The process of outpatient referral and care: the experiences and views of patients, their general practitioners, and specialists

ANN BOWLING
JUDITH REDFERN

SUMMARY

Background. The primary care system in the United Kingdom, involving the general practitioner (GP) as gatekeeper to further services, has helped to keep health care costs down. Despite this, unexplained variation in referral rates and increasing health care costs have led to the search for methods of improving efficiency. There is relatively little recent descriptive data on the processes of care at the primary–secondary care interface. The study reported here provides information about this.

Aim. To analyse the patterns and process of care for the referral of outpatients, together with the views of patients, their GPs, and specialists.

Method. A questionnaire survey of outpatients, their hospital specialists, and GPs in randomly sampled district health authorities in the North Thames Region. The measures included items and scales measuring satisfaction and processes.

Results. Almost all of the outpatients thought that their consultation with the specialist was ‘necessary’ and ‘worthwhile’. Most of the GPs felt that they could not have given the study patients the care, treatment, and investigations they received in hospital, and most of the sampled patients’ attendances were rated by the specialists as ‘appropriate’. However, for just over one-fifth of new patients, the specialists reported that the GP could have done more tests and examinations prior to referring the study patient. Large proportions of GPs in this survey also reported having technical equipment in their practices, as well as direct access to a range of services and hospital-based facilities.

Conclusion. A large amount of work is carried out in general practice prior to the hospital referral of patients, and GPs have direct access to some technologies and services that can act to reduce the burden on hospitals. The discrepancy between GPs’ and specialists’ perceptions about the potential for further investigative work prior to patient referral merits further investigation.

Keywords: referral; patient satisfaction; general practitioners; hospital specialists.

Introduction

NINETY-EIGHT per cent of the British population are registered with a National Health Service (NHS) general practitioner (GP), and 90% per cent of health care contact takes place in primary care. The well-developed primary care system, involving the general practitioner (GP) as gatekeeper to further services, has helped to keep health care costs in the United Kingdom down.1 Despite this, unexplained variation in hospital referral rates2–4 and increasing health care costs have led to a search for methods of improving efficiency and effectiveness, and of shifting the balance of care further to the primary care sector.1,5–10 Policy makers have encouraged developments in primary care with the aim of increasing efficiency and curbing the increasing costs of health services, particularly in the secondary sector. The most recent example is the replacement of GP fundholding schemes with new local commissioning schemes within primary care groups.11

In England and Wales there are over 37 million recorded outpatient attendances in NHS hospitals each year, at an annual cost of around £2.5 billion. Therefore, even a small reduction in outpatient attendances has the potential to make substantial savings for the NHS. Over 8.5 million (23%) of outpatient attendances are new outpatient attendances and the remainder are follow-up visits.12 Cartwright and Windsor13 reported, on the basis of their national survey of outpatients in 1989, that 11% of all adults will have attended a hospital outpatient department within a three-month period. They concluded that there were too many continuing attendances over long periods. Others have estimated that around one-quarter of follow-up outpatient attendances are unnecessary, and could perhaps be avoided or managed in general practice by different methods of organising care.6–8,14 although these schemes are largely unevaluated to date. Many studies have sought and failed to identify the reasons for variations in GPs’ referral rates to outpatient departments. Faulkner et al14 reported that 38% of surgical outpatient attendances in the southwest of England were still perceived by hospital doctors to have been manageable by GPs, and 45% of these attendances were judged to have been of marginal or little value. However, while it has been argued that primary care-based health systems have lower costs than others, for health care to be more ‘primary care-led’, greater investment and transfer of resources from the secondary to primary care sector is required, particularly in socio-deprived areas.10,15–17 Despite ongoing debate, there is little consistent information on the extent to which organisational developments in primary health care have had an impact on the workload of GPs or hospital outpatient departments.18

Aims of the survey

This study aimed to describe the patterns and processes of care in general practice prior to patients’ referral to hospital outpatient clinics, together with the views of patients, their GPs and specialists. A separate paper focuses on the characteristics of fundholding practices and is published elsewhere.18

Method

Eligible sample members were aged over 18 years and were current outpatient attenders. Both first and follow-up attenders were included in the study in order to be able to provide a profile on all attenders. The study was based in five, randomly sampled district health authorities in the North Thames Region, with stratifi-
The patients and their views
Forty-one per cent (401) of the patients were male, and 59% (581) were female. Thirty-one per cent (313) were aged under 45 years, 34% (333) were aged 45 to 65, and 35% (336) were aged 65 or over. Eighty-eight per cent (847) were white and 12% (115) were in black and other ethnic minority groups. Table 1 shows the results of patients’ reports of the referral and attendance. This shows that most patients reported that their GPs had examined them thoroughly before their referral to an outpatient department, and over one-quarter in each case reported having X-rays or other prior investigations. Almost three-quarters of patients had been referred to an outpatient department by their GPs. Table 1 also shows that most patients reported being seen in an outpatient department within three months of their referral, although 6% waited six months or more. Most (60%) patients were re-attenders at the time they were sampled for inclusion in the study, although just 10% of all patients were long-term attenders of five years or more.

