

Relationship between new and return consultations and workload in general practice

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SUMMARY

General practitioners (GPs) in Tayside, with higher weekly surgery workloads, tended to have a greater proportion of return consultations compared with GPs with smaller workloads. By reducing the number of return consultations, GPs could have a notable effect on their workload and alleviate the, oft-quoted, stress induced by the perceived increase in demand for patient care.

Keywords: general practice; workload; consultations.

Introduction

THE workload of GPs is usually defined in terms of the number of hours worked, consultation rates, and length of consultations.¹ These variables are influenced by two groups of factors: demand-related influences and supply-related influences. The former factor refers to list sizes of GPs and the combination of their practice populations, with the latter referring to the way GPs themselves manage their workload. The aim of this study was to investigate the relationship between new and return consultations on the workload of GPs.

Method

Ten practices, incorporating 54 GPs caring for 64 662 patients, collected information on all surgery consultations on four separate weeks during the winter months at the beginning of 1997. In addition to details of patient's age, presenting problems, and drug prescribing, doctors were instructed to record whether a consultation was 'new' or 'return'. A new consultation was defined as one where the patient initiated the consultation for a new episode of illness; a return consultation was defined as one where the GP had asked the patient to make a follow-up appointment for continuing care of an acute or chronic illness. Nine of the GPs were part-time, and GP registrars and locums were excluded from the study. During the period of study, 14 796 consultations were recorded with 8922 (60.3%) being new consultations, 5696 (38.5%) being return consultations, and 178 (1.2%) being unrecorded.

Results

Table 1 shows the distribution of new to return consultations in relation to (i) patients seen per week, (ii) years since graduation of GPs, and (iii) the proportion of elderly patients seen by these doctors.

There were no notable differences between GPs in terms of reasons for patients' consultations, with respiratory diseases, problems relating to the nervous system and sense organs, and musculoskeletal problems being the leading conditions. There was a clear trend for GPs with higher weekly surgery workloads

to have a greater proportion of return consultations, with the ratio for GPs seeing between 100 and 120 patients per week being 58:42 (new:return), as compared with GPs with smaller workloads having a 67:33 (new:return) ratio. The GPs with higher workloads tended to be older: an average of 21 years since graduation compared with an average of 13 years since graduation for GPs with smaller workloads. There was no notable difference between the groups of GPs in terms of the proportion of patients aged over 65 years.

Discussion

General practitioners in the United Kingdom carry out about 283 million consultations each year; an increase of 45 million (15.8%) since 1983.² Workload has been at the forefront of GPs' concerns following the introduction of the NHS reforms in 1990.³⁻⁵ While there is no doubt that changes in the GP contract have contributed to these increases in workload, demand-related influences are not the only factors that affect workload. GPs who are concerned about high workload could benefit from reviewing the ratio of their new to return appointments; an example of which would be that a doctor in this study with an average weekly workload of 120 patients, who converted from around 40% to around 30% return consultations, would reduce contacts by around 400-500 patients per year. One of the criticisms of hospital outpatient clinics is that there may be too many people being asked to make unnecessary return consultations. The same may apply in general practice, and the answer to some problems with workload may lie in the hands of GPs themselves.

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Table 1. Relationship between new and return consultations and workload.

| Ratio of new: return consultations | Surgery consultations per week | No. of GPs | Years since graduation (average) | % of patients >65 years of age |
|------------------------------------|--------------------------------|------------|----------------------------------|--------------------------------|
| 67:33 | 40-60 | 9 | 13 | 18% |
| 63:37 | 60-80 | 17 | 16 | 20% |
| 60:40 | 80-100 | 15 | 14 | 20% |
| 58:42 | 100-120 | 13 | 21 | 22% |

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