

An appointment system in a teaching practice

GARETH LLOYD, B.Sc., M.D., F.R.C.G.P., M.R.C.O.G.

General practitioner, Manchester; Senior Lecturer in General Practice,
University of Manchester

SUMMARY. Some patients have difficulty in achieving an appointment to see a doctor in a university teaching practice. Only five per cent of patients indicated serious difficulty. Patients who discriminate in favour of seeing a particular doctor have greater difficulty. It is suggested also that some patients have the same difficulty if they are making an appointment to see a particular doctor.

Clearly there is a need to explore the problem further to determine the nature of the difficulties which patients experience. It might then be expected that improvements can be made which will help patients to achieve appointments more easily. At the same time it has to be recognised that there may be some patients who will continue to have difficulty in achieving an appointment however much they are helped. Such patients may need access to community health care services in a manner entirely different from the appointment system.

Most patients prefer to see their general practitioner by appointment. Both open-access surgeries and appointment systems cause difficulties for patients. The former is associated with the difficulty of long waiting periods and the second with difficulties in achieving an appointment. As some form of appointment system is likely to be continued, particularly for group practices and health centres, it is probably timely to audit patients' experience of achieving appointments.

University teaching practices present general practitioners with unusual additional stresses on an appointment system. The full-time teacher's day is divided between service to patients and teaching or research. Any reduction in the availability of a particular doctor in a group may result in patients having difficulty in making an appointment. This argument could equally apply to any group of practitioners who have commitments other than to general medical services.

Introduction

A preliminary audit of patients' experience of the appointment system at the Manchester University Department of General Practice (Darbshire House Health Centre) is reported.

Patients are registered with individual doctors at Darbshire House in the usual way and recognise that they have their own general practitioner. Patients are, however, free to request an appointment with a doctor other than their own. If their doctor is otherwise committed and their request is urgent, patients must make an appointment to see a different doctor. It is reasonable to assume a problem exists if patients discriminate extensively in favour of usually wishing to see a particular doctor and it becomes important to determine the degree of discrimination.

At present the six principals and two trainees share the care of about 12,000 patients at Darbshire House. Each doctor undertakes at least six surgery sessions a week (excluding Saturdays), the maximum number of surgery sessions being nine for one of the doctors. Special clinics, such as antenatal and child welfare clinics, are held but for the purpose of evaluation of the appointment system such clinics were excluded.

Surgery sessions vary in duration. The advertised morning surgeries last for 1½ hours—between 09.00 and 10.30 hours and for 1½ hours between 11.00 and 12.30 hours. The afternoon surgery sessions are between 14.00 and 15.30 and 16.00 and 18.00 hours. The standard interval between appointments varies between principals and is either five or 7½ minutes.

Trainees have longer intervals. Some prospective appointments can be of longer duration. The reception staff have flexibility in moving each surgery session forwards or backwards to accommodate additional demand and patients who arrive at the surgery without appointments can usually be accommodated at the surgery if they so wish.

Most of the surgery sessions occur between 09.00 and 10.30 hours and between 16.00 and 18.00 hours. The additional surgery opportunities during the day allow further flexibility of

movement for the doctor. The minimum number of consultation hours is seven hours per week per thousand patients on the list.

For ten-day periods during December 1972, March, August and November 1973, patients were asked to complete questionnaires concerning their preference for a doctor and the ease of making appointments. The questionnaires were given to patients on arrival by the reception staff, and these were completed by the patients and deposited in a collecting box. The patients were not required to identify themselves or their doctor on the questionnaire.

The questionnaire asked two questions:

(1) How important is it for you to see a particular doctor?

Choice offered—usually important,
sometimes important,
not really important.

(2) How easy was it for you to make an appointment to see:

(a) A particular doctor?

(b) A different doctor?

Choice offered—very easy,
quite easy,
a bit difficult,
very difficult.

Results

Attitude towards a particular doctor

Patients returned a total of 1,489 questionnaires and of these, 306 (21 per cent) indicated that seeing a particular doctor was *not really important*; 525 (35 per cent) indicated that seeing a particular doctor was *sometimes important* and 658 (44 per cent) indicated that seeing a particular doctor was *usually important*.

This result suggests a degree of discrimination which should not unduly discourage the achievement of an appointment.

Difficulty experienced by patients

Of 373 patients who indicated that seeing a particular doctor was not important, 70 (19 per cent) had some difficulty in making an appointment.

Of 652 patients who indicated that seeing a particular doctor was usually important, 202 (31 per cent) had some difficulty in making an appointment. This suggests that discriminating patients have greater difficulty in achieving an appointment.

Ease of making appointments

Patients were asked to record their achievement of an appointment according to one of the alternatives of the rating scale above.

A response was requested according to whether the appointment was being made to see one particular doctor or to see any other doctor. The results are shown in table 1.

TABLE 1
DIFFICULTY IN MAKING AN APPOINTMENT

Rating scale	Seeing a particular doctor		Seeing other doctor	
	Number	%	Number	%
Very easy	484	35.3	336	38.4
Quite easy	538	39.3	371	42.3
A bit difficult	279	20.4	125	14.3
Very difficult	69	5.0	44	5.0
Total	1370	100	876	100.0

$$\chi^2=13.77 \quad DF=3 \quad P<0.01$$

While only a small proportion express serious difficulty in achieving an appointment, up to a quarter of patients have some difficulty. The discriminating patients have greater difficulty.

Seven hundred and ninety two patients indicated their rating for achieving an appointment with a particular doctor and any other doctor. The result is shown in table 2. This comparison suggests that patients who indicate their experience of both situations have a similar degree of difficulty.

TABLE 2
ACHIEVING APPOINTMENT WITH DOCTOR OF CHOICE

	<i>Very easy</i>	<i>Quite easy</i>	<i>A bit difficult</i>	<i>Very difficult</i>	<i>Total</i>
Very easy	145	89	50	13	297
Quite easy	60	180	75	15	330
A bit difficult	7	43	56	14	120
Very difficult	4	3	22	16	45
Total	216	315	203	58	792

$$\chi^2=228 \quad DF=9 \quad P=0.001$$

Achieving appointment with other doctor

DURATION OF IMMUNITY AFTER TETANUS VACCINATION

The duration of immunity after vaccination against tetanus is controversial and recommendations on revaccination against tetanus may not be valid unless they are based on studies of the duration of immunity in the population concerned. The vaccination history of schoolchildren at an elementary school in Sao Paulo, Brazil, was investigated.

Blood-samples were taken and the level of tetanus antitoxin was measured, using the indirect haemagglutination technique, in those who had been vaccinated. Students vaccinated or revaccinated against tetanus during the past two years had significantly higher antitoxin levels than those vaccinated or revaccinated more than two years previously. This suggests that revaccination against tetanus is required every two or three years for populations in circumstances similar to those in which the study was performed.

REFERENCE

Meira, A. A. R. (1973). *Lancet*, 2, 659.