The average number of attendances for all patients was 4.8 (including the sampled attendance). The average waiting time in the clinic was 36.12 minutes: mean waiting times were longest in London at 41.3 minutes (SD = 41.70) in comparison with 31.6 minutes (SD = 29.37) outside London (P < 0.001).

Over two-thirds of patients were retained for outpatient follow-up after the sampled consultation, and 36% of new attenders and 52% of follow-up attenders reported that their condition had ‘improved’ or ‘cleared up altogether’ after the sampled consultation (Table 1).

Patients’ and doctors’ views of the appropriateness of the outpatient attendance
Almost all (95%; 800 out of 842 responders) patients thought that their consultation with the specialist was ‘necessary’, and 89% (851 out of 857 responders) rated it as ‘worthwhile’.

Consistent with this, of the 540 patients for whom GPs completed the individual patient questionnaire item, 89% (481) were rated by GPs as ‘GP not able to give the care, treatment and investigations received in the hospital’, although 10% (56) felt that they could have done; 1% (3) were uncertain.

General practitioners were asked to rate their level of agreement with the hospital doctor’s decision to retain, discharge, admit, or refer their patient. GPs reported that they ‘definitely agreed’ with the decision for 77% (406) of the patients and ‘probably agreed’ for 14% (74) of the 525 patients they completed the question for; 6% (29) were rated as ‘uncertain’ and 3% (14) were rated as ‘disagreed’. Most attendances were rated by specialists as appropriate (90%; 103 out of 115 attendances rated). However, for over one-fifth of the new attenders (22%; 39 out of 178 rated), the specialists reported that the GP could have done more (tests, examinations) prior to referring the study patient.

General practitioners’ views
Table 2 shows that a substantial minority of study patients was reported by their GPs to have had tests and X-rays prior to their referral. The main reasons for the referral were diagnosis and treatment. A relatively large proportion of GPs, in response to a general question, reported that they were given inadequate information about patients from specialists. In addition, most GPs reported, in response to general questions, unduly long delays ‘very’ or ‘fairly’ often before referred patients were seen in outpatient departments, and sizeable proportions reported problems with the grade of hospital doctor (too junior) seeing their patients and long delays in communications from hospitals. There were substantial numbers of practices with specialist outreach clinics, shared hospital–GP patient care schemes (mainly for diabetes), access to consultant-only clinics, locality outpatient clinics (e.g. in community or cottage hospitals), and one-stop hospital clinics.

British Journal of General Practice, February 2000

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Original papers
Large proportions reported having specific equipment in the practices, carrying out minor surgical procedures, and having direct access to services.

Specialists’ views
Specialists rarely reported receiving inappropriate referrals from GPs (6%, two out of 34, reported this ‘fairly’ or ‘very’ often), although 38% (13 out of 34) reported that they had been provided with inadequate information by GPs ‘fairly’ or ‘very’ often, and 42% (14 out of 33) reported inadequate investigations/treatment were carried out by GPs prior to referral ‘fairly’ or ‘very’ often. Specialists were asked about whether there had been any innovations in their departments that aimed to shift the balance of care from secondary to primary care. They were given a
checklist to tick, with provision for other responses. The most commonly reported innovations are reported here (the item response ranged between 31 and 33 doctors). Sixty-six per cent (21 out of 32 responders to this item) reported having written guidelines for GPs for complex cases, 64% (21 out of 33) reported having consultant-only clinics, 47% (15 out of 32) had locally outpatient clinics, 42% (14 out of 33) had shared-care schemes with GPs, 30% (10 out of 33) reported having one-stop clinics, 15% (five out of 33) had outreach clinics in GPs’ surgeries, and 10% (three out of 31) reported having community-based follow-up schemes.

Comparisons between surveys

Table 3 makes cautious comparisons between some of the survey data reported here and Cartwright and Windsor’s 1989 national survey of outpatients.13 Although the study reported here used questions from this 1989 survey, comparisons can only be tentative because of differences in methodology and areas studied (the latter was based on a national population screen to identify outpatients). Bearing this caution in mind, Table 3 does suggest large increases in the proportions of GPs who have equipment in their surgeries, direct access to facilities, and an increase in the investigations performed (e.g. X-rays) before the referral of patients to outpatient clinics.

Discussion

Before interpreting the results presented here, some caution should be taken. This was a cross-sectional study and can therefore only demonstrate associations rather than impute causality. This survey was also limited to sampling GPs via their referred outpatients, suggesting potential for sampling bias, and was limited to one geographical region. However, there were no differences in the characteristics of GPs who responded and those who did not, and in the characteristics of GPs nationally. This enhances confidence in the findings reported here — although the response rate was slightly higher for out-of-London GPs (by 5%), area was controlled for in all analyses.

