Why not pay for high turnover?

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MILTON Keynes, a new city in north Buckinghamshire, has grown from a population of 40,000 in 1968 to over 90,000 and is continuing to increase by 8,000 people a year. Thus an eventual population of 200,000 will be achieved by the early 1990s.

This rapid growth in population has placed an increasing strain on the health services (Miles and Yule, 1977). On 31 December 1967 there were 19 general medical practitioners providing services for the local population. By 31 December 1977 there were 46 practitioners, and their combined lists totalled 100,015 people, some of whom live outside the designated area. Thus the average list size of 2,174 compares favourably with the figure for the whole of the Oxford Region (2,347). Although these figures on their own suggest that all is well in general practice, those working in the area recognize that the population has characteristics which differ from those of long established areas.

Therefore, using family practitioner committee data, we decided to examine three aggregate populations (Table 1). The four new city practices serve mainly the post-1968 housing—for them the net rate of growth is four times greater than in Buckinghamshire as a whole.

Although Table 1 indicates a total increase in workload during a year, it conceals the additional burden created by list removals, for obviously the total turnover of patients in a practice is the sum of additions and removals. The removal figures (Table 2) also indicate the considerable extra burden falling on the new city practices where the removal rate is 50 per cent higher than for Buckinghamshire as a whole.

Table 1. Net growth rate of practice populations.

	Total list at 1 April 1977	Net additions for year ending 31 March 1978	Percentage increase
Buckinghamshire	542,046	13,110	*2.4*
Milton Keynes	94,945	6,677	*7.0*
Four new city practices	36,278	3,958	*10.9*

These removals result in part from population mobility within the city. Many practices in Milton Keynes have a defined catchment area and so a change of house entails a change of doctor. These moves can be analysed using data from form FPC22 (Table 3), and like all used in this paper, they exclude changes arising solely from re-registrations within a practice. Here the most striking feature is that removals of patients re-registering within Milton Keynes now account for nearly half of all removals from doctors' lists in the new city.

It is well known that newly registered patients present greater problems to their general practitioners in terms of their being unknown, old records not being available for several weeks, and the need for past histories to be learned (Whitfield, 1972). Yet this extra workload is at present unrecognized in the system of remuneration. Why not pay general practitioners for high turnover?

Reference

Miles, D. P. B. & Yule, I. G. (1977). Health Service planning in practice—experience in a new town. *Health Trends*, **9**, 63-66.

Whitfield, M. J. (1972). The relationship between year of registration and morbidity in general practice. *Journal of the Royal College of General Practitioners*, **22**, 675-678.

Table 2. Practice removal rates.

	Total list at mid-year point (30 September 1977)	Total removals for year ending 31 March 1978	Percentage removals
Buckinghamshire	549,159	57,256	*10.4*
Milton Keynes	98,398	12,013	*12.2*
Four new city practices	38,518	6,106	*15.8*

Table 3. Percentage of Milton Keynes removals re-registering within Milton Keynes.

	Whole of Milton Keynes	Four new city practices
Quarter ended 30 September 1977	*28*	*40*
Quarter ended 31 December 1977	*36*	*43*
Quarter ended 31 March 1978	*42*	*42*
Quarter ended 30 June 1978	*45*	*45*