Analyses	No differential effects by age, gender, or practice size
Effect of Duration Since Accreditation	No significant influence on patient-reported outcomes
Conclusion	Limited impact of accreditation on patient-perceived quality of care in general practice

At the start of the study, the researchers had connections to 3,480 patients at 200 practices, splitting them evenly between recently accredited practices and those still awaiting accreditation.[12] The average age among people who responded was 54 years and 58% identified as female. Age, gender and how well someone felt were the same for both accredited and non-accredited groups, helping to avoid bias in selecting participants. In general, patients in the intervention group showed no statistically different improvement in the quality of care after the accreditation process.[13] Communication with general practitioners, ease of making appointments, having the same doctor and trust in the provider were similar between accredited and non-accredited practices.[14] When accreditation was analyzed using regression models adjusted for practice clustering, patients' demographic characteristics were found to play a bigger role than accreditation status in determining how patients felt about their care.[15] To illustrate, participants in the two groups differed by just 0.12 points in overall satisfaction, with 95% confidence that this difference is between -0.03 and 0.27 ($p = 0.11$), showing no real difference in outcome. No difference in the impact of accreditation was found across age, gender or practice size groups. When it comes to patient experience, the time since accreditation showed no difference, indicating that the experience of undergoing accreditation did not matter much for patients. The results show that accreditation is not strongly related to patient satisfaction with care in general practice, leading us to question the usefulness of these frameworks.[16]

DISCUSSION

This natural cluster randomised experiment did not find that accrediting general practices caused a statistical improvement in how patients rated the quality of care they received. Although many believe accreditation boosts practice performance, there were not very significant differences found in communication, accessibility or satisfaction between accredited and non-accredited places in this study.[17] One idea for this finding is that the main focus of accreditation may be on making the structure and administration better which is not obvious for patients. Even though properly changing documentation, safety steps and following guidelines is essential for both health authorities and doctors, there is no guarantee that patients will notice a difference in their care. In addition, the way patients see their care often depends on their interactions, consistent care providers and individual medical staff—things that might not change greatly due to accreditation.[18] When you measure becomes another point to think about. Many new accreditation

standards are put in place only a short time before they need to be practiced in daily work. Also, keeping up with accreditation standards might, temporarily, take nurses' focus away from what's best for their patients. These results are consistent with past research conducted elsewhere on the topic. But, it does not weaken the importance of accreditation for setting basic standards and making sure institutions are held accountable. Future models of accreditation need to value patient experience more and encourage doctors to apply changes measurable by patients. More studies still need to be done to find out if the effects of accreditation make themselves known gradually or accumulate with time from the patient's perspective. The study's findings are made more dependable and true because of several important strengths. A key approach was to use a natural cluster randomised experimental design which made the best of the gradual rollout of accreditation. Comparing outcomes between approved and non-approved general practices helped demonstrate whether the findings are applicable in real-world settings. Having a large group of patients, all different and coming from several practices, adds value and makes the study's results more dependable. In addition, all study participants were assessed using a validated patient experience questionnaire which ensured results were consistent. The fact that age, gender and reporting of personal health were controlled for made the methodology even more rigorous. Even so, there are some issues worth considering. First, the investigation used only patient-provided feedback and since this kind of input is subjective, the study may not have measured every part of care quality. Second, because accreditation was only temporary, not all practices had enough time to create changes that patients could notice.[19] Lastly, there was a chance that those applying early for accreditation were not the same as the group that got accredited later, making choosing representative examples more difficult. The research did not examine whether accreditation affected either results for patients or staff views which should also be considered when judging whether an organization is of high quality. The results and their relevance to other areas might be affected by official healthcare policies and the access to resources locally.[20] According to this study, adding accreditation for general practices did not greatly improve the quality of care that patients report. While creating equal care standards and better safety measures is a key goal of accreditation, the results found that patients' opinions still depend on other aspects of care. It is possible that this result is caused by the fact that accreditation-driven progress rarely appears to patients. Rather than structural changes, it is communication, trust, empathy, simple access and continuity in care that patients use to assess the level of care they receive. Documentation, processes and compliance are usually the main goals of accreditation, but they might not have an immediate effect on the care patients get. Data collection around the time of accreditation may have affected the results. Recently, some practices might only have just finished accreditation, making it hard for the improvements to be properly implemented and settled in. It's possible that the extra duties because of accreditation caused some of the staff to put less focus on patients in the short run. Like other research from around the world, this study uncovered weak or uncertain links between accreditation and how happy patients feel. We should see accreditation as useful for making care standard and ensuring good standards, but not as the only way to achieve this. Adopting patient opinions in the accreditation process and using rewards for better patient care can help future accreditation programmes become more relevant.

CONCLUSION

It was determined in this study how general practice accreditation affected the reported quality of care by patients in a natural cluster experimental design. Researchers discovered that accreditation during that particular period did not strongly affect how patients considered the care they were given. With regard to communication, ease of access, continuity and overall satisfaction, the differences between accredited and non-accredited managers were not significant. It seems like strengthening an organisation's structure and meeting safety and quality rules does not always lead to better experiences for patients. A gap between accreditation results and benefits seen by patients suggests that current frameworks should be looked at again to better match the most important care factors to patients. The study concludes that accreditation processes should use metrics that favor

patient-centered care and push practices to also focus on raising behaviors and skills in interpersonal care, responsiveness and communication. Additionally, future studies ought to analyse long-term results of accreditation and surveil clinical quality, how healthcare services are used and staff satisfaction. In short, though accreditation relies on standardisation and accountability, it has not had an immediate effect on the quality of care reported by patients. Authorities and those responsible for accreditation should update current practices to prioritize patient experience in quality improvement projects.

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