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# Patients' and doctors' views on depression severity questionnaires incentivised in UK quality and outcomes framework: qualitative study

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**STUDY QUESTION** What are general practitioners' and patients' views of the introduction of severity questionnaires for depression and their interpretation in practice?

**SUMMARY ANSWER** General practitioners were more cautious about the validity and utility of severity measures than were patients. Doctors favoured clinical judgment over questionnaires, whereas patients placed more weight on questionnaires as an objective adjunct to medical judgment and an indication of doctors' careful assessment.

## Rationale, design, data collection method

Since April 2006 the UK quality and outcomes framework (QOF) has offered financial incentives to general practitioners to measure the severity of depression, using validated questionnaires, at the outset of treatment in all diagnosed cases. How and patients view this is unclear. We did a semistructured qualitative interview study to examine their views.

## Participants and setting

Thirty four general practitioners and 24 patients from Southampton, Liverpool, and Norfolk took part.

## Recruitment/sampling strategy

The doctors were recruited from a parallel quantitative study. Potential patients for participation were identified by general practitioners during routine consultations, by written invitation, or by self referral.

## Data analysis method

Semistructured interviews were done by researchers. Topic guides included views on intended and unintended consequences of the introduction of the depression severity indicator. Analysis of transcribed interviews followed the principles of constant comparison.

## Main findings

Patients generally favoured the measures of severity for depression, whereas general practitioners were generally cautious about their validity and utility and sceptical about the motives behind their introduction. Both doctors and patients considered that assessments of severity should be seen as one aspect of holistic care. Doctors considered their clinical judgment to be more important than objective assessments and were concerned that the assessments reduced the human element of the consultation. Patients were more positive about the questionnaires, seeing them as an efficient and structured supplement to medical judgment and as evidence that doctors were taking their problems seriously. Doctors and patients were aware of the potential for manipulation of indicators: for

economic reasons for doctors, and for patients to avoid stigma or achieve desired outcomes.

## Implications

Patients' favourable responses suggest that the depression severity measures may have benefits for primary care consultations, by increasing patients' confidence that doctors are taking their mental health seriously. Education of primary care staff may be necessary to optimise the use of the measures. In future, quality indicators should be piloted before their introduction. The findings of both convergence and divergence between doctors' and patients' perspectives are likely to have relevance beyond the UK's indicators for depression care.

## Bias, limitations, generalisability

Doctors who took part in this study may have expressed stronger opinions than the norm: we need to be aware of the complexity of doctors' narratives. Patients recruited through general practitioners may have been relatively sympathetic to general practice. We could not assess whether patients' responses may have varied according to current severity of depression.

## Study funding/potential competing interests

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## PARTICIPANTS' COMMENTS

### General practitioners

"Mental health, mental illness ... more than most other illnesses are so patient specific ... How it affects their lives depends on what they're doing in their lives, depends on what their background is, might depend on family history, and might depend on so many other factors, I think it's um ... (completely) impossible to, to mechanise the assessments"

"Yeah, I mean the threat, the threat is that people will rely on the HAD score as opposed to their own clinical judgment"

"So, whilst I do feel ... that kind of idea of recipe book medicine, or, or, um ... if you get this score you do that, you know, is a bit ... is a bit less human"

### Patients

"It's probably something the doctor should have asked a long time ago, you know, 'cause blokes especially are never going to come in and say, 'Ooh I'm depressed': it's like, 'Come back with a proper illness,' you know"

"It can be perceived as you're being taken more seriously, I suppose"