

Discussion

Dr J. Henneman (*Wessex Faculty*) referred to the need for study of the patients' attitudes and ideas. Nine practices scattered over Wessex gave their patients a simple questionnaire to fill in. There were over 500 replies, which had been analysed. Ninety-five per cent liked the service provided by their group of doctors though 30 per cent thought it gave them a more impersonal atmosphere than previously. Amongst the comments was a request for a tea dispenser and car park.

Dr J. MacGlone (*Scotland*) asked for comments on the question of zoning. There was the zoning when work was distributed in the morning and one doctor went to one part of the practice. Secondly, there was the reorganization of many practices which had led to cutting down the patient in outlying districts and rationalizing the practice. Was this a good thing from the point of view of general organization? Did it affect the patient-doctor relationship?

Dr C. E. Thomas replied that Port Talbot was an area with an enormous steelworks, and a lot of people in the practice had moved to Porthcawl, five miles away, but still wanted the same doctor to see them, so the practice had had to be zoned. It could not be done without zoning the patients. If people moved into outlying districts they had to take the consequences. In the discussion it was emphasized that appointment systems are not designed to act as a barrier against the patient, but to help the patient. Where there was more than a 24-hour delay in getting appointments, the doctors would need to take a hard look at it to see whether their organization was right, whether they were giving enough time to the patients, or whether they needed a partner or assistant.

Dr E. V. Kuensberg (*Edinburgh*) pointed out that it was an illusion to think that by organization the items of service would be reduced. The advantage was in reducing the pressure of work, by achieving the steady flow of work on the Ford principle. The patient realized that by having an ordered procession of work, instead of disordered chaos, he received a better deal. Even if the doctor could not complete his task that day the staff would see to it that all the consequential problems of this would be dealt with as quickly as possible. The doctor remained more cheerful, and administration worked smoothly.

Dr C. Taylor (*Liverpool*) said that he had detected the beginning of a backlash of opinion from some of the general public where appointments systems were not working very well. "I have seen some appointments systems used in almost a punitive way, and I detect a growing volume of public protest about it".

Dr I. Ross-Smith (*Sheffield*) thought that in a number of cases the idea of starting an appointments system had been sold to doctors on the basis that it would reduce their workload. He was quite sure that this was not true. But he also contested very strongly the statement that the number of items of service remained the same. His group had been operating under current circumstances for about three years and during that time there had been approximately a ten per cent per annum increase in the number of items of service for a five per cent increase in the number of patients. The greater part of this had been caused by the fact that they were giving a greater variety of services in the practice. He was sure that this was coming. It gave doctors more satisfaction and seemed to be giving the patients more satisfaction too. But this was a process which could not continue uncontrolled, and in his practice the stage was being reached at which they would have to say 'no' to further investigations and more elaborate items of service, because there simply was not time for them, unless they could find other work to delegate. In the discussion it became obvious that one reason for failure of appointment systems was the large number of return visits that doctors persisted with or suggested to the patient. This 'poor finishing' of a clinical episode is one of the penalties of inexperience, or routine, or trying to play safe on all occasions, or just feeling important. An analysis of return visits to the surgery, would clear up most constipated appointment systems. The importance to prognosticate accurately became apparent when examining the need for return visits.