

Research into Patients Views and Expectations of Chiropractic Care 2012

Background

The purpose of the research

- 1 The GCC identified a need to undertake original research, both quantitative and qualitative, to ascertain patients' views on, and expectations of, chiropractic care as it had identified a dearth of information relating to chiropractic. The findings were intended to form one important input into the GCC's development of a system of revalidation for chiropractors, although it was recognised that the research was also likely to have wider implications.
- 2 In developing a system of revalidation for chiropractors, the GCC recognised that the over-riding message from patients and the public is that they have assumed that regular checks are made on healthcare professionals to assess that they are fit to practice (i.e. that revalidation is already in place for all healthcare professionals) and they are shocked to find out that this is not the case.
- 3 Whilst considerable research effort has been put identifying the risks from clinical research (linked to errors and deviations from good practice) the Council identified that it would benefit from understanding more about the views and expectations of chiropractic patients.
- 4 The purpose of the research was to:
 - a 'place' a proposed form of revalidation within the context of patients' views of chiropractic – their assessment of its risks and benefits, their expectations of chiropractors and their experience of them – as one important input¹
 - b be able to demonstrate to registrants and other stakeholders that, as well as considering wider healthcare research, the GCC has taken specific account of chiropractic in its work on revalidation.
- 5 The work was commissioned through an invitation to tender to a number of organisations with experience in obtaining patients' views / who were active in patient and public involvement (PPI and identified from the Joint Regulators' PPI Handbook² as well as recommendations from other healthcare regulators. The contractors appointed were in late April 2012 and started work in early May with initial plans being for the final report to be received by the end of August 2012. However due to problems in

¹ ie in addition to an analysis of fitness to practice proceedings, the research undertaken by Europe Economics on clinical risk and the research and literature reviews undertaken in non-medical health care which may 'read across' to chiropractic

² Joint Health and Social Care Regulators' Patient and Public Involvement Group; A PPI Good Practice Handbook for UK Health Care Regulators. First published February 2006; Second edition published June 2007; 3rd edition published October 2010 – available at: http://www.gcc-uk.org/files/link_file/PPI_Handbook_FINAL_17Dec10.pdf

encouraging chiropractors to participate in the study through contacting their patients, the project was extended with the draft final report being received in November 2012.

Research design and numbers

- 6 The following research questions were set by the GCC for the study.
 - a What do patients of chiropractors (both current and ex) see as the benefits of receiving chiropractic care (i.e. why do they visit a chiropractor)?
 - b What do patients (both current and ex) see as the potential risks of receiving chiropractic care?
 - c Has their perception of benefits and risks changed over time? And if so, how?³
 - d What has influenced their perceptions of the benefits and risks?
 - e Once a chiropractor is on the GCC register (i.e. can practise chiropractic in the UK), what do patients expect will happen to assure an individual chiropractor's continuing fitness to practise?
- 7 The research used a combination of methods including: a brief examination of existing research and other information about patients' views and expectations of chiropractic, other manual and complementary therapies; focus groups and telephone interviews with chiropractic patients in three locations across the UK; and a national survey of a sample of chiropractic patients informed by the views of patients in the previous stage 2.
- 8 Of a total of 37 chiropractors contacted to take part in the interview and focus group stage of the project by providing information to their patients, only 12 agreed to help (17 (46%) did not respond at all and a third (12) declined to take part for a variety of reasons including a few who stated they were unhappy with the focus of the study). 30 patients consented to be involved in the research at stage 1 the majority of whom preferred to be interviewed.
- 9 For the patient survey stage, a random sample of 600 chiropractors across the UK was asked to assist with the national survey by distributing the questionnaire to 10 of their former or current patients. It was hoped given the findings of other studies, that about 150 (25%) of chiropractors would agree to be involved. However from this first random sample, only 47 chiropractors (7.8%) agreed to distribute the questionnaire to patients, 15 (2.5%) declined and there was no response from 536 (89.3%). Due to the low percentage, two further approaches were tried by the consultants: firstly, they asked the practices who had agreed to take part if they would be willing to distribute more than 10 questionnaires and a number agreed to do so; secondly, an additional random sample of 360 chiropractors were contacted of whom 21 agreed to take part. A further 2 chiropractors volunteered to be involved when the British Chiropractic Association (BCA)

³ To the extent that this can be established in research at one point in time.

sent an email out to its members, meaning that 70 chiropractors agreed to help to recruit patients for the survey by distributing 925 survey forms. This approach generated 368 completed questionnaires.