The survey provided evidence that GPs are undertaking investigations for a sizeable proportion of their patients prior to referral, and most referred patients regarded the pre-referral examination by their GPs as thorough. Large proportions of GPs in this survey also reported having technical equipment in their practices, performing minor surgery, and having direct access to services and hospital facilities, including specialist outreach clinics. These developments were all designed to improve patient access and develop closer relationships between GPs and specialists, as well as to discourage the number of reattendances by outpatients. However, for over one-fifth of the new attenders the specialists reported that the GP could have done more (tests, examinations) prior to referring the study patient. In addition, a sizeable proportion of specialists reported that GPs (in general) carried out inadequate investigations/treatment prior to referring patients ‘very’ or ‘fairly often’.

Almost all patients thought their outpatient consultation was ‘necessary’ and ‘worthwhile’, and most of their GPs felt that, in retrospect, they could not have given the study patients the care, treatment, and investigations that they received in the hospital. In contrast to the literature cited earlier,6-8,14 most outpatient attendances were rated by specialists as appropriate, and less than one-third of patients were discharged from outpatient clinics after the sampled attendance. Most of the GPs agreed with the decision of the hospital doctor to retain, discharge, admit, or refer the study patient.

Although the indication is that the balance of care is shifting from the secondary to the primary care sector, there is scope for further development; e.g. possibly more investigations should be carried out in general practice prior to a patient’s referral. Two-thirds of specialists reported having developed guidelines for use in general practice that could lead to shifts in the balance of care. Evaluative research on the uptake and effectiveness of guidelines in routine practice, and on other innovations such as one-stop clinics, outreach clinics, telemedicine, and telephone consultations with specialists, is gradually being published.6-9 There is likely to be scope for the new primary care group commissioning schemes11 to influence criteria for outpatient referrals and effi-


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<tr>
<td>Availability of equipment and services in their surgeries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebuliser — yes</td>
<td>92 (356)</td>
<td>78 (188)</td>
</tr>
<tr>
<td>Computer — yes</td>
<td>96 (370)</td>
<td>61 (147)</td>
</tr>
<tr>
<td>Total</td>
<td>396</td>
<td>242</td>
</tr>
<tr>
<td>Direct access to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>94 (361)</td>
<td>76 (185)</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>96 (369)</td>
<td>63 (152)</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>81 (313)</td>
<td>24 (59)</td>
</tr>
<tr>
<td>Total</td>
<td>385</td>
<td>242</td>
</tr>
<tr>
<td>Minor surgery performed in the practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wart removal</td>
<td>81 (311)</td>
<td>63 (154)</td>
</tr>
<tr>
<td>Cyst removal</td>
<td>69 (266)</td>
<td>51 (123)</td>
</tr>
<tr>
<td>Total</td>
<td>385</td>
<td>242</td>
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<tr>
<td>Carried out investigations of study patient prior to referral to hospital outpatient clinic</td>
<td></td>
<td></td>
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<tr>
<td>Physical examination</td>
<td>81 (291)</td>
<td>75 (100)</td>
</tr>
<tr>
<td>Laboratory test(s)</td>
<td>40 (145)</td>
<td>31 (42)</td>
</tr>
<tr>
<td>X-rays</td>
<td>33 (120)</td>
<td>17 (23)</td>
</tr>
<tr>
<td>Total</td>
<td>360</td>
<td>134</td>
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NB: Significance testing was not performed as the surveys are not strictly comparable; totals do not equal 100% as all items were multicoded.
Key points

- Most patients felt their outpatient attendance was ‘necessary’ and ‘worthwhile’; most of their GPs felt that, in retrospect, they could not have given the study patients the care, treatment, and investigations they received in the hospital; most attendances were rated by specialists as appropriate.
- Just 29% of patients were discharged from outpatient departments after the sampled attendance. However, most of the GPs agreed with the decision of the hospital doctor to retain, discharge, admit, or re-refer the study patient.
- Large proportions of GPs in this survey also reported having technical equipment and computers in their practices, as well as direct access to services such as physiotherapy.
- Between around one-fifth and just over one-half of GPs reported having access to specialist outreach clinics in general practice, consultant-only clinics, locality out-patient clinics, and acute hospital outpatient clinics.
- There was a difference of opinion between GPs and specialists about whether much more preliminary investigation could be carried out by GPs prior to referral of patients to hospital.

References


Acknowledgements

We are grateful to Sally Anne Francis, Lesley Marriott, Orla Murphy, and Maria Clement for their assistance with setting up this project; to Joy Windsor and Ann Cartwright for permission to use questions from their survey of outpatients and access to their original dataset, and for their valuable advice; and to the patients, doctors, and managers who gave up their time for this study. The study was funded by the Organisation and Management Group, Research and Development, North Thames Regional Health Authority (grant no. P95/202), and the authors thank the members of the committee. Crown Copyright reserved, 1995. The views reported do not necessarily represent those of the funding body.

Address for correspondence

Professor A Bowling, CHIME, Royal Free and University College London Medical School, 4th floor Archway Wing, Whittington Hospital, Highgate Hill, London N19 5NF.