Holidaymakers in a seaside town

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SUMMARY. A general practice in a holiday area has problems in dealing with the demands for general medical services by holidaymakers. A survey was devised to study these demands and their effect on the work of the practice. Throughout the summer months every eighth patient seen in the surgery was a visitor and at the peak period every fifth patient was a temporary resident. Temporary residents requested proportionately more home visits late in the day and those staying more than 15 days had a higher doctor contact rate.

Introduction

THERE is little in the literature on the effects of holidaymakers on local medical services. A few published articles have drawn attention to the problems posed by a large influx of holidaymakers both to the hospital and to the general-practitioner services.

The scope of the hospital problem in Cornwall was defined in 1973 by Horsley and his colleagues, and in 1975 a general review of the problem was attempted in the British Medical Association's *News Review*. A study of the role of a nurse in a holiday camp was described by Jones (1976). Other surveys published are mainly concerned with accidents in holiday areas (Christie, 1971; Wink, 1973; Partridge, 1974). No detailed study of holidaymakers seen in general practice has been presented.

Aims

A survey of holidaymakers seen in an urban group practice in a seaside resort during the 18-week holiday season of 1975 was designed to yield the following information:

1. The nature of the services holidaymakers required and when they required them, so that in future a plan might be formulated to cater for their demands.
2. The effect holidaymakers have on the routine of the practice.
3. An analysis of episodes of illness they present and a comparison with the national average morbidity.
4. The degree of strain put on the local hospital services.
5. Whether temporary residents staying over 15 days have a higher repeat consultation rate.

Method

The practice

The practice consisted of four partners, one part-time partner and a trainee assistant practising entirely from a central group surgery using a full appointment system, there being no open surgeries. The total list size was 10,844. The partners between them hold a total of nine clinical assistant sessions in the local hospital group, one partner was course organizer to the vocational training scheme, and a number of industrial and shipping company posts were also held. The practice has one attached district nurse who normally has no contact with temporary residents. The practice dealt with 1,312 holidaymakers, which represented about 16 per cent of the number seen in the town by a total of 18 general practitioners during the summer months.

Information collected

The Royal College of General Practitioners data collection sheet was used and each doctor recorded the following information on each temporary resident seen from 19 May to 21 September 1975:

1. Place of consultation—surgery attendance or visit.
2. Sequence of consultation (first, second or subsequent).
3. Time of visit requested.
4. Time of consultation—morning or evening surgery.
5. Age group of patient.
6. Sex.
7. Area of origin.

Table 1. Total surgery consultations (Monday to Friday).

	List patients		Temporary residents	
	Morning	Afternoon	Morning	Afternoon
Monday	977	1,262	167	128
Tuesday	859	844	156	120
Wednesday	1,035	892	165	91
Thursday	1,082	784	144	87
Friday	894	1,053	105	88
Total	4,847	4,835	737	514

8. Diagnosis in broad categories (e.g. respiratory disease, trauma, skin disease).
9. Referrals (to casualty, own doctor, or hospital admission).
10. Length of stay of temporary residents (over and under 15 days).

A simultaneous study of the workload in the practice was undertaken for comparison counting:

1. The number of patients seen at each surgery.
2. The number of visits carried out and the time of their request.

Results

During the period 11,287 consultations were carried out at the surgery, of which 9,931 (88·0 per cent) were for our own list patients and 1,356 (12·0 per cent) were for temporary residents. Extrapolated to a full year the surgery consultation rate for our own registered patients was therefore 3·12 consultations per patient per year.

The total number of visits requested was 2,059 of which 1,907 (92·6 per cent) were to our own patients and 152 (7·4 per cent) were to visitors. Extrapolated to a full year, the home visiting rate for our own registered patients was therefore 0·57 visits per patient per year.

1. Comparison of use of surgery consultations

More temporary residents were seen at morning surgery (59 per cent) while 41 per cent were treated at afternoon surgery (Table 1).

2. Time of requesting home visits

Proportionately fewer repeat home visits were made to temporary residents and a greater proportion of requests for home visits to temporary residents occurred late in the day or at night (Table 2).

