How does the patient get to the general practitioner's surgery?

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WHEN I visited the Antipodes and Canada on a Nuffield Travelling Fellowship, I was soon aware of the fact that the vast majority of patients attending the doctors' surgeries came in a motor vehicle. All those who lived any distance away, and many who lived close to the surgery, came either in a private car or by taxi. Pram parks were considered unnecessary. Patients were firmly persuaded to attend the surgery, if at all possible, and in some cases there was the additional factor that cost of a taxi was less than the difference between the cost of a home visit and a surgery consultation.

In this country much rethinking and reorganization is going on in general practice. General practitioners are coming together in groups in centralized premises, provided by the doctors themselves or by the local authorities, where they can have adequate ancillary help and the stimulus of contact with their colleagues. In the interest of efficiency and providing their patients with a better service, more and more patients are being persuaded to attend the surgery and some branch surgeries are being closed. The day when there was a doctor's surgery at every street corner is fast disappearing and rightly so.

Although the number of cars in this country increases year by year, we have not yet reached the stage when there is one for every family. So how do the patients get to the surgery? Many will walk or use public transport, but how many, and is the pattern changing? Most general practitioners can give an impression, but it is only an impression. As a first step in obtaining factual information, which could indicate the present position and act as a base line for future enquiries, a pilot survey was undertaken.

Method

Six semi-rural practices completed a questionnaire of all patients attending for consultation during two consecutive weeks in February 1968. Semi-rural practices were selected because this was thought to give the best spread of distances travelled. All had appointment systems, five practised only from central surgeries and one had four sessions a week at branch surgeries.

The returns were limited to patients who came for consultations, because this required the actual physical presence of the patient at the surgery. Other services (repeat prescriptions, making appointments, etc.) could be done by alternative means, e.g. telephone or post. The forms were divided into sessions—morning (before 1.0 p.m.), afternoon (1.0 p.m. to 4.30 p.m.) and evening (4.30 p.m. onwards). The patients' sex was entered and they were asked their age, mode of attendance, distance from home, whether they had made the journey solely to see the doctor or were combining it with other activities (e.g. shopping) and whether they came alone or accompanied.

Analysis of results

There were approximately 35,500 patients on the lists of the doctors at the time of the enquiry and 3,016 forms were submitted for analysis.

Table I shows the way in which the patient arrived at the surgery and the session

attended. It will be seen that 31.8 per cent walked, 10 per cent came by bus, 54.8 per cent came by car, 0.6 per cent (19) used taxis and 2.8 per cent came by other means (e.g. cycle, motorcycle, scooter, etc.). The number coming by car varied from around

TABLE I
TIME AND MODE OF ATTENDANCE

	Walked		*Bus*		*Motor Car*		*Taxi*		*Other*		*Total*	
	M	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*
Morning ..	234	335	69	132	454	435	4	8	27	22	788	932
Percentage	*7.8*	*11.1*	*2.3*	*4.4*	*15.1*	*14.4*	*0.1*	*0.3*	*0.9*	*0.7*	*26.1*	*30.9*
Afternoon ..	18	65	6	28	26	55	1	—	3	1	54	149
Percentage	*0.6*	*2.2*	*0.2*	*0.9*	*0.9*	*1.8*	*0.0*		*0.1*	*0.0*	*1.8*	*4.9*
Evening ..	124	177	25	40	306	368	3	3	15	15	473	603
Percentage	*4.1*	*5.9*	*0.8*	*1.3*	*10.1*	*12.2*	*0.1*	*0.1*	*0.5*	*0.5*	*15.7*	*20.0*
Not known..	3	4	1	—	4	4	—	—	1	—	9	8
Percentage	*0.1*	*0.1*	*0.0*		*0.1*	*0.1*			*0.0*		*0.3*	*0.3*
Total ..	379	581	101	200	790	862	8	11	46	38	1324	1692
Percentage	*12.6*	*19.3*	*3.3*	*6.6*	*26.2*	*28.6*	*0.3*	*0.4*	*1.5*	*1.3*	*43.9*	*56.1*
Total percentage	*31.8*		*10.0*		*54.8*		*0.6*		*2.8*		*100.0*	

60 per cent in three practices to 37.2 per cent in the most urbanized of the six practices. Of the total patients attending in the morning, 51.7 per cent came by car compared with 62.7 per cent of the evening attendance.

Figure 1 shows the numbers attending, particular age groups and the way in which they attended. If the mode of attendance is compared with the actual numbers attending in each age group, various patterns emerge; of those walking, the highest number are in the lowest age group (41 per cent) and there is a steady decrease to around 28 per cent in the highest age group. The use of buses was lowest in the youngest age group (5.8 per cent) and rose to 10.6 per cent in the third group; in the next group (30–44) there is a drop to 6.1 per cent rising again to 12.5 per cent and 13.9 per cent in the two oldest groups. The pattern by car shows a rise from 48 per cent to a peak of 63.8 per cent in the 30–44 group and then a fall to around 54 per cent in the two oldest groups.

