

Consultation rates with a doctor in 1996

R EVE

P HODGKIN

J WALLER

P JENKINS

J MCGORRIGAN

SUMMARY

Data from 23 Sheffield practices showed general practitioner in-surgery consultation rates running at an average of 3395 per 1000 patients in 1996–1997. This is 30% above the equivalent contact rate found in the Fourth National Morbidity Survey of England and Wales in 1991–1992.

Keywords: consultations; morbidity; survey.

Introduction

ACCURATE knowledge of general practitioner (GP) workload is critical to developing a high quality primary care-led health service.¹ Since 1994 we have been collecting activity data from an increasing number of practices in Sheffield using standard National Morbidity Survey (NMS) definitions.²

Method

The Practice Data Comparison³ (PDC) started in 1994 and participants submit monthly activity data using definitions that conform to those used in the Fourth National Morbidity Survey. The project is independent of the Health Authority (HA) and each practice is visited to ensure that data collection is reliable. This paper reports the results from the 23 practices (combined list 145 000) supplying complete data for the year to 31 March 1997. All participating practices are urban and do not differ significantly in terms of deprivation or fundholding from other Sheffield practices. The age structure and number of patients per full-time principal for participating practices is very similar to that found for both Sheffield and for England and Wales as a whole. Smaller practices are somewhat under-represented, as they were in the NMS.

Figures are for consultations in-surgery with patients registered at the practice plus temporary residents, and include all registrar, assistant, and locum consultations. Data about home visits and consultations with nurses are not included here. The definition of a consultation used is a face-to-face consultation between a GP and a patient in the practice building which results in an entry in the patient notes.

Results

Figure 1 shows the annual in-surgery consultation rate for GPs for the year to 31 March 1997 together with the figure from the

Fourth National Morbidity Survey, using their equivalent definition of 'contacts'. The average rate was 3395 consultations per 1000 patients.

Discussion

Age and sex profile,² list inflation,⁴ temporary residents, and data from paper-based systems rather than computer recording may all affect reported consultation rates. However, estimating expected practice consultation rates from standardised age–sex profiles, adjusting for list inflation (from HA figures), allowing for temporary residents, and comparing paper with computer data collection explained little of the difference between the Sheffield practices and the NMS.

Various major studies have shown a link between socioeconomic factors and patient consultation rates with GPs.^{1,2,5} Sheffield is deprived compared with the United Kingdom as a whole (Jarman score of +15)⁶ and this may increase activity rates somewhat. It is unlikely that the consultation rate is increasing. Continuous data from 13 practices for two years, and from six practices for three years, show no overall trend. One practice had also participated in the Fourth National Morbidity Survey study and their consultation rate in 1996 had increased by only 1.4%. Figures from one practice going back to 1980 show a modest decline in GP consultation rates of 3.5% over the five years from 1991 to 1996.

Overall it is reasonable to conclude that the average GP consultation rate in Sheffield in 1996 was around 3400 consultations per 1000 patients. This is similar to a 1994 study of 35 practices in rural Northumberland⁷ using identical definitions, which found a GP consultation rate of 3302 consultations per 1000 patients.

Participation in this study demands little from practices and they may therefore be more representative of the entire spectrum of general practice than the NMS, which requires a significant time commitment from its volunteer practices. This may partly account for the substantially higher consultation rates found in Sheffield.

Conclusion

Primary care groups need accurate data and valid benchmarks if they are to understand the real differences between member practices. The consultation rates reported here are 30% higher than those found previously. Differences in age and sex structure, deprivation levels, and data collection methods do not adequately explain this higher rate and consultation rates do not appear to be rising.