3. Age and sex of temporary residents

The age and sex analysis is shown in Table 3.

4. Area of origin

The visitors came mainly from the north and the Midlands (56 per cent) with 12 per cent from East Anglia, nine per cent from the south of England, eight per cent from Scotland, and seven per cent from London.

5. Comparison of morbidity

The main findings were, as expected, that proportionately more episodes in temporary residents were due to trauma and gastrointestinal conditions (Table 4).

6. Referrals

The vast majority of conditions were dealt with and treated without recourse to the hospital services. Of the total seen 8·5 per cent were advised to see their own family doctor on return home; only 0·3 per cent were referred to the casualty department, and 0·8 per cent were admitted to the local hospital (Table 5).

Three temporary residents died at their lodgings: two from coronary thrombosis and one from bronchopneumonia.

7. Doctor-patient contacts

Comparison of the number of contacts related to the duration of stay of temporary residents showed that on average those staying over 15 days had 1·66 compared with 1·06 contacts per patient with the doctors in our practice (Table 6).

Table 2. Comparison of times when visits requested.

Time requested	Temporary residents		List patients	
07.00—11.00	72	(47.3)	662	(34.7)
11.00—18.00	20	(13.2)	87	(4.6)
18.00—23.00	31	(20.4)	161	(8.5)
23.00—07.00	15	(9.9)	54	(2.8)
Repeat visits	14	(9.2)	943	(49.4)
Total	152	(100.0)	1,907	(100.0)

Table 3. Age-sex distribution of temporary residents requesting advice.

Age (years)	Under 1	1—4	5—14	15—24	25—44	45—64	Over 65	Total
Males	5	37	92	84	171	123	86	598 (45.6 per cent)
Females	4	23	88	166	197	139	97	714 (54.4 per cent)

8. Proportion of attendances

Analysis of the proportion of patients seen in surgery consultations during the summer months (Table 7) shows that on average throughout this four-month period one in eight patients seen (12 per cent) was a temporary resident and that at the peak period in early August as many as one in five patients seen (19·3 per cent) was a visitor.

Discussion

The vast increase in the holiday industry on the Norfolk coast has taken place in recent years with the agreement of the authorities but without a corresponding increase in the provision of medical services to cater for demand. This applies to both hospital and community services, thus compounding the general practitioner's problems. Until the NHS reorganization in 1974 the old executive council area of Great Yarmouth attracted a Type 1 designation allowance.

As would be expected the request for our services from holidaymakers was at its highest during the school holidays. There was a fall-off of demand by them throughout the week. More were seen at morning than afternoon surgery and July and August proved to be the busiest months. We found that most holidaymakers requested an appointment after 09.30 hours when breakfasts were completed and they required to be seen before 17.30 hours (so as not to miss their evening meal).

The summer workload makes July and August the busiest months of the year. This is not only stressful but also doctors and their staff who have children of school age wish to take their own holidays during the school vacations.

A survey of this kind helps a practice to plan for future holiday seasons. We were able to anticipate the demand for the season of 1976 and forecast the numbers likely to require attention on any specific day. Holiday-makers were seen the same day of their request for treatment and spaces were left in the appointment book at appropriate times to cater for them. Consultation times need to be increased. Every day each partner spent an extra hour consulting and a locum was engaged for one and a half hours. With this forward planning we were able to cope with the demand without discriminating against our registered practice population. This has resulted in a more relaxed and organized practice and a better service to our patients.

The normal practice routine was disrupted not only because of the increase in consulting time but also temporary residents tended to request visits late in the day. During the late morning, afternoon, evening and night 43·5 per cent of visits to temporary residents were requested compared with only 15·9 per cent of visits to our own list patients. Although the visitors accounted

Table 4. Morbidity of temporary residents.