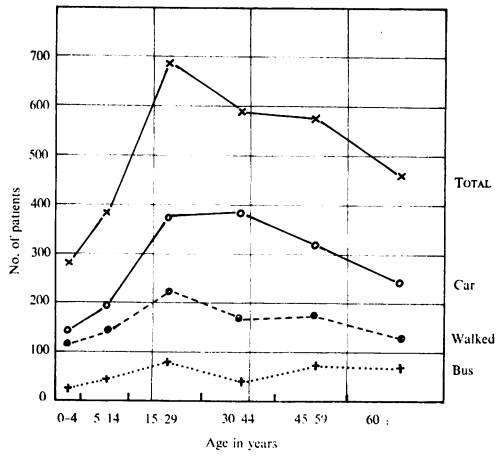

Figure 1
Number of patients in age groups and mode of attendance

When distance is equated against mode of travel, as in table II, we find the majority of the walkers in the under-one-mile group, of which they represented 67 per cent. Between one to two miles, the number of walkers had fallen to 29 per cent, 15 patients

walked between two to three miles and three spartans between three to five miles to see their doctors. The latter may be contrasted with the 219 who got out the car to travel less than a mile to the surgery, representing 26 per cent of the total attendances

TABLE II
DISTANCE AND MODE OF ATTENDANCE

	Walked		*Bus*		*Motor Car*		*Taxi*		*Other*		*Total*	
	No.	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*
1 mile ..	817	*27.1*	28	*0.9*	319	*10.6*	2	*0.1*	46	*1.5*	1212	*40.2*
1–2 miles ..	123	*4.1*	51	*1.7*	228	*7.6*			17	*0.6*	419	*13.9*
2–3 miles ..	15	*0.5*	68	*2.3*	284	*9.4*	5	*0.2*	9	*0.3*	381	*12.6*
3–5 miles ..	3	*0.1*	92	*3.1*	478	*15.8*	9	*0.3*	8	*0.3*	590	*19.6*
5 miles ..			62	*2.1*	340	*11.3*	3	*0.1*	3	*0.1*	408	*13.5*
Not known..	2	*0.1*			3	*0.1*			1		6	*0.2*
Total ..	960	*31.8*	301	*10.0*	1652	*54.8*	19	*0.6*	84	*2.8*	3016	*100.0*

at that distance. Over one mile there is a rapid rise in the use of cars, reaching a maximum of 83 per cent of the patients who travelled over five miles. Few people used the bus to travel less than one mile, only two per cent of the group as compared with 26 per cent using cars, thereafter the percentage use of buses rose to the mid teens in the three farthest groups. Of the few taxis used, almost 90 per cent were for distances of over two miles.

One of the most surprising results to come out of the inquiry was the answer to the question about activities on the journey to and from the surgery: 82.8 per cent of the patients stated that the journey had been made solely to see the doctor and was not combined with other activities such as shopping. This was remarkable in semirural practices, where one might expect that a trip into town, over two miles for more than 45 per cent of the patients, would have been used for other purposes as well.

Tables III and IV deal with the questions of whether the patient came alone or accompanied. The pattern for all types of transport shows that about 60 per cent came alone and 40 per cent were accompanied. Of those coming by car, 51.2 per cent were alone and 48.8 per cent were accompanied, showing an increase in the accompanied patients. This is particularly noticeable in the evening, when 74 per cent of the accompanied males and 83 per cent of the accompanied females came by car. As might be expected, more men than women came alone by car; but it would appear that the car is available to many women in the morning, not only for their own use but to transport the accompanied patients, many of whom were children.

In the afternoon sessions, understandably, the females outnumbered the males by 3:1. The proportion of patients coming alone was 60 per cent, the same as the average for the whole day. The percentage coming by car dropped, but was still 40 per cent, whereas the number using the bus rose to 16.7 per cent of the total afternoon attendances and 18.8 per cent of the females.

