Patients' difficulties in obtaining appointments — a general practice audit

C.M. FISHBACHER, MRCP
Trainee General Practitioner, Springburn Health Centre, Glasgow

R.A. ROBERTSON, MB
General Practitioner, Springburn Health Centre, Glasgow

SUMMARY: Information on delays in obtaining appointments in a city practice was collected. The results showed that although overall 89% of patients could be offered appointments with one of the doctors by the next day, only 80% chose to accept one, the remainder electing to wait for a particular doctor or surgery time. When patients making urgent requests for appointments were analysed separately, it was shown that 98% were offered same-day appointments and 96% accepted. Only 17% of patients making an urgent request expressed a preference for a particular doctor or time, compared with 68% of non-urgent requests. The frequency of urgent requests was greater for patients under five years of age and lower for those over 65 years old. The study suggested that longer waiting times for an appointment were the result of patient choice for a particular doctor or time, which in turn was dependent on the degree of urgency, rather than the unavailability of appointments.

Introduction

OVER the past two decades, there has been a dramatic increase in the use of appointment systems in general practice with well over 80% of general practitioners now using them. Although the majority of patients have accepted the appointment system, several surveys have found that there is public concern about the difficulty in obtaining appointments.

In 1974 the Godber report presented evidence from executive council clerks that appointment systems were a considerable source of dissatisfaction among patients in some practices. The report went on to suggest that doctors and their staff should make periodic reviews to detect problems which should then be corrected. In another survey on access to primary care, 15% of all patients whose doctor operated an appointment system said it was difficult to obtain an appointment. The Consumers' Association conducted a survey on access to general practitioners in 1983. Based on a questionnaire sent to 1300 members, they found that 50% of respondents were dissatisfied with the appointment system, the main complaints being waiting times in the surgery and difficulties in obtaining appointments.

In order to study difficulties in obtaining appointments it was decided to conduct an audit of an appointment system. Some previous studies have been based on information obtained by questionnaire and the influence of patient choice for a particular doctor or time has not been taken into account. Questionnaires are dependent on the recall of patients and doctors and may be unreliable. It was therefore decided to use a data collection method which would be both objective and accurate and would also determine how much patient preference influenced waiting time for appointments.

Method

Practice profile

The study was carried out in an inner city practice with a list size of 4300. The practice has one full-time partner, two part-time partners and a trainee and is based in a large health centre.

During the week 24 one-and-a-half-hour surgery sessions are available, providing the following numbers of appointments: Monday 102, Tuesday 54, Wednesday 57, Thursday 69 and Friday 75. This reflects different consulting rates among the partners as well as day-to-day variation in the number of surgeries.

During the study period the full-time partner was on holiday for one week and a part-time partner for another week. Locums were employed to provide some surgery cover.

When requesting appointments patients are not routinely asked which doctor they would prefer to see. Those who specify a particular doctor are offered the next available appointment with that doctor, whereas if no preference is expressed they are offered the next available appointment regardless of doctor. The practice policy has always been that partners are prepared to fit in extra appointments or extend surgeries should the demand arise.

Study

The study took place over a four-week period in March and April 1984, during which all requests for appointments were recorded on a detailed receptionist's proforma. All requests for same-day appointments were classified as urgent and any expressed preference for a particular doctor or time of surgery was noted. The first available appointment with any doctor was recorded, together with the appointment actually chosen. The day of the week was also recorded.

A three-week pilot study was carried out which enabled the receptionists to practise completing the proformas. This contributed substantially to the accuracy of subsequent recording.

During the surgeries a consultation proforma was completed by the doctor, recording the age and sex of each patient attending. The doctor's opinion of the urgency of the appointment was recorded as one of three categories: the patient should have been seen sooner, the patient could safely have waited or further delay would have been unacceptable. Finally, a code indicating disease category was recorded according to the RCGP classification.

The information on each patient from the receptionist's proforma and the consultation proforma was linked and processed on a mainframe computer at Glasgow University using the SPSS package.

Results

During the study 1256 consecutive requests for appointments were recorded by the receptionist. Of these 178 (14.2%) were return appointments and these were excluded from further analysis. The day-to-day variation in requests is shown in Figure 1. Monday was the busiest day, with 33% of all requests for appointments. Friday was the quietest weekday, with 12.2% of all
requests. A negligible number of requests were made on Saturday (0.6%). The availability of same-day appointments varied from day to day (Figure 1) with the largest number available on Monday and a marked drop on Tuesday. Women made 65% of the requests, although they only made up 55% of the practice list.

Although appointments were offered patients did not always accept them. Table 1 shows a comparison between the appointments offered and those booked. Same-day appointments were offered for 39.6% of requests but only 20.6% were booked. A similar pattern was found for next-day appointments — 49.9% were offered and 39.4% were booked. Thus for 89% of requests an appointment was offered for the same day or the next day but only 60% were booked. An appointment could only be offered four days ahead for 1.3% of requests but this usually included weekends. Of all the patients 9.4% did not attend for appointments made — 3.3% of the patients cancelled their appointments and therefore 6.1% could be regarded as defaults.

**Patient preference**

Patient preference was as follows: 34.4% requested an appointment with a particular doctor, 7.9% expressed a preference for a particular time and 17.8% specified both doctor and time. Women were more likely to express a preference than men (56.6% of women specified a doctor compared with 45.0% of men), and the elderly were more likely to express a preference than the young (68.0% of those aged over 65 years specified a doctor compared with 29.8% for those aged under five years). Patients were more likely to specifically request the senior partner than the other partners. Most of the patients seen by the trainee had expressed no preference for a particular doctor.