Disease group	National average percentage	Number of consultations	Percentage
Respiratory illness	22.0	264	20.1
Gastrointestinal illness	3.9	148	11.3
"Forgotten drugs"	—	147	11.2
Trauma, stings, sunburn	5.9	136	10.4
Skin disease and allergy	7.5	108	8.2
Ear/eye disorder	6.5	99	7.5
Non-traumatic musculoskeletal	6.1	44	3.4
Urinary disease	5.4	42	3.2
Heart disease	5.0	35	2.7
Psychiatric	8.0	23	1.8
Others	29.7	266	20.2
Total	100.0		100.0

The national average is taken from the *Morbidity Statistics from General Practice* (OPCS, RCGP and DHSS, 1974).

Table 5. Diagnoses made on the 11 admissions.

Coronary thrombosis	4
Retention of urine	1
Renal stone	1
Miscarriage	1
Perforated abdominal viscus	1
Haematemesis	1
Ruptured aneurysm	1
Dehydrated child with vomiting	1

for only 7·4 per cent of our visits they were responsible for 21·7 per cent of our night calls during the period. They increased the night-call rate to the point where it was higher than any other period throughout the year. Many of their reasons for night calls were classed as non-urgent.

Compared with the national average of morbidity the holidaymakers presented with a higher incidence of traumatic and gastrointestinal disease and a lower incidence of psychiatric disorders. This is as would be expected from temporary residents on holiday where their routine and activities are different. These findings are similar to those found by Jones (1976) in his survey in a holiday camp in 1974. As can be seen a large group (11·2 per cent) required a consultation for a prescription for drugs that they had left at home.

A strain is not put on the local hospital services as only 11 (0·8 per cent) of the holidaymakers' consultations resulted in admission to the local hospital. However, a survey in 1975 conducted for the Great Yarmouth and Waveney Health District indicated an increased load in admissions to hospital for holidaymakers. Of the immediate admissions for the same months of this study (May to September 1975) 33 per cent were for patients outside the catchment area. Of these 63 per cent were in general medicine, general surgery, and geriatrics. It seems that most emergencies were dealt with through the hospital accident and emergency department, for during the months of July and August the ambulance service based in Great Yarmouth increased its emergency calls by 300 per cent.

The greatest number of repeat consultations occurred in the young adult (15 years to 24 years) group, mainly because these patients were employed in the holiday trade for the entire period of study as waitresses and porters (Table 3). The least number of repeat consultations were for those under one year of age. As the contact rate of those staying over 15 days was 1·66 it justifies the higher fee payable by the family practitioner committee.

Teaching practices in holiday areas need to pay particular attention to their trainee workload. We were shocked to find at the end of the survey that 19 per cent of our trainee's consultations were for temporary residents (the highest rate for the practice). As a teaching practice we feel that our trainee should have a regular clientele and not be used to cover our inadequate organization for dealing with temporary residents. At the end of the survey we now have more information regarding the effect on the workload of the practice and

Table 6. Doctor/patient contact rate.

Length of stay	*Number of temporary residents*	*Number of contacts*	*Contact rate per patient*
Under 15 days	1,123 *(85.6* per cent)	1,193	1.06
Over 15 days	(189 *(14.4* per cent)	315	1.66

Table 7. Surgery workload in two-week periods.

Date	*Total surgery attendances*	*List patients*		*Temporary residents*	
		Number	Percentage	Number	Percentage
19 May—1 June	1,121	1,048	*93.5*	73	*6.5*
2 June—15 June	1,363	1,255	*92.1*	108	*7.9*
16 June—29 June	1,304	1,158	*88.8*	146	*11.2*
30 June—13 July	1,247	1,085	*87.0*	162	*13.0*
14 July—27 July	1,231	1,055	*85.7*	176	*14.3*
28 July—10 August	1,313	1,060	*80.7*	253	*19.3*
11 August—24 August	1,348	1,134	*84.1*	214	*15.9*
25 August—7 September	1,189	1,049	*88.2*	140	*11.8*
8 September—21 September	1,171	1,087	*92.8*	84	*7.2*
Total	11,287	9,931		1,356	

the morbidity of holidaymakers. This has helped us to plan in the future for their demands.

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