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R Eve, BA, co-director; P Hodgkin, MRCP, DCH, co-director; and J Waller, BSocSci, MMedSci, health information analyst, Centre for Innovation in Primary Care, Sheffield. P Jenkins, BSc, PhD, information technology consultant, Agerskov, Denmark. J McGorrigan, MRCP, DRCOG, general practitioner, Sheffield.
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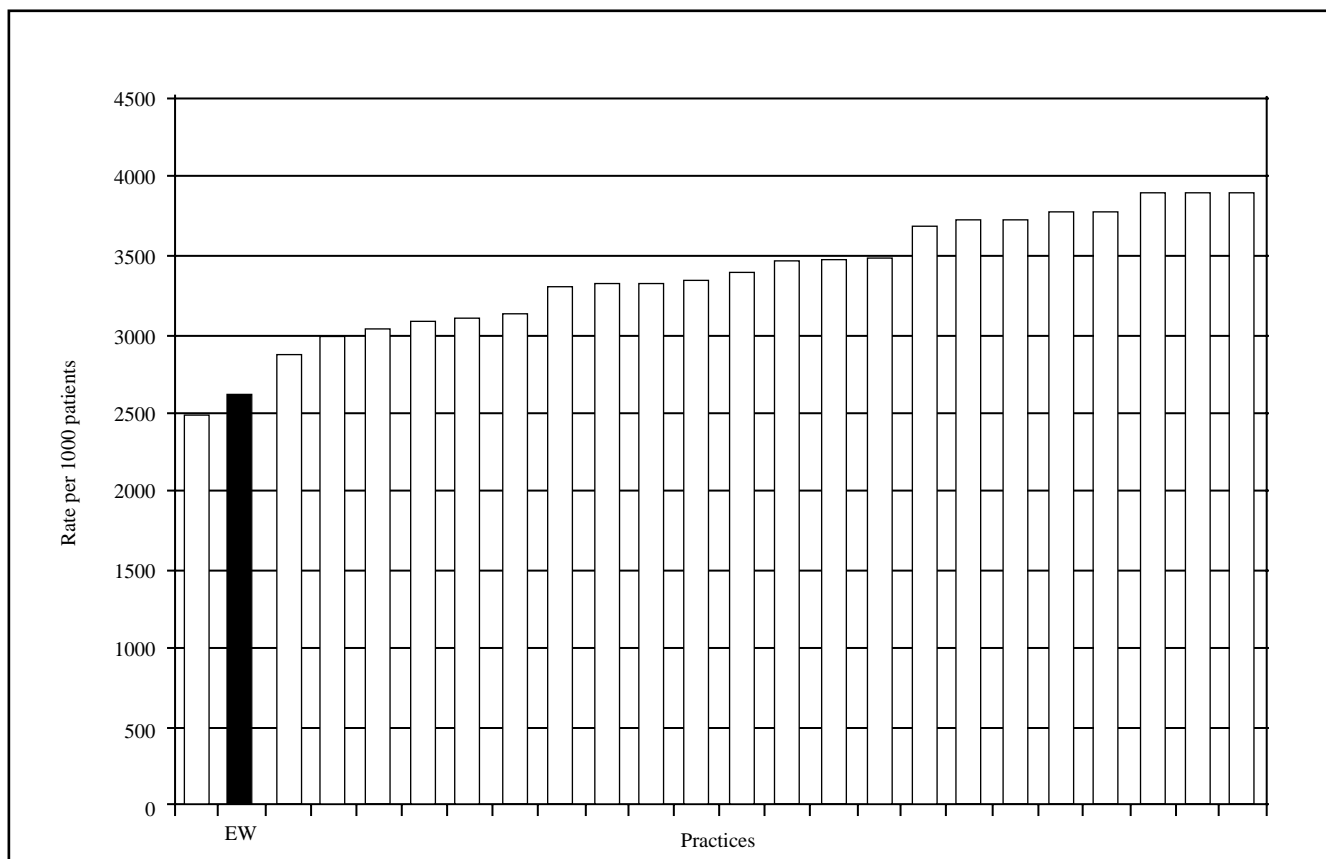


Figure 1. Annual GP surgery consultation rate per 1000 patients for the period 1 April 1996 to 31 March 1997. EW = England and Wales average in 1991/1992. Source: Fourth National Morbidity Survey.

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Address for correspondence

Mr J Waller, Centre for Innovation in Primary Care, Walsh Court, 10 Bells Square, Sheffield, S1 2FY.