

Length of consultation: how well do patient's choose?

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SUMMARY. Patients attending a rural Berkshire surgery were invited to decide the length of appointment they required with the general practitioner. They were offered a choice of five minutes, 10 minutes, or longer, but the general practitioner was unaware of the time requested. Of 200 consecutive patients 115 requested five minutes, 80 requested 10 minutes and five requested longer. The mean consultation length of these groups was 6.5, 9.2 and 14.5 minutes, respectively. Patients given a diagnosis of psychiatric disorder were less accurate in their choice of time than any other diagnostic group. The results suggest that patients are generally good at estimating the time they require in consultation, and do not request over long appointments. It may thus be reasonable to allow patients to choose their consultation length.

Introduction

MUCH has been written about the appropriate length of consultations. With longer consultations patient satisfaction increases,¹ more information is imparted,² fewer prescriptions are issued and fewer return visits are made.³ A social services committee report on primary health care suggests that patients' most common complaint is lack of time with their doctor.⁴ One response to this problem might be to allow patients to choose the length of their consultation and a recent study carried out in Nottingham has suggested that patients can do this very accurately.⁵ This study re-examined this suggestion and investigated which groups of patients were most likely to be accurate in their choice.

Method

The study was carried out in a rural Berkshire training practice with five partners over a three week period. The practice uses a full appointment system with patients booked every 10 minutes. During the study period, consecutive patients requesting a consultation with a trainee general practitioner were asked whether they wanted a five minute, 10 minute or longer appointment. Bookings were made for the time requested and in the case of a 'longer' appointment 15 minutes were allowed. The trainee was given a list of appointments, but with no times. The receptionists left gaps between the bookings at their own discretion so that the doctor could not determine the times chosen from the number of names.

The trainee timed the actual consultation by stop-watch, and both the patient and doctor completed questionnaires afterwards. Details of age, sex, principal diagnosis, treatment, referral and follow up were recorded by the general practitioner. The patients were asked whether they thought the system was a good idea, whether they had chosen the right length of appointment

and whether they had told the doctor all they had wanted to. The waiting time before seeing the doctor was also recorded.

Statistical analysis was by Mann-Whitney U test and Spearman's rank correlation (non-parametric) using the SPSSX package.⁶

Results

The consultations of 200 patients were studied. Forty one per cent of the patients were male and their mean age was 32 years. The diagnoses made were: general medical problems 20%, respiratory problems 19%, ear, nose and throat problems 15%, musculoskeletal problems 12%, urogenital/gynaecological problems 10%, dermatological problems 10%, psychiatric problems 8%, and other problems 6%. At 60% of the consultations patients received prescriptions. The referral rate was 7% and 15% of the patients received further investigations. The mean consultation time was 7.8 minutes (standard deviation 3.5 minutes).

The consultation time requested by the 200 patients and the actual length of their appointments are shown in Table 1. The frequency distribution curves of the actual consultation time of patients asking for five and 10 minute appointments showed that patients were reasonably accurate in the times they chose. (Figure 1).

Table 1. Consultation time requested by 200 patients and the actual length of their appointments.

Time requested (minutes)	Number (%) of patients	Mean (range) consultation length (minutes)
5	115 (58)	6.5 (1-17)
10	80 (40)	9.2 (3-19)
Longer	5 (3)	14.5 (14-16)

$P < 0.001$ in each case when compared with the preceding consultation length.