**Urgent appointments**

Over the four-week period 170 urgent requests (for same-day appointments) were made. Thus 13.5% of all requests were urgent, 72.3% were non-urgent and 14.2% were return appointments. Appointments offered and booked were compared for urgent and non-urgent requests and the results are shown in Table 2. This shows that 98.2% of patients making requests for urgent appointments were offered same-day appointments and 95.9% booked them whereas with non-urgent requests the figures were 28.6% and 6.5% respectively.

Table 3 shows patient preference when making urgent and non-urgent requests. The majority (68.3%) of those making non-urgent requests expressed a preference for a particular doctor or time, whereas only 16.5% of those making urgent requests did so.

The age of the patient was found to be related to the urgency of requests — the younger the patient the greater the likelihood of a request for a same-day appointment (Table 4). In the under five years age group, 42.5% of requests were urgent whereas in the over 65 years age group only 4.6% were urgent.

In only five cases (less than 1%) did the doctor feel that the patient should have been seen sooner. In the opinion of the doctor, 22.8% of the patients who requested a same-day appointment could not have waited, compared with 6.5% of the non-urgent group.

Analysis of appointments by disease category showed a pattern similar to that described elsewhere (respiratory disease being most common). It should be noted that for respiratory disease there was a large number of urgent requests (27%) which were urgent; this was not true for rheumatic conditions and anxiety-related problems (7.6% and 4.5% respectively).

**Table 2.** Appointments offered and booked for urgent (n = 170) and non-urgent (n = 908) requests.

<table>
<thead>
<tr>
<th>Appointment</th>
<th>Percentage of patients making urgent requests</th>
<th>Percentage of patients making non-urgent requests</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Appointment offered</td>
<td>Appointment booked</td>
</tr>
<tr>
<td>Same day</td>
<td>98.2</td>
<td>95.9</td>
</tr>
<tr>
<td>Next day</td>
<td>1.8</td>
<td>3.5</td>
</tr>
<tr>
<td>In two days</td>
<td>0.0</td>
<td>0.6</td>
</tr>
</tbody>
</table>

**Discussion**

Flexibility is essential for the smooth running of an appointment system and the demand for appointments must be constantly reviewed by doctors and receptionists. A questionaire or direct interview involving patients and doctors can be used for review but this can lead to inaccuracies, for example, patients who have previously had difficulty in obtaining appoint-
ments may exaggerate the delay, whereas doctors may err in the opposite direction.

In this study an objective method has been used in an attempt to eliminate bias. However, an element of bias may influence the doctor's opinion on the degree of urgency during the consultation.

In previous studies patient preference has not been clearly defined and reports of long delays in obtaining appointments could have been due to the patient choosing a particular doctor rather than accepting the next available appointment. This study shows that the majority of patients were offered an appointment with one of the doctors by the next day, although many chose to wait longer for a particular doctor or time. The results indicate that preference for individual doctors had a strong influence on the pattern of requests, the senior partner being in greater demand than any other partner. Female and older patients were more likely to express a preference for a particular doctor than male and younger patients.

A problem was identified on Tuesdays and Wednesdays when very few same-day appointments were available (Figure 1). Two factors could be responsible for this. First, the largest number of requests for appointments were made on a Monday and although there are more appointments available on a Monday than any other day, there is still a spill-over to Tuesday. Secondly, Tuesday has always been the traditional half-day in the practice and there are no evening surgeries; this results in a further spill-over to Wednesday. Since the completion of the study one of the part-time partners has started an evening surgery on Tuesdays, which it is hoped will go some way towards solving the problem.

One of the main criticisms of the appointment system in previous studies has been the difficulty in obtaining same-day appointments when the patient feels the matter is urgent.\(^6\)\(^5\) In this study over 98% of urgent requests were offered an appointment the same day and nearly all these appointments were accepted. This contrasts markedly with non-urgent requests where the element of choice determines the waiting time for an appointment. This confirms Sawyer's findings that patients were happy to see the first available doctor if they felt the matter was urgent.\(^6\)

This study also showed that a large proportion of urgent requests were for children under five years of age, although the proportion was not as large as found by Field in 1980.\(^6\) No matter how many same-day appointments are available the receptionist could still be regarded as a barrier by some parents with young children causing some delay in seeing their doctor.\(^11\) In 1981 Pike introduced a pass-card for infants under one year of age in his practice which enabled mothers to get access to the doctor without an appointment.\(^12\) This practice is considering a similar system.

It is interesting to note that the frequency of urgent requests declines with increasing age of patients and that there were very few such requests (less than 5%) from the over 65 years age group. There are a number of possible explanations for this. The elderly are more likely to suffer from chronic disease and may have fewer episodes of acute illness, especially acute respiratory illness. They may be more likely to request home visits than attend the surgery and may come from a generation who by tradition hold the doctor in high regard and, therefore, are less likely to trouble him with matters which they feel are not urgent.

Difficulty in obtaining appointments is one frequently cited source of dissatisfaction among patients. Other practices should be encouraged to provide similar information to this study — only then can the real extent of the problem be gauged.

References


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Address for correspondence

Dr R.A. Robertson, Springburn Health Centre, 200 Springburn Way, Glasgow G21 1TR.

Corrigendum

In the paper 'Current involvement of university departments of general practice in the final qualifying examinations of medical schools in the UK' (January \textit{Journal}, pp. 21-23) an error appeared on page 21 in the final paragraph of the section entitled 'Data from medical schools with chairs of general practice/primary care'. It should have been stated that eight medical schools have appointed external examiners in general practice/primary care and Leicester should have been included.