

Non-attenders in general practice*

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SUMMARY. Non-attenders for five years or longer (77 men and 27 women; i.e. 1.9 per cent of the practice) in a general practice of 5,750 patients were identified and paired with controls in the same practice. A survey by questionnaire was carried out.

The conclusions were:

- (1) A higher proportion of non-attenders are self-employed,
- (2) A lower proportion of them had retired than their attending counterparts,
- (3) They are spread over the whole age-range, but with a higher concentration in the ages 35 and over,
- (4) They are evenly spread over the social classes,
- (5) They seldom seek other sources of medical advice or treatment,
- (6) They are significantly slimmer than their fellows,
- (7) Their non-attendance does not, on the whole, cloak serious but remediable illness.

Introduction

The practice in which this study was made is a suburban, two-partner practice of 5,750 patients in Metropolitan Essex. Ancillary, nursing, and local authority staff were employed during the study period. All items of service rendered in the practice are entered on the appropriate National Health Service medical records (EC5 and EC6).

A survey of these records early in 1974 showed that 104 patients (77 males and 27 females) still living in the area and registered with the practice had not received any attention from any member of the practice for the five years 1969 to 1973 inclusive or longer. The duration of non-attendance in years is shown in table 1.

TABLE 1
NUMBER OF YEARS OF NON-ATTENDANCE

<i>Number of years of non-attendance</i>	5	6	7	8	9	10	11	12	13	14	15	15-25	over 25
Males	10	21	10	10	4	4	6	6	1	1	1	2	1
Females	1	3	6	3	2	2	1	2	1	3	1	1	1

These patients were divided into five-year cohorts by age and expressed as percentages of the total number of registered patients in each group (table 2).

*Based on the report of an Upjohn Travelling Fellowship 1975

TABLE 2
NON-ATTENDERS AS A PERCENTAGE OF ALL PATIENTS

Age at end of survey period (years)	Males		Females	
	Number	%	Number	%
5-10	1	0.5	0	0
10-15	2	1.0	1	0.5
15-20	3	2.0	0	0
20-25	4	2.5	0	0
25-30	6	2.3	1	0.4
30-35	5	2.5	1	0.6
35-40	5	3.3	1	0.6
40-45	5	3.3	2	1.0
45-50	7	4.5	3	1.9
50-55	11	5.6	3	1.4
55-60	11	7.2	3	1.5
60-65	5	2.5	5	2.3
65-70	5	3.8	4	2.0
70-75	4	4.0	0	0
75-80	2	3.5	2	1.8
80-85	1	2.0	1	1.2

Thus 3.03 per cent of males in the practice were non-attenders and 0.9 per cent of females—a total of 1.9 per cent of the total practice.

All non-attenders were white (the majority of the practice is white); two men were Irish, one was a Scot, one woman was German, and the remainder of both men and women were English.

When divided into social classes 1 to 5 (Registrar General, 1970) and expressed as percentages of the total non-attenders to compare with the complete practice, the results are as shown in table 3.

TABLE 3
SOCIAL CLASS OF NON-ATTENDERS

Social class		1	2	3	4	5
Males	Number	8	10	25	25	9
	%	10.0	13.0	32.5	32.5	12.0
Females	Number	1	5	9	10	2
	%	3.5	18.5	33.5	38.0	6.5
Whole practice	%	5.0	17.0	60.0	13.0	5.0

For the purpose of comparative study each non-attender was matched with a control for age, sex, social class, and marital status, who had been registered for at least five years with the practice, and whose medical record came next in our alphabetical filing system.

An assessment of the use made of practice services by each control was made, expressed as items of service per year and averaged for each five-year cohort (table 4).

