Table 1. Number of appointments and default rate for individual doctors.

	Dr A	Dr B	Dr C	Dr D	Dr E (Trainee)	Total
Total number of appointments made	422	359	347	204	316	1648
Number of defaulted appointments	0	1	3	0	3	7
Default rate (%)	*0*	*0.28*	*0.86*	*0*	*0.95*	*0.43*

Defaulted appointments in general practice

Sir,

I was very interested to read an article last year by C.B. Bickler about defaulted appointments.[1] This appears to be a large problem in his practice in Edinburgh. My own impression was that in our own practice, covering two villages in the New Forest, the problem was insignificant. I have, therefore, duplicated the first half of Bickler's study by noting the number of defaulted appointments in one month.

The practice involved in this study consists of three full-time partners, one partner with limited commitment and one trainee, based in two surgeries approximately four miles apart with a list size of 7500 patients. Out of a total of 1648 consultations in a month (excluding special clinics) there were only seven defaulters (0.43%). Table 1 shows the analysis of appointments and default rate for individual doctors.

I felt that these numbers were not large enough for further analysis. However, at a glance there are at least two major differences between the Edinburgh practice and our own.

1. *Social class distribution*

Bickler states in his method that 80% of the practice were in social classes 4 and 5. The social class breakdown of our two villages, from the 1981 population census, is shown in Table 2.

Table 2. Social class distribution of two New Forest villages X and Y (as a percentage of 10% sample).

Social class	X	Y	Total
1	*13*	*10*	*12*
2	*35*	*49*	*41*
3N	*16*	*11*	*14*
3M	*22*	*10*	*17*
4	*8*	*14*	*11*
5	*3*	*2*	*2*
Armed forces and unclassified	*4*	*3*	*3*

That is, in the practice population overall, the percentage of social class 4 and 5 is 13%. Crombie[2] states that the basic problem with social classes 4 and 5 is their 'general inability to cope with life' which leads to misuse and under-use of health services. They may well include defaulting appointments.

2. *Waiting time for appointments*

In our practice we make it a point of principle to give any patient an appointment on the same day if at all possible. This means that patients tend not to book ahead and so we do not have to keep aside appointment slots for emergencies on Mondays and Tuesdays. I think that Bickler would find that the default rate for Mondays and Tuesdays would be comparable to the rest of the week if he excluded the four 'emergency' slots from his statistical analysis.

In conclusion, defaulting is not a problem in our practice and this is either because of the difference in social class distribution between the practices or it may be merely a function of an efficiently run appointment system which offers the patients an appointment on the same day.

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Reference

1. Bickler CB. Defaulted appointments in general practice. *J R Coll Gen Pract* 1985; **35**: 19-22.
2. Crombie DL. *Social class and health status. Inequality or difference. Occasional paper 25.* London: RCGP, 1984.

Parental reasons for failure to vaccinate

Sir,

Prompted by the poor attendance at some baby clinics, we wished to know more about parental reasons for non-immunization of their children. Fifty-five persistent defaulters from appointments were identified by the regional computer. A questionnaire was sent to the patient's health visitor for completion by a parent at a home visit. Forty questionnaires were returned fully completed.

The main reason (85%) given for failure to attend for vaccination was the concurrent occurrence of minor illness in the child. Of the parents completing the questionnaire 75% considered immunization to be effective, 13% thought that immunization was not generally a safe procedure and only 70% thought the diseases we immunize against were still serious.

Poor motivation in the parents seems to be the major underlying reason why this particular group of children were not immunized. When asked about possible incentives which might encourage immunization, half the parents completing the questionnaire thought that linking child allowance to the completion of immunization would make a difference but only a quarter felt compulsory immunization before school attendance would make any difference. Three-quarters of the parents would have liked a doctor to visit the home to immunize their child.

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Are your computer files safe from 'hackers'?

The terms of the Data Protection Act 1984,[1,2] make the protection of certain information held on computer file a statutory obligation. Computer security can be jeopardized accidentally, or deliberately by 'hacking'. Hacking — the unauthorized attempt to gain access to computer files — poses a serious threat to computer users and to the data for which they are responsible. Hackers fall into four categories:

— The casual browser: an amateur computer operator who gains access to files and looks at the contents out of curiosity.

— The flasher: an amateur who gains unauthorized access, reads the files and leaves a message. This is a common student prank and messages range from 'Kilroy was here' to obscene computer graffiti.

— The thief: this type of hacker is notorious in the business world. A computer professional gains access to data and can use the information for financial gain.

— The wrecker: a professional, sometimes a disgruntled ex-employee, who gains access and tampers with, or wrecks, the data held.

Computerized medical information is vulnerable to all types of hacking, from the casual computer user accidentally