

Promoting more people-centred care has become a growing priority across EU countries in recent years to improve the quality of care and the responsiveness to patients' expectations. This has been accompanied by national and European efforts to develop and implement patient-reported experience measures (PREMs) and patient-reported outcomes measures (PROMs) to monitor progress for individual providers and at the national level. For example, Norway collects patient-reported measures through regular surveys and reports them at a provider level to inform the public on patient-reported provider performance and to increase accountability. The United Kingdom has been reporting PREMs at a provider level since 2002 for hospitals and since 2004 for GP practices (Fujisawa and Klazinga, 2017; OECD, 2020).

At the European level, the European Quality of Life Survey has collected information from people about their views on the quality of different services in their country, including different aspects of the health system. The results from the last wave of this survey from 2016 show that in most countries, citizens rated the quality of primary care (care provided by general practitioners/family doctors or at health centres) higher than the quality of hospital care and specialist care, with the exception of Finland and Sweden where the quality of hospital care and specialist care was rated higher (Figure 6.7). In general, citizens who rate the quality of primary care in their country higher than the EU average also generally rate the quality of hospital and specialist care above average, and vice versa. The perceived quality of both primary care and hospital care was generally lower in Greece, Poland and Latvia in 2016.

The perceived quality of both primary care and hospital and specialist care is generally higher among people who have used these services than among those who have not used them. In primary care, different aspects of the interactions between GPs or other primary care providers such as the personal attention given by professionals, the time devoted to consultations, and the extent of consultations about the care plan are also associated positively with the overall assessment of quality (Eurofound, 2016).

The importance of good provider/patient communication and patient involvement in care and treatment decisions also comes up clearly from the results of more specific surveys on patient experience. In those countries where these more specific data are available, most patients generally report positive experiences in their interactions with their primary care

providers on these aspects of quality (OECD, 2019). For example, over 80% of patients in many countries reported in 2016 that a general practitioners/family doctors involved them in care and treatment decisions (Figure 6.8). The proportion was lower in Poland, but substantial progress has been achieved in monitoring and improving this aspect of quality and patient experience.

### Definition and comparability

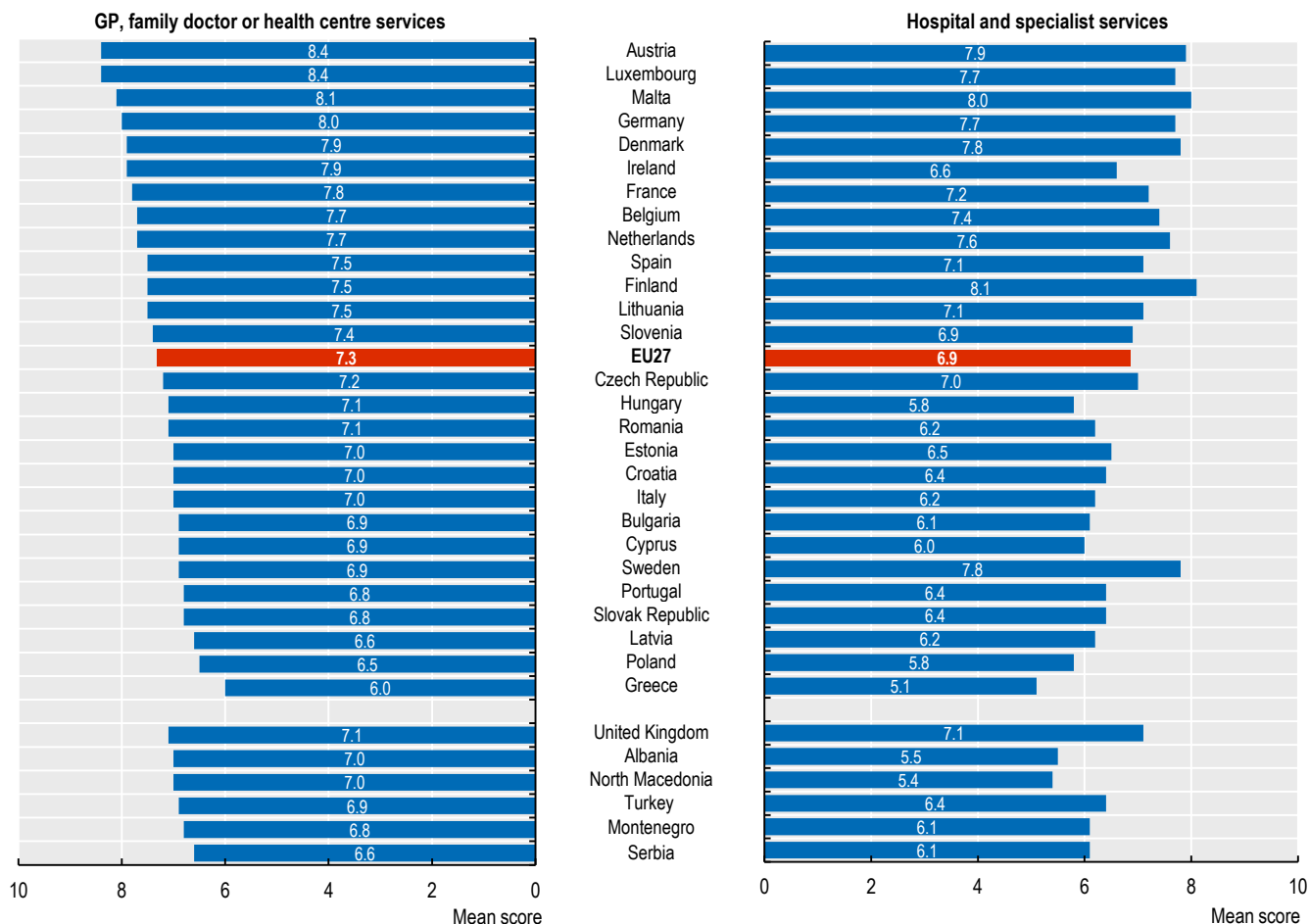
In the European Quality of Life Survey, the perceived quality of primary care and hospital and specialist care is based on a response scale to the following question, "In general, how do you rate the quality of the following two health care services?" A rating of 1 means very poor quality and 10 means very high quality.