TABLE 4
AVERAGE ANNUAL ATTENDANCE OF 104 CONTROL PATIENTS

<i>Average annual attendance rates of controls</i>		
<i>Age at end of survey period</i>	<i>Males</i>	<i>Females</i>
5-10	2.0	0
10-15	2.0	4.0
15-20	2.7	0
20-25	3.0	0
25-30	3.2	5.0
30-35	2.6	5.1
35-40	2.9	3.0
40-45	2.7	3.4
45-50	2.3	3.2
50-55	2.1	2.3
55-60	2.8	2.9
60-65	2.0	3.4
65-70	2.2	3.2
70-75	3.2	0
75-80	2.5	3.6
80-85	4.1	4.9
<i>Average for all controls</i>	2.4	3.4

Method: survey by questionnaire

The study was carried out by questionnaire followed, as necessary, by telephone conversation or personal visit. By dint of some persistence replies were obtained, by one means or another, from all the patients and from most of the controls. Seven new, but matching, controls had to be chosen towards the end of the study owing to non-compliance of those originally chosen.

The questionnaire was dragnet in character. Answers were sought about nationality, marriage-status, home, travel, employment, diet, height, weight, smoking and drinking habits, use of car, social and sporting activities, voluntary service, church attachment, holidays and use of other sources of health-advice and treatment. Non-attenders were asked for details of any illness or injury during the five years which had not been brought to the notice of the practice and also whether they were aware of any present ailment.

Results

Living at home

All except two of the non-attenders lived at home; one young man was an engineer-student living in lodgings and one was in the Merchant Navy. Six of the 77 males and seven of the 27 females lived alone. The controls showed a similar pattern.

Employment

None of the non-attenders or controls was unemployed at the time of asking. Three were studying at school or college. Three times as many non-attenders were self-employed as controls and fewer non-attenders were retired than controls. The employment-pattern of each group is shown in table 5.

That 17 non-attending males were self-employed compared with only six controls is statistically significant ($\chi^2=5.40$; $df=1$; $p<0.02$). For females the numbers were too small to be tested.

TABLE 5
COMPARISON OF EMPLOYMENT STATUS OF NON-ATTENDERS AND CONTROLS

<i>Employment status</i>	<i>Males</i>		<i>Females</i>	
	<i>Non-attenders</i>	<i>Control</i>	<i>Non-attenders</i>	<i>Control</i>
<i>Student</i>	1	1	1	0
<i>Self-employed</i>	17	6	1	0
<i>Employee</i>	49	55	12	9
<i>Housewife</i>			13	18
<i>Retired</i>	10	15		

Social life

Under headings of housing, holidays, diet, social and sporting activities, voluntary service and church attachment there were no significant differences between non-attenders and controls.

Some differences appeared between the two groups in drinking habits, smoking, and the use of cars. They are mostly non-significant, although there is a trend towards non-attenders being lesser users of alcohol, tobacco, and cars (table 6).

TABLE 6
COMPARISON OF NON-ATTENDERS AND CONTROLS FOR SMOKING, USE OF ALCOHOL, AND USE OF CARS

	<i>Males</i>		<i>Females</i>	
	<i>Non-attenders</i>	<i>Control</i>	<i>Non-attenders</i>	<i>Control</i>
<i>Smokers</i>	47	54	10	11
<i>Non-smokers</i>	30	23	17	16
<i>Frequent use of alcohol</i>	30	42	5	7
<i>Infrequent or non-use of alcohol</i>	47	35	22	20
<i>Frequent use of car</i>	42	50	5	8
<i>Infrequent or non-use of car</i>	35	27	22	19

On statistical testing, the figures for smoking and use of car for both men and women, and also alcohol use in women are not significant. For men the difference in use of alcohol between non-attenders and controls is almost significant at the five per cent level ($\chi^2=3.78$; $df=1$; $p<0.1$, >0.05).

Height and weight

Heights and weights were recorded from the personal statements of non-attenders and controls. I accept that this is open to suspicion of error (if only because of wishful thinking on the part of respondents!), but the tendency to such error would not be likely

to vary between the two groups. I checked by measurement the figures given by some of the controls when they attended surgery for other reasons. In these cases the estimates given were found to be close to actual measurements.

