Contemporary Surgical Practice in UK,

Public Opinion

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Abstract

Aim: Primary aim is to evaluate the public opinion regarding the current surgical state in UK, state of NHS and proposal of changes in health care delivery system.
Method: It was an observational study in the form of questionnaire survey. The response of the participants was recorded through face to face interviews. The collected data was analyzed statistically using descriptive analysis method
Results: The questionnaire shows that majority of participants (63.7%) were happy with the current surgical practice. Few respondents asked for improvements in certain fields.

Conclusion: For there to be the winning of public confidence towards the rendering of surgical services, it is incumbent upon the government to support to help the surgical fraternity in different aspects.

Keywords: Quality of Surgical Services in NHS

INTRODUCTION

Surgery as a medical approach has come from as far as the pre-historic culture. This is evidenced by the existence of the skulls that were found to be having trepanations on them (Richard Restak). For instance, one of the earliest remains that depict the art of surgery is in Pakistan, Harappa and dates back to 3,300 BC. However, with the accentuation of time, a lot of developments have been made, so that unlike the past modes of surgical administration, there has been the introduction of measures to administer medical hygiene. All these developments came in as a result of adopting scientific forms of inquiry on why surgery was highly marred by a high preponderance of deaths.

However, the medical fraternity is presently being dogged with complications as a result of these developments. The problems are mainly evidenced through public opinion that people generally hold, concerning the surgical practices in the UK.

Modern Surgery/Surgery in 20TH Century

The tendency in the twentieth century has been towards fewer enveloping surgery, the trend towards this has been helped by technological advances in medical equipment for e.g. MRI (Magnetic Resonance Imaging) and CAT (Computerized Axial Tomography) has enabled surgeons to fully understand the nature and positioning of a patient's ailment. This coupled with advances in the tools a surgeon can now use means that a surgeon can now perform an operation whilst watching a TV screen (www. Famous muslims.com)

Surgery in 21st Century

Medical Science has taken a huge leap forward in recent times with Doctors gaining a greater understanding of how the molecular structure of the human body works, thus enabling them to genetically add missing strands to a person's DNA. To regulate the control of this work the government has drafted The Human Fertilisation and
Embryology Act which (if passed into Law) will allow surgeons and doctors to research and produce Human embryos (www. Famous muslims.com)

METHODS AND MATERIAL

Primary Aim
Measure the public opinion regarding:
1. State of surgical care in the UK
2. State of NHS care
3. Structure of surgical appointments and consultations
4. Proposal for new changes in healthcare delivery system

Secondary Aim
Analyze the impact of gender, age and occupation on views on different aspects of surgical care in UK.

Study Design
It is an observational revise in the form of questionnaire survey. The response of the participants was recorded through face to face interviews. The collected data was analyzed statistically using descriptive analysis method. The data was collected on the day of participant recruitment and there were no follow up of the participants; therefore the results produced a cross sectional results of public opinion on contemporary surgical practice in the UK

Material
The material used for this study was a questionnaire designed to inquire about the opinion of the general public on most controversial and relevant aspects of current surgical practice in the UK (Figure 1). The study was conducted near two London hospitals for four months. People within 50 yards of the hospital compounds were approached with a view to recruiting them for the survey and those who agreed to take part were interviewed by the researcher in person in the same time.

Result:
As surgical health care in the UK is a topic of debate among public, which some people could have positive picture and see the service is good and other could have negative image and could say the surgical health service need to be improved.

We will elaborate the findings of the responses to each of the individual questions in our study questionnaire.
**Q: Distributions of sample individuals according to Gender:**

Selected sample was approximately fifty fifty between the two genders.

![Figure 2](image)

**Q: Distribution of sample individuals according to age:**

We recruited candidates of different ages ranging from 18 years and above.

![Figure 3](image)

**Q: What do you think is the current state of surgical care in the UK?**
The survey showed most of the people was happy while 36.7% of them believed that it is not good. In addition, we can see that 18.5% of our sample stating that the current state of the surgical care in the UK is adequate and 12.7% of them stating that it is adequate but need change. Figure 4

Figure 4

Q: Do you think the level of care in NHS is better than the private clinics?

