

# Will doctor rating sites improve standards of care?

The UK government has signalled its support for rating sites with the decision to set up its own through the NHS Choices website. **Neil Bacon** believes they provide essential feedback for doctors, but **Margaret McCartney** is concerned that the potential harms are still unclear

Neil Bacon founder, iWantGreatCare.org, Summertown Pavilion, Oxford OX2 7LG info@iwantgreatcare.org

**YES** Patient experience is a key component of the measurement of the quality of care we deliver.<sup>1</sup> Thus no individuals or organisations can know they are delivering high quality care without a full awareness and understanding of the experience of their patients—it would be like caring for a patient with a kidney transplant without knowing the creatinine concentration.

Unfortunately, doctors are known to be poor judges of their patients' satisfaction and experience,<sup>2-4</sup> and at an organisational level it is probably even worse. Acute trusts score a mean of just 0.68 out of 10 for how much they ask for the views of their patients.<sup>5</sup> In effect, most doctors and NHS healthcare organisations are "flying blind" with respect to the experience of their patients—hardly a patient centric, or professional, way to deliver health care. Worse than that, it is not an effective or efficient way to care: key clinical measures and outcomes are related to patient satisfaction.<sup>6-8</sup> An excellent patient experience and great clinical skills are required to do the very best for patients.

## Need for information

The problem is that existing ways of measuring the patient experience are ineffective in helping professionals get an accurate and detailed understanding of their personal ability and effectiveness in this respect. Indeed, most UK doctors get no regular, structured feedback on the experience of those they care for. Likewise, assessments of an organisation's performance based on occasional, paper based surveys or focus groups (the preferred method of the Healthcare Commission) do not correlate with patients' ratings of their care.<sup>9</sup>

Lessons from a myriad other industries and professions show that improved individual and organisational performance is absolutely dependent on valid, timely, detailed feedback.<sup>10</sup> The same is true in medicine—systematic feedback changes doctors' clinical performance,<sup>11</sup> and real time assessment and feedback of doctors improves clinical performance.<sup>12</sup> Good doctors are aware—from the literature and observing colleagues—that a poor doctor-patient relationship equates to poor patient experience and often poor clinical outcomes. Such care is not only unsettling and upsetting for both those receiving and delivering care, but is also a strong predictive factor for litigation.<sup>13 14</sup> The majority of doctors strive to do an

Margaret McCartney columnist for *Financial Times* weekend, Glasgow margaret@margaretmccartney.com

**NO** The health minister Ben Bradshaw thinks doctor rating sites are a great idea. "I wouldn't think of going on holiday without cross referencing at least two guide books and using Trip Advisor. We need to do something similar for the modern generation in health care."<sup>1</sup> If we can ask the eaters of pizzas and drinkers of coffee for their ratings of the staff, why should doctors escape the judgment of their clients? And so, with a nod to patient choice, and no apparent need to consider the evidence, NHS approval of websites to rate your doctor was stamped.

There is a wealth of information about how patient opinion is useful, even essential, when considering how services and research should be shaped and delivered. But the belief that doctor rating sites will promote trusting doctor-patient relationships or help patients find medical practitioners with a particular style are untested and potentially dangerous suppositions.

**Good doctors who get bad reviews may change clinical practice needlessly or even harmfully; bad doctors may be reassured by good reviews**

## Evidence is missing

Recent medical history teaches us the hazards of not obtaining and acting on quality evidence.<sup>2 3</sup> A recent example is the much heralded Choose and Book system, which was introduced to enable general practitioners to book secondary care appointments for patients. The system was supposed to provide numerous supposedly common sense benefits,<sup>4</sup> one of which was a reduction in the number of people not turning up for appointments. In fact, the rate of non-attendance with Choose and Book has been found to be higher, at 18%, compared with 12% for traditionally organised appointments.<sup>5</sup>

Failure to consider the possibility that a new intervention could have unintended adverse effects remains a significant problem in health care. While there is evidence that good communication and trust between patients and doctors leads to better outcomes, it is uncertain that doctor rating sites will contribute to this positively. A negative review read by a patient may prevent a previously good doctor-patient



excellent job and welcome valid, robust tools to support continuous self improvement. Such support requires individual data, not an average score for the whole department or practice. After all, which surgeon would find an average infection rate for her hospital helpful in the pursuit of personal excellence?

In order to fully engage patients in this process, and thereby generate the high level of feedback needed, patients need to see the impact and benefits of their feedback. Web based, open feedback enables this visibility in the most powerful, immediate, and involving way.

