

# Survey of patients' satisfaction with access to general practitioners

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**SUMMARY.** *The north west England faculty patients' liaison group, supported by community health councils and family practitioner committees, surveyed patients' perceptions of accessibility to general practitioners in seven districts in 1985 and 1986. Findings on appointment systems, telephone access and out-of-hours calls are compared with those from other surveys. The results show that patients' satisfaction with appointment systems is related to the efficiency of their own general practitioner's system. The results also show higher levels of dissatisfaction with waiting times for out-of-hours visits than in studies 10 years ago and that a large proportion of patients would like direct telephone access to their general practitioner.*

## Introduction

THE north west England faculty of the College formed the first faculty patients' liaison group in 1984. This group mirrored the national patients' liaison group being composed of members of the College and of local community health councils. Just as the national group represents the voice of the patient in the College, so the north west England group represents the voice of the patient locally to the faculty.

In attempting to review the standard of general practice care in north west England, the group chose to study the accessibility of general practice. It first developed some guidelines for good practice<sup>1</sup> and then discussed these with local medical committees, family practitioner committees and community health councils.<sup>2</sup> At that stage the group thought it appropriate to collect some data about patients' perceptions of the accessibility of general practitioners in the area.

A sub-group of the patients' liaison group has now completed an initial study covering geographical accessibility, surgery opening times, patients' attitudes to women doctors, patients' perceptions of receptionists and doctors, appointment systems, telephone access to general practitioners and out-of-hours calls. This paper reports the findings on the last three aspects which we felt were of greatest interest.

## Method

In 1985, the sub-group of the patients' liaison group produced a list of topic areas to be explored and a questionnaire was drafted and piloted by group members among 50 patients. As a result the questionnaire was revised and used with 200 patients in two districts (Bolton and Burnley).

During 1985 and 1986, a further 593 interviews were carried out in five more districts in north west England (Blackburn,

Blackpool, Oldham, Preston and Trafford). A three stage sampling design was used. First, 10 electoral wards were selected from each district with a probability proportional to the size of the electorate. Secondly, two polling districts were selected from each ward with an equal probability of selection. Thirdly, adults were selected at random from electoral rolls. The design provided a sample where adults had an equal probability of selection, it covered a variety of areas within each district, and by concentrating the effort it reduced fieldwork costs. All the interviewers had several years experience of consumer research work, and were specially briefed for this survey. Interviews were conducted in the respondents' own homes.

In six of the seven districts the target sample was 100 adults, and in the seventh, where the family practitioner committee contributed extra funds, it was 200. All the interviewers were instructed to make at least three attempts to contact named individuals before trying other contacts. In some areas higher non-contact rates resulted in over representation of the elderly in the sample compared with the general population.

## Results

### Appointment systems

While 72% of the 793 respondents always needed to make appointments to consult the doctor, 17% had open access by taking their turn in the waiting room. For a further 9%, circumstances dictated whether an appointment was necessary, while the remainder (2%) did not know anything about the system. There was a great variation between districts — between 4% and 53% of respondents stated that their practices had open access systems.

**Making appointments.** Seventeen per cent of the 527 respondents who knew when they could phone for an appointment could only phone before 10.00 hours and a further 7% were unable to do so in the lunch hour. Again there was considerable variation between districts. In one district 82% of respondents understood that they could phone for an appointment at any time during the working day compared with 28% in another district. However, more than 90% of the 527 respondents indicated that they found these arrangements convenient and there was little variation between districts.

**Choice of doctor.** The majority (78%) of the 555 respondents in practices with more than one partner indicated that they could choose which doctor they consulted for non-urgent problems. A minority (12%) were encouraged to see the doctor with whom they were registered and 3% were limited to their regular doctor for non-urgent consultations. The remainder here and elsewhere are made up of uncodeable responses and 'don't knows'.

**Interval before appointments.** Seventy-eight per cent of the 641 respondents obliged to make appointments saw the doctor of their choice for non-urgent matters within two days, with a minority waiting for three days or more (Table 1). If patients were prepared to see another doctor they were much more likely to be seen that day. Eighty-one per cent of the respondents were satisfied with the waiting times for non-urgent appointments with their preferred doctor and 87% with waiting times to see any doctor. The longest waiting times were in Blackpool

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**Table 1.** Waiting time for consultations for non-urgent problems in the seven districts combined with the range in parentheses.

Length of wait	Percentage of respondents (range)	
	Appointment with preferred doctor (n = 641)	Appointment with any doctor (n = 476)
Same day	27 (18–32)	43 (27–64)
One day	37 (29–50)	30 (15–39)
Two days	14 (6–19)	8 (2–12)
Three days	7 (0–14)	3 (0–8)
Four days	8 (2–18)	3 (0–9)
Other	3 (1–8)	3 (0–13)
Do not know	5 (2–10)	12 (5–19)

n = number of respondents.

and the shortest in Oldham. The satisfaction rates for Oldham were 89% and 91% for preferred and any doctor respectively and for Blackpool 63% and 75%.