The results showed that 28.5% of the respondents agreed that the care in NHS is better than private clinics; while 24.5% of them disagreed. Figure 5

Figure 5

Q: How satisfied are you with the hygiene and cleanliness of the NHS facilities?

The result showed that 32.2% of the sample respondents were dissatisfied with the hygiene and cleanliness of NHS facilities; while 21.8% of them were satisfied. Figure 6
Q: Would you be prepared to go abroad to have your surgery performed?
From figure 7, we see that 40.8% of the sample respondents agree about going abroad to have surgery; while 14.8% of them disagreed.

Q: Would you be happy to be seen by a nurse for initial consultation and follow up before and after operation?
The result showed that 28.9% of the sample respondents agree about initial consultation and follow up before and after operation by a nurse; while 24% of them disagree. Figure 8
Q: Should there be implementation of poly clinics reducing the number of large hospitals for specialist care?

The answers of the sample respondents about the implementation of polyclinics reducing the number of large hospitals for specialist care, are shown in figure.
Q: Would you be willing to pay a small fee for your treatment at the hospital?
The answer of the sample respondents about paying a small fee for treatment at hospitals is shown in figure.

![Figure 10](image)

Q: Do you think that people who fail to attend their pre booked medical appointment should be charged?
Most of the individuals (69% approximately) that said yes to paying for treatment at hospitals agreed to pay between £10-£25; while 21% and 11% of them were happy to pay between £26-£50 and £51 to £100 respectively. Figure 11

![Figure 11](image)
Q: Do you think that people who fail to attend their pre booked medical appointment should be charged?

The result showed that 49.3% of the sample individuals agreed that people who fail to attend their pre booked medical appointment should be charged; while 10.4% of them disagree. Figure 12

![Pie chart showing responses to the question](image)

Figure 12

Discussion:

As surgical health care in the UK is a topic of debate among public, which some people could have positive picture and see the service is good and other could have negative image and could say the surgical health service need to be improved. This study is conducted to evaluate the public opinion on the contemporary surgical practice in the UK of a random sample of public in London, on particular aspect that related to surgical practice in the UK.

As touching on the opinions that the general public holds about the services that are provided by the surgical care providers, most of them were happy with the service provision. However, there are still differences in opinions and judgments with those that are not satisfied. This information is taken by Hazel and Potter [M.B Hazel] who mentions that this means that the numbers of those who are dissatisfied with the services rendered by the UK surgical services providers are preponderant over those who are satisfied with the services. Business Information Services of Benn Business [Business Information Services of Benn Business] points out that this is due to the laborious process of registration that causalities are subjected to, especially at needless points such as the point between the diagnostic and the treatment stage.
Research has also been carried out in a comprehensive manner, with one sole bid of ascertaining how the public regards the NHS medical and surgery services in comparison to the surgical services that are provided in the private sector. The NHS scores more points in the sense that 21.1% of the population strongly agreed with the extent of quality of surgical services that are offered in the NHS sector, as opposed to the services provided in the private clinics. [G. Edwin]

It is incumbent upon all the surgical services providers and the NHS to ensure that there is the adoption G. Edwin of better techniques that are to be used in the sterilization of equipments that are used in the surgical procedures. The above recommendation comes in the wake of the release of the report on a research that was carried out by Hallet [J. A. Hallet].

Regarding Preference of going abroad to procuring NHS facilities, 10% disagreed very strongly with the idea of seeking foreign surgical services. Robertson [8] proposed different reasons for going abroad such as the use of outdated technology and low observation of post surgical follow up.

Regarding Preference of having initial consultation and follow up before the operation, research (F.W. Faxon Company) claims that most of the patients prefer having initial consultation and follow up for better outcome.

