price and doctors change practice location on average every five to seven years. This makes the implemented feedback much more difficult, and it must be done in a way that does not antagonize doctors and cause them to find another, 'nicer' laboratory.

P CURTIS
M MINTZER
S HENDRIX
J RESNICK
D MORRELL

Department of Family Medicine
University of North Carolina at Chapel Hill
Manning Drive, Campus Box 7595
Chapel Hill, NC 27599-7595
United States of America

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Telephone access in general practice

Sir,
Hallam's study suggested that general practices should review the adequacy of their telephone system, devise strategies to spread patients' calls more evenly throughout the day, and consider how information about telephone policy and service is communicated to patients (August *Journal*, p.331). Hallam questioned the value of practice information leaflets and called for a study of their content, distribution and impact, and emphasized the point that, in the United Kingdom, there is little research on telephone use in general practice. A few studies have come to similar conclusions and have helped to address her questions.

An audit of 3023 incoming telephone calls to a Glasgow general practice showed that most calls coincided with the morning rush of patients, while few calls were made in the afternoon.[1] Analysis of the morning calls showed that 40% could have waited until the afternoon. A practice information leaflet was devised, which included advice on the preferred timing of different types of telephone calls.[2] A baseline survey of 250 patients assessed patients' knowledge about the practice. One question concerned the best time to telephone for a home visit (correct answer being the morning) and another on the best time to telephone for a repeat prescription (correct answer being the afternoon). At baseline, 72% of patients gave the correct answer on the timing of home visits, and 67% the correct answer on repeat prescriptions. The practice information leaflets were distributed and found to be valued, read, and kept for reference.[3] Modest but statistically significant changes in both knowledge and behaviour were observed. Regarding the home visits question, there was a 7% rise in the percentage giving the correct answer and a 15% rise in the proportion giving the correct answer on timing of repeat prescription requests. Ten months after the practice leaflet was distributed, the percentage of telephone calls for repeat prescriptions made in the afternoon rose from 10% to 23%; these changes were attributable to the practice information leaflet.[3] In the light of the extreme difficulty of altering the behaviour of populations, these results are encouraging.

It is pleasing to see a research programme on telephone use in general practice that includes the nature and outcome of telephone consultations. However, our brief report advocating more use of the telephone to conduct general practice consultations[4] met with criticism[5,6] which we tried to counter by arguing for more research.[7] In the light of current controversy, Hallam's research is most welcome. We hope that she will find our work, summarized here, a help in her attempts to build a solid foundation of knowledge on this subject.

RAJ BHOPAL

Department of Epidemiology and Public Health
The Medical School
University of Newcastle
Newcastle upon Tyne NE2 4HH

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GP work patterns since the 1990 contract

Sir,
The findings of the study by Chambers and Belcher support the popular belief that the new contract for general practitioners has resulted in more paperwork and taken an increased toll on some doctors in terms of their self reported feelings of stress or exhaustion (October *Journal*, p.412).

Our most important responsibility as general practitioners is our care of patients; we must have time to listen to them, explain to them their worries and help them understand their anxieties. It is therefore important to study not only the impact of the new contract for general practitioners on paperwork, stress and exhaustion but also the amount of time now spent with patients in consultations. After all, the reason given by the government for the new working arrangements for general practitioners was that doctors would be able to look after their patients better, that is, improve patient care.

My impression is that general practitioner stress and/or exhaustion is likely to lead to doctors spending less time with patients, giving less time to listening to patients and having less time for clinical care of and empathy with the patient. Prevention is another important area of care which must not suffer. Mistakes are, of course, more likely when doctors are working under stress or feeling exhausted.

What I believe is now required is a research study on the effects of the general practitioner contract on clinical work rather than administration, and who better to lead such a study than Chambers and Belcher.

R H FREEDMAN

5 St Abbs Drive
Paisley
Renfrewshire
PA2 9HW

Age Concern

Sir,
In their letter, Finch and colleagues add to the growing literature describing effective collaboration between general practices and citizens' advice bureaux (letter, November *Journal*, p.481). As chairman of Age Concern in England I wish to stress the importance of joint projects between practices and voluntary organizations.

In the case of Age Concern the need for joint projects has been highlighted by the care in the community act and we are anxious to develop these further. Sponsored by the Department of Health, Private Patients Plan and Merck Sharp and Dohme Ltd, we have recently launched the 'ageing well programme' at the Royal