**Urgent appointments.** Thirty-two per cent of the 641 respondents had required an urgent appointment during the previous year. Of these patients 54% were given an appointment without further questioning while 30% were first asked by the receptionist about their reasons for urgency. Three per cent had been refused an urgent appointment and 1% were offered a prescription instead. Differences between the districts depended more on a particular way of working and the ways in which receptionists intervened than on a real variation in accessibility.

Most respondents requesting urgent consultations were seen the same day — 44% were seen at once, 22% soon and 19% later that day — although 8% were seen the next day and 2% the day after that. There was little variation between the districts and most respondents were satisfied with the delay although a minority (14%) were dissatisfied.

**Length of wait in the surgery.** For the 641 respondents with an appointment system 41% usually waited less than 15 minutes in the surgery, 33% 15–30 minutes and 19% more than 30 minutes. The corresponding figures for the 132 respondents without an appointment system were 18%, 30% and 47%. However, similar proportions of respondents with (77%) and without (78%) an appointment system expressed satisfaction with the waiting time (Table 2).

**Table 2.** Percentage of respondents satisfied with their wait in the surgery.

	Percentage of respondents	
	Appointment system (n = 609)	Non-appointment system (n = 153)
Very satisfied	35	33
Satisfied	42	45
Dissatisfied	15	17
Very dissatisfied	8	5
Do not know	1	1

n = number of respondents who knew how long they usually waited.

**Choice of practice arrangements.** When respondents were asked which practice arrangements they would prefer only 50% opted for an appointment system, while 31% chose open access

and 16% a mixed system. Only 60% of those using appointment systems preferred an appointment system whereas almost 90% of open access users preferred open access.

However, when the preferences of the respondents with an appointment system were analysed by the length of time they had waited in the surgery it became clear that their preferences were related to the time they had to wait. Sixty-nine per cent of the 260 respondents who had waited less than 15 minutes preferred an appointment system but this fell to 45% of the 121 respondents waiting for more than 30 minutes.

### Telephone access

Eighty per cent of the 793 respondents said they had a telephone in their own homes, and just over a third of all respondents (35%) said they thought they were able to telephone and speak to their doctors personally (inter-district variation 23–55%). A smaller proportion (27%) said they had actually telephoned and asked to speak directly to their doctor on some occasion (inter-district variation 23–33%).

Among the sub-group of 216 respondents who had attempted to speak to their doctor, the majority (65%) had done so without any difficulty and a further 15% after some insistence. However, 12% said they had been refused and told to come to the surgery. The 'success rate' in the districts ranged from 64% to 91%.

In response to the question 'Do you think you should be able to phone and talk direct to the doctor?' 66% of respondents answered 'yes' with a further 17% assenting as long as it did not interrupt or delay normal surgery consultations.

Out of a list of nine factors (a better phone system; better receptionists; shorter waits for appointments; less waiting at the surgery; longer surgery hours; the ability to talk to the doctor direct on the telephone; longer consultations; a quicker response to calls for emergency visits; or improvements in surgery premises) more patients (45%) thought direct telephone access would improve the service than for any other item.

The proportion of respondents who thought they should be able to telephone and talk direct to the doctor did not differ with the patients' age nor was there much difference between patients with either a longer, or a more difficult journey and those with no difficulty. It was, however, mentioned by more women (72%) than men (60%), by more of those owning a phone (68%) than of non-phone owners (60%), and by more of those regarding the surgery hours as inconvenient (76%) than of those reporting no inconvenience (68%).

### Out-of-hours calls

A quarter (24%) of the respondents had tried to contact their doctor outside surgery hours in the previous year (inter-district variation 20–33%). There was an age-related gradient — 32% of the under 40 year olds had tried to contact the doctor, 25% of those aged 40 to 60 years and 14% of the over 60 year olds.

**Contacting the general practitioner.** Only 30% of the 189 out-of-hour callers spoke to someone straight away, while the remainder had their call intercepted and redirected.

**Length of wait for the doctor.** Of the 180 patients who were visited out-of-hours 31% waited less than 30 minutes, 33% between half and one hour, 17% between one and two hours, 7% between two and three hours and 4% more than three hours. When asked how long the wait for the doctor had seemed, 46% said quick or very quick, while 52% said long or very long.

## Discussion

This study demonstrated patient dissatisfaction with practice appointment systems, out-of-hours calls and telephone access to general practitioners in north west England.