An increasing number of countries have been collecting information on patient-reported experience measures (PREMs) in primary care based on a common module through nationally representative population surveys. Portugal collects this information through a nationally representative service user survey. For Germany, Norway, Sweden, Switzerland and the United Kingdom, the Commonwealth Fund's International Health Policy Surveys of 2010 and 2016 are used as a data source. There are limitations in data reliability and comparability related to the sample size and response rates. Data from this source refer to patient experience with a GP specifically (not any doctor).

### References

- Eurofound (2016), *European Quality of Life Survey 2016: Quality of life, quality of public services, and quality of society*, Luxembourg.
- Fujisawa, R. and N. Klazinga (2017), "Measuring patient experiences (PREMS): Progress made by the OECD and its member countries between 2006 and 2016," *OECD Health Working Papers*, No.102, OECD Publishing, Paris, <https://doi.org/10.1787/893a07d2-en>.
- OECD (2020), *Patient-Reported Indicators Survey (PaRIS)*, <http://www.oecd.org/health/paris/>.
- OECD (2019), *Health at a Glance 2019: OECD Indicators*, OECD Publishing, Paris, <https://doi.org/10.1787/4dd50c09-en>.

Figure 6.7. People-reported quality of health services, 2016

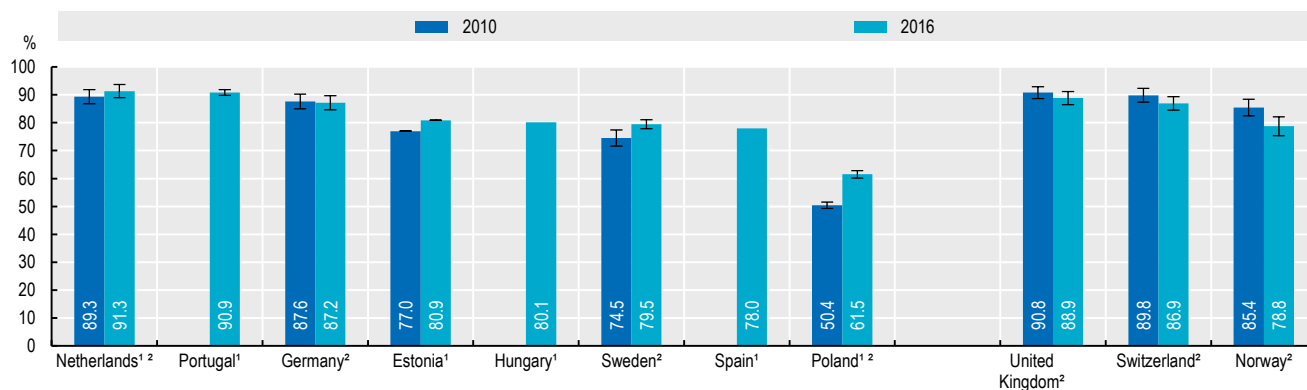


Note: The EU average is unweighted. A mean score of one means very poor quality and a mean score of ten means very high quality.

Source: European Quality of Life Survey 2016.

StatLink <https://stat.link/db7f8w>

Figure 6.8. Doctors involving patients in care/treatment decisions, 2010 and 2016 (or nearest years)



Note: H refers to 95% confidence intervals. 1. National sources. 2. Data refer to patient experiences with regular doctor or regular practice.

Source: OECD Health Statistics 2020 and Commonwealth Fund International Health Policy Survey 2010 and 2016.

StatLink <https://stat.link/9sxf2c>



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