An analysis of a general practitioner's workload in a disabled housing development

SIMON EYRE

SUMMARY

Workload in a newly opened disabled housing unit was studied for the years 1989, 1993 and 1995. The impact on one general practitioner was evaluated, and dramatically higher consulting, referral and prescribing rates were demonstrated. The opening of a unit for young disabled people has important implications for the workload of a general practitioner and adequate resources need to be provided.

Keywords: handicapped; young adults; workload.

Introduction

THERE have been several studies of workload[1,2,3] but none have evaluated workload relating to disabled patients. A study of nursing home patients[4] demonstrated referral and consulting rates double those expected, while prescribing rates were six times higher. McMullan[5] concluded that severely disabled patients would number fewer than 15 per general practitioner. In 1988, the author became responsible for the care of 41 residents (all of them new registrations) in a newly opened disabled housing unit for young people. The aim of this study was to assess the workload implications and to see how these changed in the subsequent six years by measuring consulting, referral and prescribing rates.

Method

The Disabled Housing Trust (DHT) development is a purpose-built unit of residential and self-contained accommodation in the centre of a new housing development. At the start of 1989 there were 41 residents. Ages ranged from 20 to 81 years, with a mean age at registration of 37.4 years. The residents' principal disabilities were cerebral palsy (19), spina bifida (7), multiple sclerosis (4), myopathy (2), cerebrovascular accident (2), chronic obstructive airway disease (2), polio (1), osteogenesis imperfecta (1), cervical cord tumour (1), osteoporosis (1), and old head injury (1).

The workload generated by this group was compared with that of the whole practice (list size 14 504) and also with that generated by a group of 79 other patients, aged over 18, who had newly registered in the first quarter of 1989 (Table 1). Data was obtained by a retrospective review of the notes and this was repeated in 1993 and 1995.

Results

In 1989, the consultation rate for the DHT patients was more than 2.5 times that of the whole practice, and more than 1.5 times that for the newly registered group. By 1995, the DHT patients' consulting rate remained 1.5 times higher. Visiting rates were initially more than 12 times higher and, although they have fallen since the opening of new surgery premises with excellent access for the disabled, they remain three times higher. Out-of-hours visits were five times more frequent than in the newly registered group and remain high, while night visiting rates were initially 15 times higher and remain four times higher. Prescribing rates have remained six times higher with a steady upward trend over six years. Emergency referral rates were 30 times higher in the first year in the DHT patients, while outpatient referrals were twice as high, although these had fallen to the expected level by 1995.

Discussion

The workload statistics confirmed the initial impression that the disabled patients required more care. Factors contributing to the high consultation rates might be the medical complexity of their problems, a high level of previous dependency on medical services, a move to an unfamiliar environment, and the relative inexperience of the care staff in dealing with young disabled people. Out-of-hours and night visiting rates were particularly high, and this may reflect the stress placed on carers when more experienced staff were not so readily available.

The spina bifida patients represented a notably high-demand subgroup: consultation, out-of-hours and night visit rates were 11, 2.14, and 0.71 respectively in the first year, and these rates remain high. The degree of disability has not previously been felt to influence consulting behaviour in the physically disabled.[6] The high prescribing rate (which was anticipated) represented a considerable proportion of the total prescribing by the general practitioners responsible: 11.1% of total prescribing for only 1.7% of the list size. Where a disabled unit is planned, adequate provision must be made for community resources such as district nursing and physiotherapy, while the high referral rates that were demonstrated have implications for secondary care. Although it is desirable for one general practitioner to care for such a unit and to develop particular expertise in dealing with disability, the lack of any remuneration beyond the normal capitation fee will act as a disincentive.

References

1. Fleming DM. Workload review. *J R Coll Gen Pract* 1982; **32:** 292-272.
2. Crombie DL, Fleming DM. *Report on practice activity analysis.* Produced by Birmingham Research Unit. London: Royal College of General Practitioners, 1988.
3. Thomas K, Birch S, Milner P, *et al.* Estimates of general practitioner workload: a review. *J R Coll Gen Pract* 1989; **39:** 509-513.
4. Andrew RA. Analysis of a general practitioner's work in a private nursing home for the elderly. *J R Coll Gen Pract* 1988; **38:** 546-548.
5. McMullan JJ. General practitioners and disability. *J R Coll Gen Pract* 1988; **38:** 191-192.
6. Chesson RA, Sutherland AM. General practice and the provision of information and services for physically disabled people aged 16 to 65 years. *J R Coll Gen Pract* 1992; **42:** 473-476.

S J Eyre, MA, BM, BCh, MRCP, FRCGP, general practitioner, Ian Gow Memorial Health Centre, Eastbourne.

Submitted: 21 March 1996; accepted: 23 July 1996.

Address for correspondence
S J Eyre, Ian Gow Memorial Health Centre, Milfoil Drive, Langney, Eastbourne, East Sussex BN23 8BR.

Table 1. General practitioner workload in a newly opened disabled housing unit, compared with that for the practice as a whole and for a group of newly registered patients. (All figures are per patient per year.)

	Consultations	Visits	Out-of-hours visits	Night visits	Outpatient referrals	Emergency referrals	Prescriptions
Newly registered							
1989	5.16	0.32	0.16	0.025	0.27	0.013	6.41
79 patients	(3.04)	(0.61)	–	(0.015)	(0.21)	–	(8.05)
Disabled housing patients							
1989	7.90	7.90	0.83	0.219	0.50	0.375	47.61
41 patients	(3.04)	(0.61)	–	(0.015)	(0.21)	–	(8.05)
Disabled housing patients							
1993	6.97	2.16	0.57	0.135	0.59	0.135	57.67
37 patients	(3.38)	(0.56)	–	(0.042)	(0.25)	(0.047)	(9.20)
Disabled housing patients							
1995	5.37	1.50	0.48	0.150	0.23	0.125	58.25
40 patients	(3.49)	(0.52)	–	(0.036)	(0.25)	–	(10.26)

Figures in brackets are rates for the whole practice. Figures for out-of-hours visits and emergency referrals for the whole practice were not available.