# Comparison of the first and second national morbidity surveys

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COMPARISON of the two national studies of morbidity statistics from general practice is complicated by several difficulties among which are differences of recording practice and definition, the intervention of two revisions of the *International Classification of Disease* and the growing impact of ancillary staff. What follows is a brief summary of some of the main features of the comparison; a fuller report must await more detailed examination of the data, including the more specific information on disease arising from the 1971–1972 study.

TABLE 1

COMPARISON OF FIRST AND SECOND NATIONAL MORBIDITY SURVEYS

| | *First national morbidity survey May 1955–April 1956* | *Second national morbidity survey Nov. 1970–Oct. 1971* | |
|---|---|---|---|
| *Population* | 380,000 + | 290,000 + | |
| Patients consulting/100 Population at risk | m. 63·5 | m. 63·1 | |
| | f. 70·2 | f. 70·9 | |
| | p. 67·0 | p. 67·2 | |
| Consultation rate/person registered | m. 3·39 | m. 2·56 | |
| | f. 4·08 | f. 3·43 | |
| | p. 3·75 | p. 3·01 | |
| Episode rate/person * at risk | m. 1·21 | m. 1·42 | (1·36) |
| | f. 1·44 | f. 1·80 | (1·72) |
| | p. 1·33 | p. 1·62 | (1·55) |
| Consultation rate/ * episode | m. 2·74 | m. 1·70 | (1·78) |
| | f. 2·62 | f. 1·64 | (1·71) |
| | p. 2·67 | p. 1·66 | (1·74) |
| Episodes/patient * consulting | m. 1·9 | m. 2·3 | (2·2) |
| | f. 2·1 | f. 2·7 | (2·6) |
| | p. 2·0 | p. 2·5 | (2·4) |

*These figures exclude prophylatic procedures and antenatal episodes.
Figures in parentheses have been adjusted for different definitions of " illness "

The principal statistics from the two studies are presented in table 1. There is a striking similarity in the proportion of the population at risk that consulted their doctors (67 per cent) in each study; this extends to each sex, but not to every age group (table 2).

 

TABLE 2
PATIENTS CONSULTING RATES PER 100 POPULATION

| *Age* | *Males* | | *Females* | |
|---|---|---|---|---|
| | *I* | *II* | *I* | *II* |
| 0– | 74 | 72 | 74 | 72 |
| 15– | 58 | 58 | 70 | 75 |
| 45– | 60 | 60 | 66 | 67 |
| 65+ | 68 | 67 | 73 | 67 |
| All | 64 | 63 | 70 | 71 |

Females in the 15–44 age group stand out as the only group in which the proportion consulting rose significantly during the interval from 1955–56 to 1970–71. Closer examination reveals that this is mainly due to an increase in ' non-illness ' largely accounted for by routine antenatal care and oral contraceptive advice. The only group in which the proportion consulting fell substantially were females over 65 years old.

*Consultation rate per person at risk*

In contrast with the generally sustained proportion of patients consulting, the consultation rate per person at risk fell from 3·75 to 3·01. To improve comparability the latter figure should be reduced by about 8·5 per cent to 2·75 in order to allow for single consultations which gave rise to several diagnostic entries. This fall is consistent with the decline in consultation rates that has been reported elsewhere (Royal College of General Practitioners, 1973).

The level in the second study is, however, substantially lower than that reported in the General Household Survey (Office of Population Censuses and Surveys, 1973) and probably reflects the selection of the general practitioners who undertook the study.

TABLE 3
*ILLNESSES (EPISODES)/PATIENT AT RISK I (18) II (10)

| | *First morbidity survey* | | *Second morbidity survey* | |
|---|---|---|---|---|
| *Age* | *Male* | *Female* | *Male* | *Female* |
| 0–14 | 1·5 | 1·5 | 1·7 | 1·7 |
| 15–44 | 1·0 | 1·4 | 1·2 | 1·9 |
| 45–64 | 1·1 | 1·4 | 1·4 | 1·8 |
| 65+ | 1·4 | 1·5 | 1·7 | 1·8 |
| *All* | 1·2 | 1·4 | 1·4 | 1·8 |
| | 1·33 | | 1·62 | (1·55) |

*These figures exclude prophylactic procedures and routine antenatal episodes.
Figures in parentheses have been adjusted for different definitions of "illness"

*Episode rate per patient at risk*

The episode rate per patient at risk rose from 1·33 to 1·62. For the sake of comparability episodes of non-illness in the more recent study have to be excluded. There is a further difficulty in equating episodes of illness as defined in the 1970–71 study with illnesses as defined in 1955–56 because in the latter separate episodes of the same illness experienced by a patient during the year were not distinguished.

