

Saturday surgeries — do patients feel their needs can be met by alternative out-of-hours care? A questionnaire study

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SUMMARY

There is a trend in the United Kingdom (UK) towards using out-of-hours cover to replace Saturday surgeries. This study asks patients their views about alternative cover. Seventy-five questionnaires were collected from 125 patients attending Saturday surgery sessions (response rate = 60%) over 6 weeks. Sixty-four (85.3%) patients felt they needed urgent attention, and 64 (85.3%) felt that any of the doctors could deal with them. The most popular alternatives were routine appointments and being seen by the deputising doctor, both of which were preferred by 20 (26.7%) patients. Changing Saturday surgeries to using deputising cover is, on the whole, acceptable to patients.

Keywords: out-of-hours medical care; questionnaires; patient preference.

Introduction

INCREASED demand and the workload of general practitioners (GPs) have placed the system under strain, and by 1992 many GPs aspired to delegate out-of-hours care.^{1,2} Alternative cover arrangements arose, and at present approximately a third of GPs employ deputising agencies; most of the remaining GPs belong to cooperatives. However, concerns have been raised regarding the loss of continuity and passage of information.

Research into patient satisfaction with medical cover has demonstrated favourable results.³ The studies concluded that the advantages of personally providing out-of-hours care are small and that alternative provisions have a positive impact on the morale and health status of GPs and their spouses.^{4,5} There has been some evidence to suggest that patients value continuity less in acute or 'emergency' situations, which is what Saturday surgeries are intended to deal with.⁶

An initiative throughout one primary care trust (PCT) of replacing Saturday surgeries with cover was supported by the partners at the medical centre where this study took place. However, there was apprehension regarding acceptance by patients. The medical centre is a primary medical services (PMS) teaching practice with eight partners within the mid-Surrey PCT, with 14 500 patients reflecting the national average of age, sex and social class.

Method

The partnership was interested in the acceptability of replacing Saturday surgeries with alternative out-of-hours cover. An anonymous questionnaire was sent out, and this had a minimal number of questions, with short, clear, tick box responses. Questionnaires were circulated only to patients who were involved in Saturday surgery consultations. Following a pilot, comments from feedback were noted and final amendments were made. The questionnaire consisted of four questions addressing patient perception of whether attendance was urgent, whether any doctor could have dealt with the problem, reasons for non-urgent attendance, and preferred alternative care (Box 1).

During a 6-week period, subjects were sampled and recruited by the reception staff after they were given a brief verbal explanation. Completed questionnaires were collected prior to booking patients for consultations. Patients attending for prescriptions or routine appointment requests were not included.

Results

One hundred and twenty-five consultations took place during the study and 75 questionnaires were returned. This

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HOW THIS FITS IN

What do we know?

Evidence from research conducted to date on patient satisfaction with out-of-hours care has been positive. The results from previous studies indicate that patients find alternative out-of-hours care provisions acceptable and are satisfied with the advice and treatment received.

What does this paper add?

The results of this study support these findings and indicate that having alternative out-of-hours cover in place of existing Saturday surgeries will be acceptable to patients of the practice.



We are interested in your views with regards to Saturday surgeries. Please take a moment to answer this brief questionnaire. Thank you for your cooperation.

1. Do you feel that you need to be seen today or could your problem wait until routine surgery opening times?
 - A. YES — needed to be seen today
 - B. NO — could have waited until routine appointment
2. If you feel your problem could wait until routine surgery opening times what made you come in today?
 - A. Convenience, difficulty getting to surgery during normal surgery opening times
 - B. Did not realise Saturday morning surgery works on basis of 'urgent' appointments only
 - C. Difficulty getting appointment with doctor through routine appointment system
 - D. Other — please specify
3. Do you feel that you need to be seen by a doctor in this practice or would any doctor be able to deal with your problem?
 - A. Practice doctor needed
 - B. Any doctor could deal with problem
 - C. Did not need doctor, i.e. could have been seen by nurse/NHS Direct/walk-in clinic
4. If the surgery had not been open today, what would you have done instead?
 - A. Waited until routine surgery opening times
 - B. Called NHS Direct
 - C. Called the deputising agency doctor
 - D. Attended walk-in clinic
 - E. Attended A&E department

Box 1. Questionnaire given to patients at the Saturday morning surgery.

response rate of 60% is artificially low, as a number of patients did not receive questionnaires.

Sixty-four (85.3%) responders felt that they needed urgent attention, whereas 11 (14.7%) could have waited for routine appointments. The reason for approximately half of the non-urgent consultations taking place on a Saturday was convenience, with six citing this reason.