Discussion

This survey does not set out to show the pattern of patient attendance in all types of practices. Certainly compact town practices and those with a good and frequent bus

TABLE III
NUMBER OF PATIENTS COMING ALONE AND ACCOMPANIED

	Alone		*Accompanied*		*Not known*		*Total*		*Total*
	M	*F*	*M*	*F*	*M*	*F*	*M*	*F*	
Morning	504	537	282	391	2	7	788	935	1723
Percentage	*16.7*	*17.8*	*9.4*	*13.0*	*0.1*	*0.2*	*26.1*	*31.0*	*57.1*
Afternoon	22	100	32	49			54	149	203
Percentage	*0.7*	*3.3*	*1.1*	*1.6*			*1.8*	*4.9*	*6.7*
Evening	291	323	182	27		2	473	600	1073
Percentage	*9.6*	*10.7*	*6.0*	*9.1*		*0.1*	*15.7*	*19.9*	*35.6*
Not known	7	7	2	1			9	8	17
Percentage	*0.2*	*0.2*	*0.1*	*0.0*			*0.3*	*0.3*	*0.6*
Total	824	967	498	716	2	9	1324	1692	3016
Percentage	*27.3*	*32.1*	*16.5*	*23.7*	*0.1*	*0.3*	*43.9*	*56.1*	*100.0*
Total percentage	*59.4*		*40.3*		*0.4*		*100.0*		

TABLE IV
NUMBER OF PATIENTS COMING, ALONE AND ACCOMPANIED, BY CAR

	Alone		*Accompanied*		*Total*		*Total*
	M	*F*	*M*	*F*	*M*	*F*	
Morning	294	200	160	235	454	435	889
Percentage	*17.8*	*12.1*	*9.7*	*14.2*	*27.5*	*26.3*	*53.8*
Afternoon	9	24	17	31	26	55	81
Percentage	*0.5*	*1.5*	*1.0*	*1.9*	*1.6*	*3.3*	*4.9*
Evening	171	141	135	227	306	368	674
Percentage	*10.4*	*8.5*	*8.2*	*13.7*	*18.5*	*22.3*	*40.8*
Not known	3	3	1	1	4	4	8
Percentage	*0.2*	*0.2*	*0.1*	*0.1*	*0.2*	*0.2*	*0.5*
Total	477	368	313	494	790	862	1652
Percentage	*28.9*	*22.3*	*18.9*	*29.9*	*47.8*	*52.2*	*100.0*
Total percentage	*51.2*		*48.8*		*100.0*		

service may well show a different pattern. However it does show the mode of attendance over a good variety of distances in a semirural setting and may act as a basis for comparison with other situations.

Certainly this type of information is necessary if we are to plan our future medical services to the best advantage of patient and doctor. Because of the pressure on the general practitioner's time and the general feeling that in most cases the patient can be dealt with more efficiently at the surgery, more patients are being asked to attend at fewer if larger surgeries. How do they get there?

At the present time, in the areas under review, over half of them come by car. The number of cars in the country has doubled since 1959. The provisional Ministry of Transport figures for 1967 show that about 10,300,000 cars were registered, more than

one to every six of the population as compared with one to 22 in 1950. The increase shows no sign of slowing down and it is likely that, in the foreseeable future, a car will be available, either because they own one or can borrow one, to the vast majority of families in this country. The tendency to use a car, even for short distances, is shown by the fact that already more than a quarter of those coming less than a mile came to the surgery by car. It is therefore essential that car parking facilities should be available at or close to the surgery premises. However, the parking requirements will be kept within reasonable bounds by the fact that appointment systems, with fewer patients attending at any one time, are being introduced in an increasing number of practices. If one considers that the majority of children coming by car are brought by their mothers, the car would appear to be at least as readily available to the women as to the men.

However, 31.8 per cent of the patients walked to the surgery. For 75 per cent of them the distance was less than one mile. Although an unlikely event in the areas under survey, the closure of the local surgery would mean that the vast majority would use alternative transport. Most of them, in increasing numbers, would come by car; but the availability of local public transport is of some significance at the present time, although it is likely to become less so if the frequency of services continues to diminish. Apart from the convenience of the car, the cost of bus travel is rising rapidly compared with the 'petrol cost' of attending by car, especially for the accompanied patient.

There will always be some patients who cannot attend on foot, by public transport or by car. Various experiments by individual general practitioners in the provision of a car service and by the Ministry of Health in the attachment of minibuses to selected practices are being tried out to deal with this problem.

The fact that 40 per cent of the patients were accompanied is of significance when planning the amount of waiting room space required. Although, no doubt, some of the companions would wait outside in the car.

Summary

Three thousand and sixteen patients attending six semirural practices for consultation were questioned as to how they had got to the surgery, how far they had travelled, whether they came alone and whether they were combining the journey with other activities.

The results show that 54.8 per cent came by car, 31.8 per cent walked and 10 per cent came by bus. Although 40.2 per cent of the patients lived within a mile of the surgery, 26 per cent of these came by car. A very high percentage (82.8 per cent) stated that they had made the journey solely to see the doctor. Forty per cent of all the patients were accompanied and 48.8 per cent of those coming by car.

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