The proportion of respondents attending surgeries with an appointment system has not altered since Cartwright and Anderson's 1977 study<sup>3</sup> and similarly there has been no change in the proportion who use more flexible mixed systems since Ritchie's survey in the same year.<sup>4</sup>

We found evidence of shorter waiting times in the surgery when appointment systems were in use and longer waiting times with open access systems and this corresponds with the findings of both Ritchie<sup>4</sup> and Arber and Sawyer.<sup>5</sup> However, in north west England, surgery waiting times for both systems were considerably longer than in the earlier surveys.

For patients having to make appointments, the waiting time for a non-urgent appointment with their preferred doctor corresponded to the findings of Arber and Sawyer.<sup>5</sup> For urgent matters more of the patients in north west England reported being seen the same day than in Ritchie's survey.<sup>4</sup> Contrary to Arber and Sawyer's<sup>5</sup> finding of considerable dissatisfaction with the wait for an appointment our survey showed a high level of satisfaction with the wait for non-urgent appointments both with the respondents' preferred doctor and with any doctor.

Despite this our survey showed a high level of dissatisfaction with appointment systems. The proportion of those with open access systems who preferred their system (90%) was much higher than the respective proportion of appointment users (60%). While patients with appointment systems waited in the surgery only half as long as patients using open access systems, paradoxically, both groups appeared equally satisfied with the length of time they waited. The higher level of dissatisfaction among appointment system users contrasts sharply with both Ritchie's<sup>4</sup> and Arber's<sup>5</sup> surveys where the majority expressed a preference for the *status quo*. On the other hand, a recent survey in the Manchester area<sup>6</sup> found that people using open access systems were more than twice as likely to put off seeing their doctor because of the anticipated wait than were users of appointment systems because of difficulty getting appointments. A mixed system may well be the ideal. This would have the advantage of going some way to satisfy patients' wishes without returning to the free-for-all when doctors worked under considerable stress and some patients received peremptory treatment.

In this study the respondents were least satisfied with out-of-hours calls. A quarter of the respondents had tried to contact their doctor outside normal hours in the previous year and of those visited only about half were satisfied with the length of time they had to wait. Ritchie<sup>4</sup> found considerable variation by age with 12% of 16–24 year olds and 32% of 25–34 year olds contacting their doctor outside normal hours. This figure fell to 6% of people aged 75 years or more, which parallels our own age-related findings. In our survey most respondents waited between half and one hour for an out-of-hours visit. Arber<sup>5</sup> used different time intervals but the average wait was approximately the same. However, both Ritchie<sup>4</sup> and Arber<sup>5</sup> found a much higher level of satisfaction with out-of-hours calls, in the order of 85%, which decreased sharply as delay increased. The lower level of satisfaction in our survey compared with over 10 years ago may well reflect our respondents' higher aspirations.

Many more respondents in this study said that they wanted the facility to speak directly to the doctor on the telephone than thought they were able to. The proportion of respondents who had a telephone in their own homes was similar to the national average at 80%.<sup>7</sup> Ritchie<sup>4</sup> reported that only 60% of respondents had their own telephone and increasing ownership makes the telephone a more important means of communicating

with the surgery. Curiously the proportion of consultations (over a two-week period) which were conducted over the telephone had not changed between the 1976 and 1984 General Household Surveys (5%)<sup>8,9</sup> despite the changes in telephone ownership. This suggests some reluctance for change either on the part of doctors or patients. Arber and Sawyer<sup>5</sup> reported that 93% of respondents who had attempted to speak to their doctor on the telephone were successful but this included 11% who had had to persist before they were successful. Using the same basis we found that 80% of respondents reported successful attempts. However, far more had wanted to speak to their general practitioner than thought they were able to (83% versus 35%). This suggests that practices need to provide a telephone consultation service or, if there is already one, make its existence clearer to users. The ability to talk to the doctor on the telephone was the most popular item out of nine suggested improvements in practice arrangements. Arber and Sawyer<sup>5</sup> reported that nearly half of their respondents who had not tried telephoning the doctor wanted the option of doing so.

It appears therefore, that telephone access to general practitioners would be welcomed by a large proportion of patients and would do more to increase people's perceptions of doctors' accessibility than any other single improvement explored in this survey. In 1978 an editorial in the *British Medical Journal*,<sup>10</sup> addressing the question of telephone access to general practitioners, acknowledged that although many doctors were not enthusiastic about receiving telephone calls from patients, the patients' view remained largely unknown. The editorial pointed out that the rate of telephone consultation by patients is much higher in other countries and commended the cheapness and convenience of obtaining advice in this way. Our survey in north west England provides some information on the patients' view of telephone accessibility and suggests that its increase in line with availability in other countries would be welcomed.

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