Analysis of a sample of 1,000 episode records from the 1970–71 study suggests that the number of episodes recorded in 1970–71 should be reduced by 4·5 per cent to

achieve a closer comparison with the earlier study. This would reduce the figure of 1·62 to 1·55 which represents an increase of 17 per cent over the rate for 1955–56.

This increase may be partly due to more complete recording of episodes in the second compared with the first survey, but it seems likely that the greater part of it represents a true increase in workload between 1955 and 1970, which would be consistent with the increase in spells of sickness absence over much the same period (Whitehead, 1971). The increase was evident at all ages (table 3) but particularly for females aged 15–65.

TABLE 4
*CONSULTATIONS PER EPISODE

| | *First morbidity survey* | | *Second morbidity survey* | |
|---|---|---|---|---|
| *Age* | *Male* | *Female* | *Male* | *Female* |
| 0–14 | 2·0 | 2·0 | 1·3 | 1·3 |
| 15–44 | 2·4 | 2·2 | 1·6 | 1·5 |
| 45–64 | 3·4 | 2·9 | 2·1 | 1·8 |
| 65+ | 4·2 | 4·1 | 2·3 | 2·2 |
| *All* | 2·7 | 2·6 | 1·7 | 1·6 |
| | 2·67 | | 1·66 | (1·74) |

*These figures exclude prophylactic procedures and routine antenatal episodes.
Figures in parentheses have been adjusted for different definitions of "illness"

It follows from these results that the consultation rate per episode has fallen, the reduction being about 35 per cent from 2·67 to 1·74 (after correction). The rates however maintain the rise with age apparent in the first study (table 4) and no doubt reflect the generally greater severity, seriousness, and duration of reported illness with advancing age. It is probable that ancillary clinical staff working with general practitioners are responsible for some of this reduction in consultation rates.

TABLE 5
*ILLNESSES (EPISODES)/PATIENT CONSULTING

| | *First morbidity survey* | | *Second morbidity survey* | |
|---|---|---|---|---|
| *Age* | *Male* | *Female* | *Male* | *Female* |
| 0–14 | 2·1 | 2·1 | 2·5 | 2·5 |
| 15–44 | 1·8 | 2·1 | 2·1 | 2·7 |
| 45–64 | 1·9 | 2·1 | 2·3 | 2·7 |
| 65+ | 2·1 | 2·1 | 2·6 | 2·8 |
| *All* | 1·9 | 2·1 | 2·3 | 2·7 |
| | 2·0 | | 2·5 | (2·4) |

*These figures exclude prophylactic procedures and routine antenatal episodes.
Figures in parentheses have been adjusted for different definitions of "illness"

Since the proportion of the population at risk who consult has remained almost unchanged while the episode rate arising from the study population has risen, it follows that the episode rate per person consulting has risen even more (20 per cent, after correction). The increase is more marked among females than among males although the children of both sexes show the same relatively low increments (table 5).

In table 6 results are given as rates for patients consulting at least once per 1,000 population at risk for illnesses grouped by the main categories of the *International Classification of Disease.*

TABLE 6

DIAGNOSTIC GROUPS—SEVENTH REVISION OF THE INTERNATIONAL CLASSIFICATION OF DISEASE
PATIENTS CONSULTING RATES PER 1,000 POPULATION BY SEX AND 18 MAIN GROUPS

