

# TALKING POINT

## Usefulness of a gazetteer of general practice

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An earlier paper<sup>1</sup> described how a gazetteer of information about 55 general practices was sent to all the hospital, area health authority, and social services staff in Aylesbury to encourage communication with the practices. Experiments to aid communications in the NHS have had equivocal results,<sup>2-4</sup> and an attempt to measure the use of the gazetteer seemed essential.

### Method and results

Nineteen general practitioners from seven of the practices in the gazetteer were asked to take part in the study. They were selected, not at random but because the practices had many similarities and the GPs were co-operative. All the practices were served by Buckinghamshire AHA and social services department and all referred their patients mainly to the Aylesbury hospitals.

In mid-July 1972 850 copies of the gazetteer were issued to professional and administrative staff of the hospitals, social services, and AHA. There was no publicity or persuasion to use the gazetteer other than an introductory letter from the group secretary with each copy. For four consecutive weeks before its issue (the control period), and for a similar experimental period four months later, the staff in each practice recorded on each weekday all incoming telephone calls other than those from patients. Important variables recorded were the day, date, and time of calls, the status and origin of callers and their first choice of respondent—if available. During the experimental period callers were also asked if they had used the gazetteer in making the call.

In January 1973, six months after the issue of the gazetteer, 500 precoded self-administered questionnaires were distributed by the group secretary to all the hospital staff asking about the gazetteer's usefulness.

During the control and experimental periods 486 and 369 calls, respectively, were recorded. This reduction (24%) was probably due to under-recording in the two practices with the largest numbers of patients. During the experimental period callers used the gazetteer on 15 occasions—seven from hospital staff, five from other general practices, and one from a health visitor, a social worker, and a voluntary organisation. On three occasions the caller missed the GP and must have ignored the information in the handbook about his times of availability. Out of the total of 855 calls, 152 callers failed to contact their first choice of respondent.

Two hundred and one of the 500 questionnaires were returned and table I shows the distribution of respondents by their grade. A total of 181 received a copy of the gazetteer and of the 175 still possessing it six months later, 158 said they had it in their office and six carried it with them.

One hundred and forty-five of the 201 respondents were using the gazetteer frequently or occasionally and 106 of them were making use of it as much as when they had received it six months previously. The staff of the x-ray

department all claimed to use it frequently and their claim is supported by their appearance in three out of the 15 calls when its use was recorded during the experimental period. All but two of the respondents had found the information in the gazetteer to be "accurate on the whole" and table II shows how respondents ranked the usefulness of the main items of information.

### Discussion

The gazetteer was certainly being used four months after its distribution but its evaluation remains uncertain when its use appears to have been infrequent as a proportion of all calls. In three of the 15 calls its information was ignored and other workers introducing written information into health care systems have concluded that receipt of a handbook is not synonymous with appreciation of its information. The absence of propaganda (for practical reasons) when introducing the gazetteer is unlikely to have affected the issue as propaganda has been shown to be ineffective unless people already favour the views it presents.<sup>6</sup>

The gazetteer was compiled after evidence that hospital staff still lacked information about general practices.<sup>7</sup> This commonsense approach ignored experimental evidence in social psychology which indicates that attitudes, beliefs, and intentions are as crucial as information in determining the form and content of communication. The data suggest the frequent use of the gazetteer by the x-ray department, whose staff were known to already favour telephone communication with GPs. Firth<sup>4</sup> had a similar experience with her booklet about voluntary organisations and it seems clear that the gazetteer was being used as an adjunct to existing attitudes and beliefs. So it resembled the yellow pages of the telephone directory.

It was not possible to follow up the 300 non-responders to the hospital questionnaire so its analysis must be treated with caution. The gazetteer appeared to have been well received and retained and there was also anecdotal evidence of this. There was a proportion of hospital staff who were well disposed and a number who were enthusiastic about the handbook and the practice recordings may give a more one-sided picture of its use than is justified.

Information by itself has little effect on communication. But there is a value in the co-operative effort needed to acquire the information, the prestige of publishing it in the present climate of opinion, and in fulfilling the expectations of staff that one of the concomitants of integration is more information. Though the gains should be set against the cost of preparing and renewing the information these processes might themselves affect the attitudes and intentions of health service staff towards communication with their colleagues.

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TABLE I—Hospital grade of respondents

Grade	No	% (100% = 201)
Sisters and staff nurses	80	39.8
Consultants, registrars, and house officers	78	38.8
Administrative staff	25	12.4
Professions supplementary to medicine*	10	5.0
Others	8	4.0

\*Includes medical social workers

TABLE II—Usefulness of certain items of information

Information	No of respondents	% (100% = 145)
Hours GPs available for discussion	69	47.6
GPs' home telephone numbers	64	44.1
Names of staff	54	37.2
Times when surgery open and staffed	49	33.8
GPs off-duty arrangements	30	20.7
Availability of home nurse	30	20.7
Availability of treatment-room nurse	18	12.4

<sup>1</sup> Reedy, B L E C, and Rue, E R, *British Medical Journal*, 1973, 3, 92.

<sup>2</sup> Anderson, J A D, and Warren, E A, *Medical Officer*, 1967, 118, 45.

<sup>3</sup> Houghton, Hazel, in *Problems and Progress in Medical Care*, 3rd series. Oxford, Oxford University Press, 1968.

<sup>4</sup> Firth, Barbara, *Journal of the Royal College of General Practitioners*, 1975, 25, 21.

<sup>5</sup> Ruben, H L, *Military Medicine*, 1973, 138, 482.

<sup>6</sup> Cooper, E, and Jahoda, M, *Journal of Psychology*, 1947, 23, 15.

<sup>7</sup> Loudon, I S L, *The Demand for Hospital Care*. Oxford, United Oxford Hospitals, 1970.

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