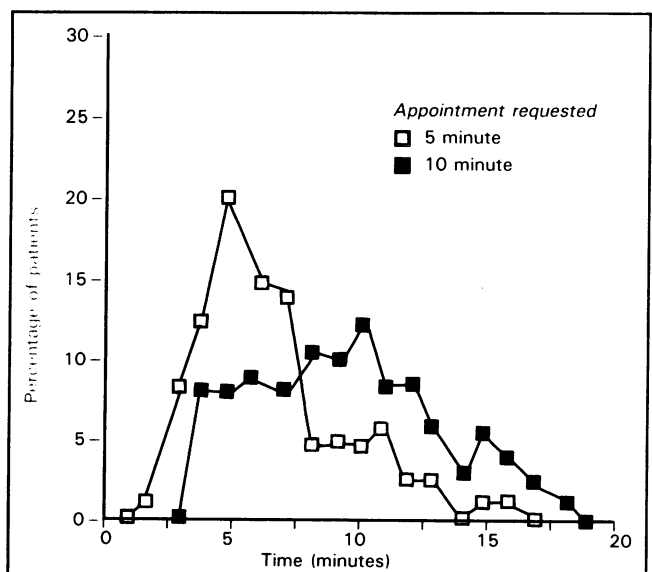


Figure 1. Frequency distribution of actual consultation time of patients requesting five and 10 minute appointments.

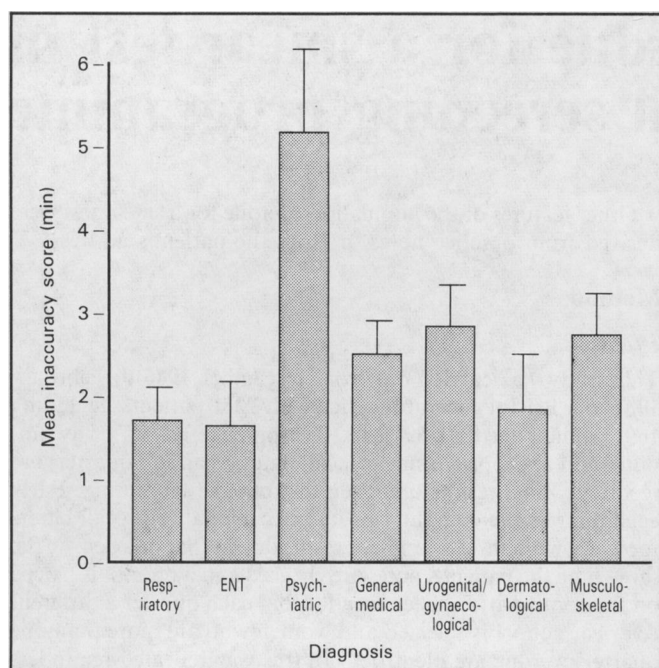


Figure 2. Inaccuracy of request according to diagnosis. Error bars show the standard error of the mean.

Of the 172 patients (86%) who completed the questionnaire, 97% thought that being able to choose appointment length was a good idea, and 92% thought they had made the right choice. The mean waiting time before seeing the doctor was 8.7 minutes.

A patient accuracy scale was calculated from the difference between the actual consultation length and the time requested. The mean inaccuracy of patients with a principal diagnosis of psychiatric disorder was 5.1 minutes (standard error of mean 1.1 minutes) (Figure 2). This group was significantly less accurate than any other group ($P < 0.05$ in all cases). The patients who thought they had requested the right length of time (92%) were no more accurate than those who thought they had been wrong (8%). Patient satisfaction, age, sex and amount of information imparted to the doctor were not related to accuracy.

Discussion

This study has confirmed that most patients know, perhaps from previous experience or from calculated guesswork, how long they will be with the doctor. Their knowledge of how long they had asked for may have caused them to try and end the consultation at the appropriate time. This is unlikely, however, as patients' perception of their accuracy did not correlate with their true accuracy. Patients approved of being given a choice of appointment length and the majority thought they had made the right choice. Those given a diagnosis of psychiatric disorder were significantly less accurate in their choice than any other diagnostic group but there was no age or sex difference in accuracy ratings. Patients were modest about the time they requested, nearly 60% asking for only five minutes, and these results dispel fears that this system would invite unrealistic requests.

Comparison with a control group of patients using a more traditional appointment system was not possible, as in such a system the doctor would influence the appointment lengths. It is not therefore possible to conclude from these results that patient choice of appointment length will help surgeries run more smoothly, or reduce patient waiting time. This study was designed to test patient accuracy rather than to compare appointment systems.

If a practice were to adopt an appointment system which included a choice of consultation length, it would probably be necessary to give patients longer than they request in order to allow for measures such as prevention.

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