High Degree of Patient Satisfaction and Exceptional Feedback in a Specialist Combined Dermatology and Rheumatology clinic

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Introduction

Whilst the strong need for a multidisciplinary approach to patients who suffer from both psoriasis and psoriatic arthritis (PsA) has been highlighted, there are few examples of how combined dermatology and rheumatology clinics can impact on patient management and patient satisfaction.

We sought to establish patient satisfaction in a newly established monthly consultant-led dermatology and rheumatology clinic, aimed at treating patients with severe psoriasis and PsA.

Methods

All new patients to the Specialist Combined Dermatology and Rheumatology clinic received a voluntary questionnaire relating to overall satisfaction of their clinic experience. The survey comprised 17 questions relating to; a) experience of the department and; b) the consultation. Questionnaires were anonymised and analysed, with missing data noted, by an independent doctor.

Results

Between May 2010 and October 2011, all new patients (n=48) completed the questionnaire. Patients rated the clinic as a mean of 4.91/5 compared to their experience of separate clinics rated as a mean of 2.85.

Overall, 94% of patients felt ‘very satisfied’ with their clinic experience, with 6% feeling ‘satisfied’ and no patients feeling ‘not satisfied’.

Key results are illustrated in Figure 1.

Of note, 89% of patients felt ‘very’ involved in decisions about treatment and care and 89% felt that explanation of treatment and care were ‘clear’. During their appointment, 96% of patients felt they were given ‘just the right amount’ of information.

One area for future improvement was that of waiting times with only 49% of patients seen ‘on time’. Results of the question relating to waiting times are illustrated in Figure 2.

Positive feedback was provided by 34 of the respondents and examples of comments from the open text section are illustrated in given in the blue quotation boxes.

Conclusion

This survey has demonstrated exceptionally high levels of patient satisfaction from a combined, consultant-led dermatology and rheumatology clinic. The ‘one-stop’ nature allows appropriate and rapid decisions about both diagnostic and therapeutic decisions to be made, in complex cases of psoriasis and psoriatic arthritis.

Whilst multidisciplinary care may offer a more comprehensive treatment approach for patients with both psoriasis and PsA; the next goal is to establish how cost effective such an approach can be. What is clear is that for a significant minority of patients such a service is hugely popular with patients and may be appropriately adopted by other centres within the UK.

References