

**Table 3.** Patient preference for a particular doctor or time when making urgent ( $n=170$ ) and non-urgent ( $n=908$ ) requests.

	Percentage of patients	
	Urgent requests	Non-urgent requests
Preference	16.5	68.3
No preference	83.5	31.7

**Table 4.** Age of patients making urgent and non-urgent requests.

Age group (years)	Percentage of patients	
	Urgent requests	Non-urgent requests
0-4 ( $n=87$ )	42.5	57.5
5-14 ( $n=91$ )	18.6	71.4
15-44 ( $n=471$ )	13.4	86.6
45-64 ( $n=298$ )	12.5	87.5
65+ ( $n=131$ )	4.6	95.4

ments may exaggerate the delay, whereas doctors may err in the opposite direction.

In this study an objective method has been used in an attempt to eliminate bias. However, an element of bias may influence the doctor's opinion on the degree of urgency during the consultation.

In previous studies patient preference has not been clearly defined and reports of long delays in obtaining appointments could have been due to the patient choosing a particular doctor rather than accepting the next available appointment. This study shows that the majority of patients were offered an appointment with one of the doctors by the next day, although many chose to wait longer for a particular doctor or time. The results indicate that preference for individual doctors had a strong influence on the pattern of requests, the senior partner being in greater demand than any other partner. Female and older patients were more likely to express a preference for a particular doctor than male and younger patients.

A problem was identified on Tuesdays and Wednesdays when very few same-day appointments were available (Figure 1). Two factors could be responsible for this. First, the largest number of requests for appointments were made on a Monday and although there are more appointments available on a Monday than any other day, there is still a spill-over to Tuesday. Secondly, Tuesday has always been the traditional half-day in the practice and there are no evening surgeries; this results in a further spill-over to Wednesday. Since the completion of the study one of the part-time partners has started an evening surgery on Tuesdays, which it is hoped will go some way towards solving the problem.

One of the main criticisms of the appointment system in previous studies has been the difficulty in obtaining same-day appointments when the patient feels the matter is urgent.<sup>8,9</sup> In this study over 98% of urgent requests were offered an appointment the same day and nearly all these appointments were accepted. This contrasts markedly with non-urgent requests where the element of choice determines the waiting time for an appointment. This confirms Sawyer's findings that patients were happy to see the first available doctor if they felt the matter was urgent.<sup>6</sup>

This study also showed that a large proportion of urgent requests were for children under five years of age, although the proportion was not as large as found by Field in 1980.<sup>10</sup> No matter how many same-day appointments are available the receptionist could still be regarded as a barrier by some parents with young children causing some delay in seeing their doctor.<sup>11</sup> In

1981 Pike introduced a pass-card for infants under one year of age in his practice which enabled mothers to get access to the doctor without an appointment.<sup>12</sup> This practice is considering a similar system.

It is interesting to note that the frequency of urgent requests declines with increasing age of patients and that there were very few such requests (less than 5%) from the over 65 years age group. There are a number of possible explanations for this. The elderly are more likely to suffer from chronic disease and may have fewer episodes of acute illness, especially acute respiratory illness. They may be more likely to request home visits than attend the surgery and may come from a generation who by tradition hold the doctor in high regard and, therefore, are less likely to trouble him with matters which they feel are not urgent.

Difficulty in obtaining appointments is one frequently cited source of dissatisfaction among patients. Other practices should be encouraged to provide similar information to this study — only then can the real extent of the problem be gauged.

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## Acknowledgements

We thank the receptionists at the Springburn Health Centre, the partners in the practice — Dr A.L. Stewart and Dr L. Copeland for completing the proformas, Dr David Hannay and Dr Stuart Murray for their help and advice and Dr John Donnelly for his help with the diagrams and Mrs Helen Campbell for typing the manuscript.

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## Corrigendum

In the paper 'Current involvement of university departments of general practice in the final qualifying examinations of medical schools in the UK' (January *Journal*, pp. 21-23) an error appeared on page 21 in the final paragraph of the section entitled 'Data from medical schools with chairs of general practice/primary care'. It should have been stated that eight medical schools have appointed external examiners in general practice/primary care and Leicester should have been included.