| | 1955–56 | | | 1970–71 | | |
|---|---|---|---|---|---|---|
| | *Males* | *Females* | *All* | *Males* | *Females* | *All* |
| 1 Infective and parasitic diseases | 57·7 | 52·7 | 55·0 | 61·4 | 59·5 | 60·4 |
| 2 Neoplasms | 8·7 | 12·5 | 10·7 | 10·2 | 13·6 | 12·0 |
| 3 Endocrine, nutritional and metabolic diseases | 37·5 | 62·5 | 50·8 | 42·5 | 62·8 | 53·0 |
| 4 Diseases of blood and blood-forming organs | 4·7 | 22·9 | 14·3 | 4·1 | 18·0 | 11·3 |
| 5 Mental disorders | 32·4 | 65·6 | 50·0 | 71·5 | 145·4 | 109·9 |
| 6 Diseases of the nervous system and sense organs | 115·5 | 123·7 | 119·8 | 114·5 | 120·4 | 117·6 |
| 7 Diseases of the circulatory system | 54·4 | 80·9 | 68·4 | 53·3 | 74·2 | 64·2 |
| 8 Diseases of the respiratory system | 257·7 | 270·0 | 264·2 | 247·7 | 252·8 | 250·4 |
| 9 Diseases of the digestive system | 110·5 | 103·9 | 107·0 | 86·3 | 88·8 | 87·6 |
| 10 Diseases of the genito-urinary system | 18·1 | 83·8 | 52·9 | 23·7 | 122·2 | 74·9 |
| 11 Complications of pregnancy, childbirth and the puerperium | — | 16·9 | — | — | 22·4 | — |
| 12 Diseases of the skin and subcutaneous tissue | 107·0 | 104·4 | 105·6 | 110·1 | 121·2 | 115·9 |
| 13 Diseases of the musculo-skeletal system and connective tissue | 75·4 | 97·0 | 86·8 | 80·3 | 101·5 | 91·3 |
| 14 Congenital anomalies | 2·4 | 1·7 | 2·0 | 2·5 | 2·2 | 2·4 |
| 15 Certain causes of perinatal morbidity and mortality | 2·8 | 2·3 | 2·6 | 0·5 | 0·3 | 0·4 |
| 16 Symptoms and ill-defined conditions | 82·9 | 105·3 | 94·8 | 102·4 | 130·9 | 117·2 |
| 17 Accidents, poisoning and violence | 115·5 | 89·9 | 102·0 | 106·0 | 80·8 | 92·9 |
| 18 Prophylactic procedures and other medical examinations | 35·1 | 69·7 | 53·4 | 84·1 | 169·1 | 128·3 |
| ALL CAUSES | 635·0 | 702·0 | 670·0 | 630·8 | 709·4 | 671·7 |

## Changes in some disease categories

The figures have been approximately adjusted for changes of categories between the sixth and eighth revisions of the *International Classification of Disease*. The illness groupings with the smallest percentage increase or, in some cases reductions include; diseases of the blood and bloodforming organs; diseases of the nervous system and sense organs; diseases of the circulatory system; diseases of the digestive system (the reduction here is notable) and, accidents, poisoning and violence. These are groupings with a high proportion of serious conditions.

In contrast, the conditions with the greatest percentage increase include; mental, psychoneurotic, and personality disorders; genitourinary disorders; symptoms and ill-defined conditions and prophylactic procedures, the latter, which could be termed ' non-illness ', showing the largest increase of all. These are the groupings with the

lowest proportions of serious conditions. These findings suggest that there is no evidence for any general increase in the rates of serious morbidity between the surveys, instead increases in reported morbidity are probably due mainly to a reduced threshold of awareness and/or consultation for perceived illness.

There were real reductions in the proportion of people consulting for some conditions, in particular: tuberculosis, bronchiectasis, carcinoma of stomach, rheumatic fever and its consequences, peptic ulcer, appendicitis, acute cholecystitis, uterovaginal prolapse, boils and carbuncles, disorders of hair, hair follicles, sweat and sebaceous glands, and chilblains.

There was a marked increase in rates for carcinoma of bladder and lung; diabetes (males over 45), gout (for males), angina of effort, cerebrovascular accidents and diseases of arteries other than arteriosclerosis, phlebitis and thrombophlebitis (for males and females of all ages) and, therapeutic, but not spontaneous abortions.

There were increases in the rates for some conditions, gonococcal infections, scabies, non-specific urethritis, orchitis, epididymitis, salpingitis and oophoritis mainly in the age group 15–45.

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## COMMUNITY PARTICIPATION IN PRIMARY HEALTH CARE

A two and a half years' experience of a community participation group has shown that this can have a valuable role in suggesting practicable improvements in a group practice. Topics discussed by the group (which is composed of one representative from every known organisation in the area) have included problems of receptionists; the role of the individual ancillary worker; and teaching in general practice. The high attendance rate at the group's meetings testifies to the community's interest in primary health care services.

REFERENCE

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## GENERAL-PRACTITIONER OPINIONS ON THE CONTENT OF MEDICAL RECORDS

In a survey of the opinions of general practitioners in Scotland on what should be recorded in the medical record the following items were regarded as " essential " by more than 90 per cent of general-practitioner respondents; full name, date of birth, up-to-date address, drug sensitivity, sex, treatment—drugs, name of present doctor, and date of consultation.

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