Far from causing fear among patients, or causing doctors to avoid “difficult” cases, evidence shows that such openness leads to increased trust between doctors and those they care for, and a relentless increase in quality health outcomes.<sup>15</sup> There is no better way of ensuring transparency, engagement, and dissemination than using the web to capture and share patients’ accounts of their experience.

#### Managing data

It is inevitable that the web will have a role in collecting and disseminating data on patient experience given the information age in which we live. For a minority of doctors to suggest

that patients should somehow be prevented from benefiting from the transparent, internet enabled feedback that has done so much to improve standards and quality in other industries<sup>16</sup> is a throwback to a medical paternalism that most of us thought was long gone. And let’s be clear, it is never patients who argue against properly organised and robust internet services to allow them to feedback on, and search for, high quality health care. Indeed, there is a strong and growing demand from patients to be able to use the internet to find reliable information about the health care on which they depend, and for which they pay.<sup>17</sup>

Users of health care will increasingly voice their opinions on the internet, but scattered, unorganised, uncontrolled comment across hundreds of different sites is unhelpful to doctors and confusing (or even dangerous) for our patients. The profession therefore has a responsibility to take a constructive and leading role in developing quality doctor rating sites that can best benefit both professionals and the public. Done properly (including robust systems to protect doctors from the abuse of mad, bad, or infatuated patients) such sites can bring together a critical mass of real time, granular, qualita-

tive and quantitative feedback, providing new insights on the perceptions and needs of our patients.

Web based feedback is standard in many other industries, but it is a new tool to medicine, and there are of course issues still to be debated and questions to be answered:

#### Most doctors and NHS healthcare organisations are “flying blind” with respect to the experience of their patients

should reviews be anonymous, would doctors want or use the ability to respond to comments, and how to integrate this information with other data sets? However initial experience in the UK

(iWantGreatCare, first 2000 reviews) shows that well managed, professionally responsible rating sites represent no risk to good doctors and are highly popular with patients.

Such sites will improve standards of care—but only for those organisations and doctors that think the experience of the patient is as important as excellent clinical outcomes and are prepared to transform the organisation and delivery of care in a way which fully harnesses the experience of the patients they serve.

**Competing interests:** Neil Bacon is a doctor and the founder and majority shareholder of iWantGreatCare.

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relationship from continuing with the same ease. An inaccurate positive review may lead to more patients attending a doctor they would not have chosen had they used their own judgment, or that of people known to them. Good doctors who get bad reviews may change clinical practice needlessly or even harmfully; bad doctors may be reassured by good reviews. I imagine that the serial killer Harold Shipman, who was liked by patients, would score well. There is no evidence that feedback collected on websites such as iWantGreatCare.org is representative or accurate.

#### Will it work?

Can patient feedback improve doctors’ performance? The first question to ask is what kind of feedback is “good.” Some negative feedback may signify good practice: even the best doctor may experience minor disgruntlement from patients over hypnotics, sedatives, or antibiotics not being prescribed or sick notes not being dispensed. But while such incidents may be forgotten—and may even be remembered with retrospective gratitude by the patient—online they persist forever. Some medical work—for example, child protection or psychiatry—has the

constant potential for conflict. What will be the effect of a damning assessment of a doctor on a rating site? Confidentiality and anonymity means no medical right of reply: only libel will be taken down.

There have already been concerns raised about other factors, such as socioeconomic gradients, which may affect satisfaction with general practice services: researchers have cautioned against using satisfaction as a proxy for quality.<sup>6</sup> Could such online ratings make doctors more cautious about working in certain specialties or deprived areas? We do not know. Nor will we know if comment is fair or unfair. What will the impact be on that doctor, their current patients, their family, and their children? There are currently no data about that. And as far as I know, there is no plan to search for such potential adverse effects either.

Additionally, negative or positive feedback delivered anonymously online has limited ability to be related to specific incidents. This would make it difficult, if not impossible, for a doctor to try to learn from posted comments. A systematic review examining the effect of patient assessments on doctors’ interpersonal skills found only limited evidence of benefit.<sup>7</sup> However,

most of these assessments of doctors were solicited by serial patient surveys, as currently required as part of the general practice contract. These surveys may not be of proved benefit, but at least by asking sequential patients to participate they attempt to obtain properly reflective data. The collection of data on rating sites is from self referrers only. This creates an unscientific skew.

How much money will the NHS and charities be paying for this non-evidence based intervention which comes with potentially damaging strings attached? For selling information is what sites like iWantGreatCare.org plan to do. And when will we learn that if we do not look for adverse effects, we will be dangerously unaware of them? Instead of wasting resources on doctor rating websites it would be far better to spend it on implementing strategies that are known to improve patient satisfaction, such as continuity of care and longer consultations.<sup>8-10</sup>

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