

PRACTICE SURVEY

1965 IN A SMALL RURAL DISPENSING PRACTICE

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NEW YEAR IS THE TIME for looking back and 31 December 1965 marked the end of my first complete calendar year spent in this practice; some of the figures of the work done in the past year may be relevant to the present day discussions of the work load in general practice.

This is a rural dispensing practice of some 1,220 patients of whom about half live within three miles of the surgery, nearly all within five miles with a few stragglers up to 10 or 12 miles away. The main occupations are salmon fishing and agriculture and the flight from the land has resulted in an ageing population with about 17.5 per cent being aged 65 and over, with a correspondingly higher mortality rate and lower birth rate than average.

Consultations. There were 2,915 surgery consultations during the year, a figure which is low as it does not include all the patients seen by my locum, nor does it include all 'casual' consultations; and some were no doubt forgotten by the recorder. This does, however, give a figure of 2.4 consultations per patient per annum.

Visits. During the year, 3,243 visits were recorded, and again this is probably an underestimate, as not all late visits were recorded, nor were all of those of the "please will you pop next door" type; and again the locum's figures were incomplete. There were 2.6 visits per patient per annum.

This represents five patient-doctor contacts per annum per patient, 52 per cent involving visits and 48 per cent being surgery consultations.

Travelling. About 16,000 miles were travelled in the practice, an average of about 13 miles per patient per annum. In this type of practice, with very poor public transport services, this amount of travelling is inevitable, but it serves to demonstrate the amount of medical time which must be spent in cars throughout general practice, time which could certainly be reduced by having patients travel to the doctor, at public expense if necessary.

Dispensing. Virtually all the practice dispensing is done from the surgery, and over the year 9,797 prescriptions were dispensed, about eight prescriptions per patient per annum. It was noticeable that while 502 prescriptions were dispensed in January, the average per month has been 845 since the prescription charge was removed.

Certification. Over the year some 180 first certificates were issued

(about $3\frac{1}{2}$ books) and about 530 intermediate certificates (about $10\frac{1}{2}$ books). The working population is represented by 347 men and 106 women, a total of 453 persons who received on average just over $1\frac{1}{2}$ certificates each per annum. The impression given is that certificates are either 13-week certificates for those permanently disabled or short-term certificates for with an acute illness; the chronic certificate hunters of industrial practice are conspicuous by their absence.

Births. There were 13 births in 1965, a rate of 10.6 per 1,000, although with such small figures this rate is almost meaningless—it was 14 per 1,000 in 1964. Care during pregnancy and the postnatal period involved an average of 20 consultations or visits, in addition to attendances during labour.

Deaths. There were 24 deaths in the practice in 1965, a crude death rate of just under 20 per 1,000. The average age at death was 74, and the age range was from 51 to 90. In the three months before death each of these patients required an average of 12 consultations and in the year before death an average of about 25 consultations was required. When those who died in long-stay hospitals and the solitary patient who was killed in a road accident are excluded, as no care was given by me in the year before death, the figures become 14 consultations in three months and 30 in 12 months. This is an interesting contrast to the requirement for maternity medical services payments at the other end of life, which in this practice was an average of 20 consultations per confinement, extending over nine months; the contrast, of course, lying in the fact that the maternity services attract a fee of 12 guineas, while the care of the dying attracts only the basic capitation fee.

Holidays and refresher courses. Three weeks holiday was taken and a residential refresher course lasting a week attended. A locum was required during these four weeks.

On call. The load of being single-handed and constantly on call is lightened by sharing alternate Saturday and Sunday afternoons and half days with another single-handed colleague in a village eight miles away. This is in effect three half days every fortnight, but calls are only transferred during any absences from home.

Summary

Details are given of some aspects of the work load in 1965 in a rural dispensing practice.

JOURNALS AND SUPPLEMENTS

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