The heights and weights of each group showed approximately normal distribution curves. However, when the recorded weight was compared with the expected weight for age and height of each individual, using standard age-height-weight tables, a considerable disparity appeared between the two groups. The deviations from expected weights of individuals were tabulated separately for each sex of non-attenders and controls and the mean for each group calculated. The mean and standard deviations are shown in table 7.

TABLE 7
DEVIATION FROM EXPECTED WEIGHTS OF 77 NON-ATTENDERS AND 77 CONTROLS

	<i>Males</i>		<i>Females</i>	
	<i>Non-attenders</i>	<i>Control</i>	<i>Non-attenders</i>	<i>Control</i>
<i>Mean deviation from expected weight</i>	-2.69 lbs	+4.03 lbs	-6.19 lbs	+6.93 lbs
<i>Number in sample</i>	77	77	27	27
<i>Standard deviation</i>	14.10	15.36	15.92	14.48

The difference between the means in males is 6.7 lbs. This is greater than can be attributed to chance as shown by the two-tailed t-test for independent samples ($t=2.757$; $df=152$; $p \leq 0.01$).

The difference between the means in females is twice as great at 13.1 lbs. Again the t-test shows this discrepancy as extremely unlikely to have happened by chance ($t=3.168$; $df=52$; $p < 0.01$).

The non-attender is, on average, a slimmer individual than the ordinary attender.

Self-treatment

Seven of the 77 non-attending men admitted to one episode each of minor ill-health during the five years; two reported colds, two influenza, two "food-poisoning" and one a migraine attack. Three men had had minor accidents, one of which was treated at hospital. One woman admitted to an emotional upset on the death of her husband and another had had a foreign body removed from her eye at a hospital.

Replies on the subject of use of other sources of health-advice and treatment were diffuse in character; nevertheless there was, apparently, much less use of such sources among non-attenders than among controls.

Subsequent histories of the non-attenders

It would not be right to conclude this study without considering the continuing medical history of the non-attenders from the end of 1973 to mid-1975. Two men have died, each suddenly, from coronary occlusion, one at 70 years of age and the other at 47. The older had not had any previous symptoms and was well till the day of his death;

the younger had had some previous chest pain which he attributed to indigestion a few months earlier. The only woman to die was a distinctly odd character who had not seen a doctor for over 30 years. She was discovered by a relative to be suffering from a carcinoma of the breast, was persuaded to have radiotherapy to reduce the ulceration and died peacefully about a year later at the age of 85.

In the 18 months since the end of the five-year study period four men have broken their non-attendance records; one, aged 55, on the death of his wife; one, aged 82, on the insistence of his family that he was going deaf; one, aged 22, because of a road accident; and the fourth, aged 28, owing to an accident at work.

One woman of 70 has been shown to have mild diabetes and is being supervised; another of 61 has recently been discharged from hospital, after an emergency admission, with a diagnosis of gastric carcinoma.

On the returned questionnaires ten non-attenders admitted to having ailments that they felt might soon require attention; these were all minor in character; two of the men probably required glasses; two women would have benefited from a visit to a chiropodist; one needed his ears syringed. The one elderly man who was becoming deaf has already consulted me as stated above. The others have heartburn, night cramp, occasional vertigo and sweaty feet. In spite of invitations not one of these has attended the surgery.

Acknowledgement

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REFERENCE

Registrar General (1970). *A Classification of Occupations*. London: H.M.S.O.

INTERDISCIPLINARY EXPERIMENT

This article describes the setting up of a study group composed of general practitioners, social workers, and health visitors and traces ensuing developments over a two-and-a-half year period. The original group of 12 sparked off local awareness of the need for better co-operation and understanding between the professions. Gradually there has evolved a flourishing network of sub-groups and liaison schemes which now provide regular opportunities for shared learning and decision making.

REFERENCE

Payne, L. (1976). *Social Work Today*, 6, 691.