Consultation length

Sir,

The influence of list size on the performance of general practitioners is a key issue[1] in formulating both national policy for delivering health care and College policy with regard to quality assurance. When examining performance, we must be satisfied that we have a valid measure. In their analyses of general practitioner workload, Wilkin and Metcalfe[2] and Knight[3] used practice booking interval as a proxy for duration of consultation and analysed it as such in relation to list size.

As part of the practice activity analysis programme at the Birmingham Research Unit 17 general practitioner principals timed 3867 patient consultations and scored them in five minute bands. New and follow-up consultations were scored separately as were 204 of the consultations which were interrupted, for example by telephone calls. The distribution by duration of the 3663 uninterrupted consultations is given in Table 1. Approximately 50% of all consultations lasted less than five minutes and 90% less than 10 minutes. There was no difference between new and follow-up consultations. The method does not permit the calculation of a mean consultation period but we can estimate that it lies between six and seven minutes. There was a significant negative association between the proportion of consultations lasting less than five minutes and list size ($n=17$, $R=0.58$, $P<0.05$).

The majority of doctors (15 out of 17) were in training practices and their willingness to participate in such a pilot study suggests they were unlikely to be doctors who cut corners. This small survey therefore does support the hypothesis that duration of consultation and list size are inversely associated.

A discussion of these results with the participants, however, showed how misleading booking interval was as a reflection of their true timed performance. Much time is spent during consulting sessions in the tasks of repeat prescribing, writing reports, dictating letters and so on.[4] The interval between one patient leaving the consulting room and the next one entering must also be considered. If consultation length is to be used in a research exercise it must be measured.[5] Buchan and Richardson[6] measured consultation time precisely but used a method involving an independent observer which necessarily modifies the consultation procedure.

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References

1. Howie JGR. Quality of caring — landscapes and curtains. *J R Coll Gen Pract* 1987; **37**: 4-10.
2. Wilkin D, Metcalfe DHH. List size and patient contact in general practice. *Br Med J* 1984; **289**: 1501-1505.
3. Knight R. The importance of list size and consultation length as factors in general practice. *J R Coll Gen Pract* 1987; **37**: 19-22.
4. Fleming DM. Workload review. *J R Coll Gen Pract* 1982; **32**: 292-297.
5. Crombie DL, Cross KW. The use of a general practitioner's time. *Br J Prev Med* 1956; **10**: 141-144.
6. Buchan IC, Richardson IM. *Time study of consultations in general practice. Scottish Health Service studies no. 27.* Edinburgh: Scottish Home and Health Department, 1973.

Consultation rates and the primary care team

Sir,

Doctors Fry and Dillane have wisely drawn our attention once again to the subject of consultation rates and list sizes (September *Journal*, p.403). As general practice changes, the statistic of consultation rate has different meanings and the concept of the primary care team should not be ignored.

The Cumberlege report[1] has drawn the profession's attention to the important contribution of practices nurses. It is inappropriate to measure the work of a practice by counting only the number of consultations with the doctor; consultations with the practice nurse should be included. Eventually, the work of the health visitor and district nurse will be counted similarly and amalgamated in annual reports.

During the period 1982–86 the list size of our practice grew from 10 500 to 11 500 and the consultation rate with the practice nurse increased from 0.99 consultations per patient per year to 1.19 while in the same period the consultation rate with doctors fell from 3.01 to 2.69. The home visit rate remained unchanged throughout this time, at around 0.35. This is in a practice with the majority of patients in social classes 3M and upwards.

In future, the practice nurse consultation rate should be included in reports of practice workload. If this figure is omitted, then we will gain an inaccurate impression of practice, and also overlook the important work of our colleagues.

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Reference

1. Department of Health and Social Security. *Neighbourhood nursing — a focus for care (The Cumberlege Report).* London: HMSO, 1986.

Weight reduction in the management of hypertension

Sir,

I was disturbed by the lack of management of the patients in the non-treated obese hypertensive group described by Croft and colleagues (October *Journal*, p.445). The diagnosis of hypertension was made at entry to the trial, but this group of patients received no treatment and virtually no advice from the general practitioner for a six-month period. Informed consent for this omission of treatment was not given, patients were told that 'for six months their blood pressure would be checked periodically before any decision about specific treatment was taken'.

Several patients in this group suggested weight reduction for themselves, yet received no encouragement, advice or information from the general practitioner. For many patients, this is equivalent to disapproval. No patient in the series received advice against smoking. Possibly it was felt that smokers trying to give up the habit would eat more. However, smokers should have been told to stop.

This group of patients knew that they

Table 1. Percentage distribution of uninterrupted consultations by duration of consultation.

	Duration of consultation (minutes)				
	0–4	5–9	10–14	15–19	20+
New consultations ($n=2285$)	54	35	8	2	1
Follow-up consultations ($n=1378$)	51	38	9	2	0
All consultations ($n=3663$)	53	36	9	2	1