Similarly those who held very strongly that there should be implementations to encourage specialized polyclinics alongside of large hospitals made up 16.4%. Waelde and Laurie mention the fact that the observation of specialization of jobs and the division of labour in the health sector and administration is long overdue. [C. Waelde]

The population that agreed to the idea of paying a small fee for treatment and medication at the hospital made up 39.8%. De Vita and Rosenberg made categories of the amount of money that potential patients were willing to part with. Those who are willing to pay amounts ranging from 10- 25 Pounds made up 68.5%, while those that were willing to pay from 26- 50 Pounds made up 21.0%. [V. DeVita]

There have also been the existence of divergent views on the issue that relate to exacting extra charges on patients who fail to make advanced bookings and medical appointment. Shorvon states that it is an opportune time that the NHS and the rest of the hospitals that provide surgical services, to ensure that patients can book appointments with their doctors or surgeons beforehand. [S. Shorvon].
Conclusion

For there to be the winning of public confidence towards the rendering of surgical services, it is incumbent upon the government to liaise with the medical and specifically, the surgical fraternity. For instance, there must be the overhauling of the management practices in the hospitals to ensure job specialization and division of labour.

At the same time, there must be government support to help the surgical fraternity acquire up-to-date surgical equipments. Conversely, there must be adjustments to ensure that the length of the post surgical follow up programmes are reviewed and perfected, while at the same time, a friendly and a less formal approach should be adopted, so as to secure a proper and meaningful relationship between the surgeons and the patients.

Through the department of health, the government must ensure that hygienic conditions are totally monitored and that there is proper management of and transparency in the distribution of drugs. Alternatively, if the procurement and distribution of drugs is a feat too difficult for the government to achieve, then the drugs prescription expenses must be expunged from the medical fee. These hospitals and especially the government managed hospitals that deal in rendering surgical services must also ensure that they pave way for the advanced booking programs.

Figure 1 Questionnaire

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Male</td>
<td>18-25</td>
<td>Student</td>
</tr>
<tr>
<td>b) Female</td>
<td>26-35</td>
<td>Manual Work</td>
</tr>
<tr>
<td></td>
<td>46-55</td>
<td>Office Work</td>
</tr>
<tr>
<td></td>
<td>56-65</td>
<td>Healthcare</td>
</tr>
<tr>
<td></td>
<td>65+</td>
<td>Unemployed</td>
</tr>
</tbody>
</table>

What do you think is the current state of surgical care in the UK?

- Good
- Adequate
- Adequate but needs change
- Not adequate
- Unsatisfactory

Do you think the level of care in NHS is better than the private clinics?

- a) Strongly agree
- b) Agree
- c) Neutral
- d) Disagree
- e) Strongly disagree
How satisfied are you with the hygiene and cleanliness of the NHS facilities?

a) Strongly satisfied  b) Satisfied  c) Neutral  d) Dissatisfied  e) Strongly dissatisfied

Would you be prepared to go abroad to have your surgery performed?

a) Strongly agree  b) Agree  c) Neutral  d) Disagree  e) Strongly disagree

Would you be happy to be seen by a nurse for initial consultation and follow up before and after operation?

a) Strongly agree  b) Agree  c) Neutral  d) Disagree  e) Strongly disagree

Should there be implementation of poly clinics reducing the number of large hospitals for specialist care?

a) Strongly agree  b) Agree  c) Neutral  d) Disagree  e) Strongly disagree

Would you be willing to pay a small fee for your treatment at the hospital?

Yes  No

If yes what amount would you be prepared to pay?

£10-£25  £26-£50  £51-£100

Do you think that people who fail to attend their pre booked medical appointment should be charged?

a) Strongly agree  b) Agree  c) Neutral  d) Disagree  e) Strongly disagree

References

a) Business Information Services of Benn Business. Contemporary issues on surgical practices: Business Information Services of Benn. Business; 2003

c) F.W. Faxon Company. Surgical supplements: F.W. Faxon Company; 2004


g) Richard Restak – The Secret Life of the Brain, 2000


i) V. DeVita, A. Rosenberg, Practices and principles of oncology: Lippincott Williams & Wilkins; 2005

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