10 In addition:

- a information about the survey was circulated by email to patients of chiropractors using the Care Response system with the consent of their practices. This patient reporting system is supported and promoted by the College of Chiropractors and is now used by a number of chiropractors, osteopaths and physiotherapists throughout the UK and Ireland. 3742 patients (46% men, 54% women) registered with 36 chiropractors using Care Response were emailed; 112 patients completed the survey through this route.
- b The Chiropractic Patients Association informed its members of the survey and 27 completed the internet survey.

In total 544 patients responded to the survey.

Research findings

11 The research findings are presented in relation to patients' initial experiences of chiropractic care and on-going treatment. These are looked at in turn below.

Initial experiences of chiropractic care

12 The majority of respondents had chosen their chiropractor because they were local and/or had been recommended by family, friends or their GP, with approximately a third looking at information on-line. A few based their decision purely on convenience and the location of the chiropractor.

13 Around a third of the patients surveyed said that they had changed their chiropractor at some point in the past with the main reasons being linked to:

- the patient moving to a new area
- finding a chiropractor at a more convenient location, or
- the chiropractor moving away.

49 people (9% of respondents) said that the approach or manner of the chiropractor did not suit them or the treatment was not benefiting them whilst only 9 highlighted what they perceived as poor treatment as the reason for moving to a different chiropractor.

14 The majority of patients in the national survey rated their knowledge of chiropractic prior to treatment towards the lower end of the scale i.e. 'I knew very little'.

15 The survey explored patients' expectations prior to the first consultation and what they experienced in practice, including: general information about chiropractic and possible reactions; what will happen at the first treatment and how long it will last; costs; consent and provision of GP details. For all these questions over 80% of the survey respondents

expected these aspects of care to happen and reported they did happen, which suggests there was a high level of satisfaction with this stage of the 'patient journey'.

- 16 Patients responding to the survey were asked questions relating to the chiropractors' qualifications, experience and any special interests, plus their registration status with the GCC. Fewer respondents expected the chiropractors' experience or special interest to be available compared to their qualifications and registration, but in all cases expectations were exceeded. People interviewed were largely happy with the information that was provided to them (for example, about chiropractic generally and about fee structures). Amongst those interviewed few had any knowledge about the GCC or about registration requirements and expressed the opinion that more should be done to raise public awareness of the GCC and its role.

On-going Treatment

- 17 The chiropractor's general approach was reported as of primary importance amongst all of those interviewed. For many this extended beyond the individual chiropractor to the whole practice.
- 18 Most interviewees said that the duration and frequency of the treatment was made clear, and that it tended to be an on-going, evolving process - though a couple said a better indication of the number of sessions should be provided at the beginning.
- 19 The time allowed for consultations was seen as important by the patients who were surveyed with 99% of the respondents expecting that their chiropractor would allow sufficient time for their consultation and this expectation was largely met, with 97% saying that it had happened.
- 20 The vast majority of survey respondents expected to be given time to talk about how they felt between treatments, and discuss any concerns or changes, and mostly these expectations were met.
- 21 Survey respondents did not have particularly high expectations that the chiropractor would refer them to other agencies or contact their GP, should this be needed (86%); a significant percentage said this did not happen (63%), but it is not clear whether this relates to the expectation not being delivered or whether a referral was not required.
- 22 A high percentage of survey respondents expected the chiropractor to provide advice on how to manage problems/symptoms between treatment and this expectation was largely met, with 96% of respondents saying they had been given this type of support. All of those interviewed said that they had been provided with information to support self-management, and this was really valued, not least because it could benefit them, but because for some it helped develop a sense of trust: "*He is making an effort to keep me out of the practice, not in it - he's not using me as a license to print money.*"

