

Referring patients to geriatric day hospitals: a survey of general practitioners' opinions

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SUMMARY. Many geriatric day hospitals are under-utilized. A survey of general practitioners' opinions on referral systems to day hospitals in east Surrey produced an 85% response rate. Of the 80 general practitioners who responded 58% referred occasionally, 39% frequently and 4% never. When asked about referring patients directly to the day hospital via the coordinator instead of via the consultant geriatrician, 58% of general practitioners said they would like to have direct access, and 87% were in favour of other health workers involved with the elderly initiating referrals with the general practitioner's consent. Rehabilitation was mentioned as the main reason for referral by 76% of general practitioners, medical assessment by 56% and social care by 48%. Comments received suggested that the hospital day was too long and that early rising associated with attendance caused stress in the elderly attenders. It is concluded that the present system of referral via the consultant is not always satisfactory and that a referral card system which permits general practitioners to refer directly to the geriatric day hospital may increase utilization.

Introduction

MANY geriatric day hospitals are under-utilized. The occupancy rate in the south west Thames region, for example, is around 60% overall, less than 50% in three out of 13 districts (Korner activity data, personal communication, East Surrey Information Department), and in east Surrey it is 63%. An occupancy rate of just over 60% was reported by Rai and Murphy in their study of a 25-place geriatric day hospital in Islington,¹ and this was similar to the occupancy of other day hospitals of similar size.² A survey of Trent geriatric day hospitals found that most patients were referred from hospital wards and that general practitioners referred less than 10% of the patients in five out of seven day hospitals.³ A one-day census of south west Thames day hospitals found that 40% of patients were referred by general practitioners. Donaldson and colleagues suggest that more referrals from general practitioners would increase occupancy rates.³

Following a review of day hospital activity in east Surrey a working party was set up to examine operational policies. The referral system by which patients were introduced to the hospitals was seen as a key issue. With the current system general practitioners refer patients to a consultant geriatrician to assess their suitability for day hospital treatment, some assessments being done by a domiciliary visit. It was suggested that an open system of referral would result in general practitioners referring more patients. In order to answer this question a survey was carried out to ascertain general practitioners' opinions about their prefer-

red system of referral and to invite their comments on geriatric day hospitals.

Method

East Surrey health district serves a population of 186 600 with an age structure similar to the national average — 16% of the population are aged over 65 years and 7% over 75 years. The district has three geriatric day hospitals situated in Redhill, Dorking and Caterham, and a fourth is due to open shortly. The district provision of 1.7 places per 1000 population aged 65 years and over (48 for 28 647 patients) is slightly below the Department of Health and Social Security norm of 2.0 per 1000.

All 94 general practitioners listed by the family practitioner committee as having patients in east Surrey were sent a questionnaire with a covering letter from a consultant geriatrician. The questionnaire contained questions on the frequency of referral, reasons for referral and the system of referral. General comments were also invited. Replies were received from 80 general practitioners after a single posting, giving a response rate of 85%.

Results

Of the 80 general practitioners who responded 31 (39%) referred patients frequently to the day hospital via the geriatrician, 46 (58%) occasionally referred and three (4%) never referred. In reply to the question 'would you prefer to have direct access for some of your patients to the day hospital via the coordinator and not through a consultant?', 58% of the 77 general practitioners responding to this question said they would like to have direct access. Table 1 shows respondents' preferences for direct access according to their frequency of referral to the geriatrician. While there was no difference in preference between frequent and occasional referrers, the three general practitioners who never referred patients to the day hospital all preferred direct access.

Table 1 also shows general practitioners' attitude towards health workers involved in the care of the elderly, such as district nurses, community physiotherapists and social workers, referring patients directly to geriatric day hospitals. A high proportion of the general practitioners (87%) were in favour of this type of referral, although the majority (81%) wanted to be contacted to give consent. Asked whether they thought day hospitals were meeting the rehabilitation needs of the elderly, 72% replied

Table 1. General practitioners' opinions about desirability of direct access to geriatric day hospitals and referral via health workers, according to frequency of referral.

	Number (%) of GPs referring:		
	Never or occasionally	Frequently	Total
<i>Direct access</i>			
Yes	28 (61)	17 (55)	45 (58)
No	10 (22)	9 (29)	19 (25)
Not sure	8 (17)	5 (16)	13 (17)
Total	46 (100)	31 (100)	77 (100)
<i>Health worker referral</i>			
Yes, with GP consent	40 (82)	25 (81)	65 (81)
Yes, without GP consent	3 (6)	2 (6)	5 (6)
No	6 (12)	4 (13)	10 (13)
Total	49 (100)	31 (100)	80 (100)

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'yes', 19% were not sure and 9% replied 'no'. In reply to a question about the relative benefit of domiciliary rehabilitation as opposed to rehabilitation in a day hospital, 69% thought rehabilitation in the hospital was more beneficial.