Sixty-four (85.3%) responders felt able to see any doctor,

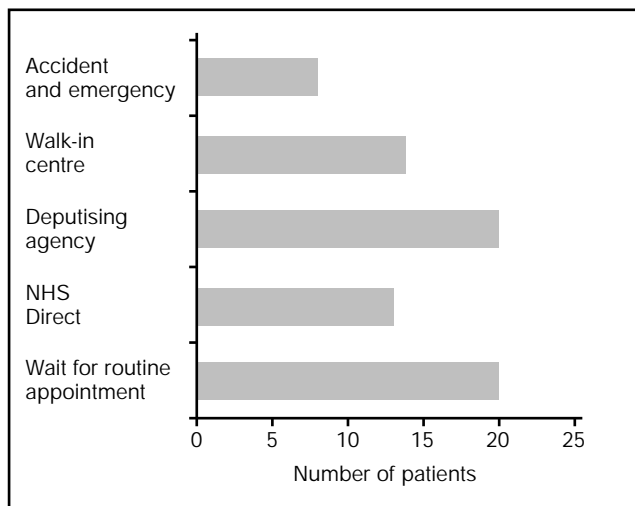


Figure 1. Bar chart representing alternative choices had surgery been closed.

whereas 11 (14.7%) preferred to see one of the doctors from the practice.

When asked what action would have been taken if the surgery was closed, being seen by the deputising doctor and awaiting a routine appointment were the most popular options, with 20 (26.7%) patients choosing each one. The least popular option was to attend an accident and emergency (A&E) department, with eight (10.7%) responses (Figure 1).

Discussion

Sixty-four (85.3%) patients indicated that urgent attention was required and 64 out of 75 (85.3%) stated that they would be prepared to see any doctor. This is reassuring and suggests that changing to out-of-hours care is acceptable to most patients.

The second question was only relevant to those attending for a non-urgent reason. There were 11 responses, and the most frequent non-urgent reason for attending was convenience. This suggests that some patients will be presenting to out-of-hours services on Saturday mornings for convenience. However, the numbers in the results of this study are small and this should not over-burden the system.

The results of the study are limited by the response rate, which showed variation ranging from 100% in the first week to 26.3% (Table 1). The enthusiasm of the staff influenced the high response rate in the first week. Some patients were reluctant to participate in consecutive weeks, having already filled in a questionnaire. This possibly represents inappropriate use of Saturday surgeries for routine repeated attendance or a willingness of doctors to see patients who do not have an urgent need to be seen.

The response rate of 26.3% (five out of a possible 19 patients) in one week was artificially low owing to administrative error. The member of staff at reception only remembered to hand out questionnaires in the final half-hour of the surgery.

The overall response rate could represent selection bias. Patients attending non-urgent appointments may be less likely to return questionnaires. It would be informative to

Table 1. Numbers of consultations and completed questionnaires.

Date of surgery	16/11/2002	23/11/2002	30/11/2002	07/12/2002	14/12/2002	21/12/2002	Total
Number of consultations	14	16	19	20	22	34	123
Number of completed questionnaires	4	11	5	7	20	18	75
Percentage response rate	100	68.8	26.3	35	90.9	52.9	60

sample the non-responders to determine this. However, this would complicate the study in terms of loss of anonymity and associated ethical considerations.

Eleven (14.7%) patients stated they required non-urgent attention, yet 26.7% indicated they could have waited for routine appointments. This indicates that some patients seeking urgent attention could have waited for routine appointments had the surgery been closed. This disparity may reflect preference for seeing one of the practice doctors. However, the response to question 3 does not support this, as 85.3% of patients (64/75) were happy to consult any doctor. An alternative explanation could be a lack of awareness of alternative provisions.

Patients were not informed that the Saturday surgery was going to be replaced by alternative out-of-hours care, and this information may have influenced responses. The results of this study were discussed at a practice meeting and the surgery did stop Saturday surgeries afterwards.

Conclusion

Research on patient satisfaction with out-of-hours care has been positive. Previous studies indicate that patients find

alternative out-of-hours care acceptable and that they are satisfied with the advice and treatment received. The results of this study support these findings and support the use of out-of-hours cover to replace Saturday surgeries.

References

1. Maxwell RB, Toby JP. 24-hour cover: time for reappraisal. *Br J Gen Pract* 1997; **43**(371): 226-227.
2. Lattimer V, Smith H, Hungin P, *et al.* Future provision of out-of-hours primary medical care: a survey with two general practitioner research networks. *BMJ* 1996; **312**: 352-356.
3. Cragg DK, McKinley RK, Roland MO, *et al.* Comparison of out-of-hours care provided by patient's own GPs and commercial deputising services: a randomised controlled trial. *BMJ* 1997; **314**: 187.
4. Fletcher F, Pickard D, Rose J, *et al.* Do out-of-hours cooperatives improve general practitioners' health? *Br J Gen Pract* 2000; **50**: 815-816.
5. Charles-Jones H, Houlker M. Out-of-hours work: the effect of setting up a general practitioner cooperative on GPs and their families. *Br J Gen Pract* 1999; **49**: 215-216.
6. Schers H, West S, van den Hoogan H, *et al.* Continuity of care in general practice: a survey of patients' views. *Br J Gen Pract* 2002; **52**: 459-462.

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