Benefits and Adverse effects

- 23 Survey respondents were asked to rate their knowledge of the benefits of chiropractic on a scale, and the majority (around 60%) felt that they had some knowledge of the benefits of treatment though a significant percentage said they 'knew very little'.
- 24 The vast majority of patients had experienced an improvement in the condition or problem which had initially led to them seeking chiropractic treatment, including:
- reduced pain
 - increased mobility/dexterity/flexibility, and
 - confidence to self-manage problems
 - prevention of further problems
 - a number of additional or unexpected benefits such as, improvement to sleep patterns or reductions in medication.
- 25 The national survey shows that prior to seeing a chiropractor, patients' knowledge about possible adverse reactions was very low. A few people said that at the point that they sought help from a chiropractor, they were in such pain and distress that they didn't want to think about any risks or adverse effect, they just wanted help.
- 26 Of those surveyed, around 20% of respondents reported that they had had an unexpected or unpleasant reaction to their treatment (e.g. discomfort immediately after treatment), but in most cases people said this was anticipated and they expressed low levels of concern about it.
- 27 The patients interviewed raised two main issues in relation to their perception of risk:
- being treated by someone who wasn't properly trained or a registered chiropractor whose practise was poor
 - a general concern about the implications of manipulating the spine, neck and joints.

Several patients emphasised the importance of keeping 'risk' in perspective, in particular understanding that the likelihood of adverse effects will vary with the part of the body being treated and the nature of the treatment; balancing any possible risks against the likely benefits; and setting the possible adverse effects of chiropractic treatment against the risk of alternative treatments such as back surgery or the long term use of prescription painkillers.

- 28 Just over 75% of patients surveyed expected their chiropractic practice to have a system for confidential feedback but only two thirds said that this was case in their practice. Patient expectations were also low in relation to being given information about how to complain to the GCC, should they need to. Several people commented that where people were unhappy with standards they generally "voted with their feet".

Patients' Views on Fitness to Practice

- 29 Patients involved in the national survey were asked to rate their level of agreement with statements (developed from the initial interviews with patients), relating to possible arrangements for ensuring fitness to practise, covering:
- on-going professional development
 - peer review
 - independent reassessment
 - patient feedback.
- 30 For all five questions there was strong support from at least half of respondents, with the greatest support for regular independent assessment.
- 31 Most patients who were interviewed were concerned that chiropractors were registered with the GCC, but as highlighted through earlier questioning about selecting their chiropractor, many were unclear about the GCC and registration requirements and thought that more should be done to improve public awareness of this.
- 32 Most patients who were interviewed thought that gathering patient comments and suggestions was generally thought to be a good idea, and a range of mechanisms for this were suggested.

Overall

- 33 The outcomes of this research are useful in providing an overall picture of patients' experience of chiropractic and the areas of concern that patients have. However, given the low level of interest of encouraging or wishing their patients to be involved by the chiropractic profession, the number of patients involved in the study is more limited than was hoped and a lower percentage of patient response than has been found from similar studies of other professions.
- 34 Generally, patients' expectations appear to be well met, with most benefiting from the treatment they received in terms of reduced pain and increased mobility. However it is not possible to state the representativeness of this finding for chiropractic patients as a whole given the likely under-representation of patients who cease chiropractic care after a small number of treatments.

Use of the research

- 35 As the research was undertaken by an independent research organisation and approved by a university ethics committee, it is possible to have confidence in the findings as being independent of professional influence or bias.
- 36 The Revalidation Working Group had sight of the emerging research outcomes through the provision of an interim report and draft final report prepared by the consultants. These outcomes fed into the proposals that

were subject to consultation between December 2012 – February 2013. Unfortunately due to the length of time that it took the consultants to promote the research to the profession and secure involvement in the work, the outcomes did not allow as much time as had been hoped for consideration.

- 37 The research influenced the thinking of the Council on revalidation in a number of ways. These included:
- a supporting the concept that the focus of revalidation should be on conduct and behaviour as well as competence
 - b the revalidation system being based on trusting chiropractors to self-report the evidence they have gathered on a five year basis
 - c the role of patients providing feedback to practitioners so that they can improve their practice.
- 38 The outcomes of the research also have implications for the Council in other ways such as in relation to: communication with patients and the public about chiropractic and the profession, patient and public involvement in its work, and informing other areas of its policy work (such as development of the profession, continuing professional development).