In response to a question about the main reason for referral — rehabilitation, medical assessment or social care — many general practitioners mentioned more than one reason and the question has been analysed to show both single and multiple responses. Of the 78 general practitioners who answered the question 46 mentioned more than one reason and 32 gave a single reason: of the 32 general practitioners who gave a single reason, 17 mentioned rehabilitation as the main reason for referral, eight medical assessment and seven social care. Altogether 76% of general practitioners mentioned rehabilitation as a reason for referral, 56% mentioned medical assessment and 48% mentioned social care.

Table 2 shows the general practitioners' reasons for referring patients to a geriatric day hospital according to their frequency of referral. There was a difference between frequent and infrequent referrers, 71% of the former and 47% of the latter regarding medical assessment as a reason for referral and 87% of frequent referrers and 69% of infrequent referrers regarding rehabilitation as a reason for referral. There was no difference with regard to social care; 48% of both frequent and infrequent referrers mentioned it as a reason for referral. Medical assessment was mentioned as the reason for referral by 68% of 19 general practitioners who did not want direct access, by 56% of 43 who preferred direct access and 46% of 13 who were not sure about what form of access they preferred.

Table 2. General practitioners' reasons for referring patients to a geriatric day hospital according to frequency of referral (number of respondents shown with total number of responses to each part of the question).

Reason for referral	Number (%) of GPs referring:		
	Never or occasionally	Frequently	Total
Medical assessment	22/47 (47)	22/31 (71)	44/78 (56)
Rehabilitation	31/45 (69)	27/31 (87)	58/76 (76)
Social care	22/46 (48)	15/31 (48)	37/77 (48)

Discussion

The high response rate to the questionnaire and the large number of comments received were indicative of the importance general practitioners attach to the service provided by geriatric day hospitals.

A recent study of day hospital rehabilitation in the USA found that it was only cost-effective if a high occupancy rate was maintained.⁴ The fact that geriatric day hospitals in east Surrey are not fully utilized is probably associated with the large numbers of general practitioners who are infrequent users. Although about half of new patients at the hospitals are referred from a general practitioner, 60% of the general practitioners in the survey only occasionally or never referred patients and this suggests that a proportion of the elderly population do not have easy access to this form of care. Having found that less than 30% of referrals to Trent geriatric day hospitals were from general practice, Donaldson and colleagues pointed out that general practitioners need to become an important source of referral if geriatric day hospitals are to be fully utilized.³

As general practitioners have no direct access to geriatric day hospitals,⁵ it is hardly surprising that a number commented that they found the current system of referral cumbersome. There seems little doubt, on the findings of this survey, that lack of direct access is a factor discouraging general practitioner referrals. Accordingly general practitioners expressed a strong

preference for direct access to the geriatric day hospital via the coordinator. Over half of those who referred only occasionally were in favour of direct access, as were all of the three who never referred, and these doctors would presumably refer more patients if direct access were granted. It is possible that allowing general practitioners direct access together with an open referral from health workers with general practitioner consent may lead to a substantial increase in geriatric day hospital utilization.

A number of issues emerged from the comments of the general practitioners. While most expressed the view that day hospitals played a vital role in the care of the elderly, many suggested that the referral system should be opened up. Some general practitioners felt that consultant opinion and medical assessment were not necessary in all cases. Another common view was that the hospital day was too long and the early rising associated with attendance was seen as a cause of stress among elderly patients. This view is vividly illustrated by the comment that 'patients are horrified at the thought that they may be referred because they have to get up very early to spend all day in the geriatric day hospital'. A few general practitioners mentioned periods of inactivity in the day hospital as a problem in that patients spend too much time 'sitting around doing nothing'.

An interesting finding was the difference between general practitioners who wanted direct access and those who did not with regard to medical assessment; 56% of the former and 68% of the latter mentioned it as a reason for referral. A possible inference is that some general practitioners feel that some of their patients do not need further medical investigations. If this is the case and general practitioners were granted direct access the need for medical assessment in the geriatric day hospital may not be substantially increased even with a greater flow of patients. There is no doubt, however, that the majority of general practitioners regard medical assessment as an essential element of day hospital care.

This survey has highlighted the need to re-think the way that the gateway to geriatric day hospitals is controlled. The fact that just under two-thirds of general practitioners use the service infrequently or never and that more than half would like a more open system of referral suggests that the current system is unsatisfactory. If geriatric day hospitals are to fulfil their true potential, as outlined by Brocklehurst⁶ — to form a bridge between the hospital and the community, to prevent the admission to hospital of more and more old people, and not to become mere appendages of the hospital inpatient services — it is essential that more general practitioners be encouraged to refer more patients. We suggest that a referral card system which permits general practitioners to refer patients directly to the day hospital would go some way towards achieving this aim. The referral card should be comprehensive, giving diagnostic details, any investigations done prior to referral, a list of drugs the patient is taking, social background and reasons for referral.

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