Cancellation and default from appointments in primary care
Sheila K Ross 34

General practice research in the *Journal*
John Pitts 34

Training for the new contract
Carolyn A Chew and C Neil Black 35

General practice training in the hospital
A J B Edwards, et al; Paul Presley; R. Touquet 36

Testing asymptomatic patients for *Chlamydia trachomatis*
David M Coker and Belinda Stanley; Kieran Harkin 37

Detection and management of urinary tract infection
P G Flanagan; Hugh McGavock; Rosalind Maskell; J C Robinson 37

Involvement of clergy in patient care
A Ward Jones 38

Psychiatrists in primary care
I R Wallace, et al. 39

Fatal methaemoglobinaemia in a dental nurse
Nerys Williams 39

Hazards of chlorine to asthmatic patients
S P Rothery 39

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Cancellation and default from appointments in primary care

Sir,
Cancelled and defaulted appointments have important implications for the running of our practices. The pressure of the new contract is for us to provide a hospital-type outpatient service with a variety of clinics. It seems likely that patients attending clinics for ongoing problems such as hypertension or diabetes will be invited to book an appointment from one clinic attendance to the next. On the evidence available, doctor initiated and advanced booked appointments have a poorer record of attendance than patient initiated ones in primary care.[1] While the reasons for patients defaulting from appointments have been extensively documented[2] relatively little is known about cancelled appointments.

With this in mind a record was kept of the number of patients who cancelled or defaulted, with cancellations arbitrarily divided into those giving less than half an hour's notice, one half to two hours' notice, two to six hours' and over six hours' notice in October 1988 and 1989. This record was kept at our two premises, one in suburban Glasgow and the other in a village, each of which serves approximately 3000 patients. In addition a retrospective analysis of the attendances in October 1987 was carried out at the suburban surgery by inspecting the notes of all the patients who had appointments and ascertaining as far as possible who had attended and who had not. The 17 patients whose records had been withdrawn were assumed to have attended.

The results were given in Table 1 along with the total number of consultations for the periods involved. Three patients actually called after the scheduled appointment to cancel. Fifteen patients appeared to have defaulted from the suburban surgery in 1987 but this number almost certainly included some who cancelled at short notice.

The number of patients defaulting is not increasing but those who do cancel

Table 1. Duration of notice given of cancellation of appointments and number of defaulted appointments.

	Number of appointments			
	1988		1989	
	Suburban surgery	Village surgery	Suburban surgery	Village surgery
Patient defaulted	10	5	4	5
Patient cancelled with notice				
<0.5 hrs	6	4	6	9
0.5–2 hrs	7	6	10	14
2–6 hrs	6	5	0	18
6+ hrs	16	9	11	16
Total	35	24	27	57
Patient attended	644	628	634	666

have more than doubled at our village surgery. The latter may seem to have defaulted because their names appear on the doctor's appointment list and their records on the consulting room desk indicating that they cancel after consulting has started. Such appointments are wasted, since shorter notices lessen the likelihood that the appoinmtent can be reallocated. These late cancellations represent an increased workload for our reception staff, involving more patient/staff contacts as these patients make (and break) further appointments.[2] Habitual defaulters or patients prone to cancelling could be given appointments at the end rather than the beginning of a surgery or unpopular appointment times could be double booked, as happens in the United States of America. This would help the doctor to use the time more efficiently[3] but it presupposes that these patients would accept appointments at the time which the practice allocates to them rather than the time they choose. It also presumes that our staff have a knowledge of the vagaries of all our patients.

The introduction of more health promotion and disease management clinics would result in patients finding it increasingly difficult to book an appointment for the day and time of their choice. The new contract encourages general practitioners to provide a structured service rather than a demand led one. The result may well be unattractive to patients if this means less time for 'ordinary' appointments.

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General practice research in the *Journal*

Sir,
It is interesting to note the change in the origins of the first/main authors of papers in the *British Journal of General Practice* over the last 10 years. The majority of first authors of papers published now come from academic units, other disciplines and other countries, while contributions from mainstream UK general practice have fallen from one half to one third. Still fewer now originate from general practice trainees. The source of some papers is open to interpretation, particularly in the early years of this decade; however, the data in Figure 1 shows a clear trend in the proportion of papers having an 'ordinary' general practitioner or general practitioner trainee as main author.

Although academic departments have much to offer in methodology and breadth of thought, general practice, at the grassroots, is becoming under-represented in the *Journal.* This could be due to lack of motivation, lack of ideas, or lack of ability, but whatever the reason,