BRITISH MEDICAL JOURNAL VOLUME 289 3 NOVEMBER 1984

# PRACTICE OBSERVED

## Practice Research

### Projected use in two general practices of services by the elderly at home

NORMAN J VETTER, DEE A JONES, CHRISTINA R VICTOR

Abstract
The proportion of people aged over 70 years in the community will, it is estimated, rise appreciably over the next 10 to 15 years. The impact, however, on different county based population projections this paper estimates the likely future demand by elderly people for home services in two contrabing general practices. To maintain services to meet the yearst demand, increases ranging from 11% to -55% depending on the area and the service, will be -85% depending on the area and the service, will be -85% depending on the area and the

Introduction

The number of people in Britain has been growing since the middle of the last century owing to a slow but steady decline in the mortality rate. Superimposed on this over the next generation will be a proportionate increase in a cohort of very elderly people middle product of a decline in the brith rates at the early part of the twentieth century, especially during the 1920s and 1930s.

The use of virtually all health and social services by elderly people increases with age but at different rates for different services. The increased numbers of very elderly people in the future will therefore have varying effects on the need for services.

This paper examines the present use of health and social services.

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services and the projected population changes in two general practices, one in Gwent, the other in Powys, to calculate the likely demand for these services in the future.

dustrialised urban sera. Nine per cent of the population of the county are New 700 and 100 and

Discussion

Many variables other than population changes are likely to have an effect on the requirement for services by elderly people over the next 10 years, but the population effects are likely to be the most important. Another demographic characteristic that will have an effect will be the number of pensioners tiving alone; this has doubled in the past 20 years. This trend is expected to continue over the next 10 years as delerly women continue to outlive their partners and will have an obvious impact on the need for services for the elderly. Daughters are the largest group who care for the elderly in the community. Overall, there has been a reduction in completed family size since the beginning of the century, so that there are simply I'c cannot be a sastumed that the age specific morbidity rates in the elderly will remain constant. Thus there is evidence that the incidence of fractured femules as in the size of the control of status of them has increased over the past 10 years, 't bough more general measures of disability used in the

TABLE IV-Projected demand for domiciliary nurse per month

Age	Actual visits		Projected demand		
(years)/ -	No	٠.	1986	1991	
Powys 70-74					
70-74					
M F	3	2	3:3	3-1	
F	1	1	1-1	11	
79-79	_				
M F	3	•	43	4-5	
80-84	8	7	8.7	9-5	
80-84	2		2.6	2.9	
M F	10	15	12.3	13.9	
85 +	10	15	12.5	134	
	3	14	5-0	6-0	
M F	12	19	189	24-0	
Total	42	7	56-2 ( + 34 %)	65 0 ( + 55 %)	
General					
70-74					
M F	5	•	5·1 7·0	5-1	
F	7	5	7-0	7:2	
75-79					
M F	5	6	5-5 9-0	5-6	
F	8	6	9-0	9-0	
80-84					
M F	â	12	55	5.7	
	8	10	9-5	10 2	
85 + M	3		2.8	3-2	
M.	15	27 31	17-6	202	
r	12	21	1/10	ZU 2	
Total	55	8	62-0 (+13%)	66-2 ( + 20%	

Age (years)/ -	Home help		Projected need		
years)/ -	No	٠.	1986	1991	
Powys 70-74					
70-74					
м	•	3	4.4	4.2	
F	ó		-	_	
75-79					
м	1	1	1:1	1-1	
F	ě	8	9.8	10-6	
80-84					
м	7	4	2-6	2.9	
F	7	10	8-6	9-7	
85 +					
м	3	14	5-0	6-0	
F	•	14	14-2	18-0	
Total	35	6	45 7 (+31%)	52-5 (+50%)	
Gwene					
70-74					
M	1	1	1-0	1-0	
F	7	5	7-0	7.2	
75-79					
м	3	3	3-3	3-3	
F	6	4	6.8	6.8	
80-84				•••	
м	3	9	4-1	4:3	
F	łó	12	11.9	12.8	
85 +					
M	2	18	1-9	2.2	
M F	10	21	11-7	13.5	
Total	42	6	47-7 (+14%)	51-1 (+22%)	

TABLE VI-Use of meals on wheels

Age (years)/ -	Menis o	n wheels	Projected n	red
eex	No	-	1986	1991
Powys 70-74				
M F 75-79	8	7	8-7 1-1	8.4 1.1
M F	2 10	3 8	2·1 11·0	2·3 11·9
80-84 M F	4 7	10	21	57
85 + M	5	23	8-3	10-0
F		,	94	12-0
Total	43	7	54-3 (+26%)	61 1 (+42%)
Gwene 70-74				
M. F	3	3	3·0 3·5	3-0 4-1
75-79 M F	1	_1	14	1:1
80-84 M	1	3	14	14
85 +	3	•	36	3-8
F F	4	8	0.9 4.7	1:1 5:4
Total	17	3	18-2 (+7%)	19-9 (+17%)

General Household Survey have not supported an overall increase in morbidity.

Our preliminary study has given a measure of the order of magnitude of the likely change in demand over the next 10 years using population data only. The variables mentioned which support the proposition of the control of the proposition of the control of t

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### References

ence, declining by between  $13^\circ_\circ$  and  $17^\circ_\circ$  over a 40 year period for those aged over 70. Local factors for each county were included to give higher or lower rates than the Welsh rate based on the averages for

higher or lower rates than the Welsh rate based on the averages for 1972-9.

Light of the Programment recipionistics of 1978 resulted in migration information being unreliable particularly in the 1901 figures. Thus the inherent inaccuration being unreliable particularly in the 1901 figures. Thus the inherent inaccuration expenses to the expense of the grey projections could be estimated to the nearest 100 only. This can lead in Powys aged 65 and over in 1979 is estimated at only 300. The projector of the properties of the properties of the properties of the projector of optimization of the projector of patients in the practice taing the services now in each of these subgroups of the services now in each of these subgroups of the projector of patients in the practice taing the services now in each of these subgroups of the practice taing the services now in each of these subgroups of the practice taing the services now in each of these subgroups of the practice taing the services now in each of the subgroups of the practice taing the services now in each of the subgroups of the practice taing the services now in each of the subgroups of the practice taing the services now in each of the subgroups of the particular tains the practice taing the services now in each of the subgroups of the practice tains the services now in each of the subgroups of the practice tains the services now in each of the subgroups of the subgroups of the subgroups of the practice tains the services now in each of the subgroups of the sub

DIMAND FOR IREALTH SHIVES

Table II thoses the proportion of the elderly in different age and see groups who contacted their general practitioner at home or in the surgery in the month before the interevier. In the Powsy practice the proportion of elderly people who attended their doctor reaches a peak in the age group 75-79, then falls slightly. The partern is less group 85 and over. The estimated increase in the use of general practitioner services is only slightly greater than the projected increase in population of the over 70s in both areas.

Table III shows the estimated increase who will require a Table III shows the estimated months of people who will require a Table III shows the estimated number of people who will require a form of the projected increase in population of the over 70s in both areas.

Table III shows the estimated united to prove about 1901. The demand for this service normally increases with age so that the likely future demand reflects the increase in the proportion of very elderly people over the next 10 years. This effect is seen particularly in Powys. Increase by 26%, by 1991, the proportion requiring a general practitioner is estimated to be 42% in Powys. This trend is less pronounced in Gwent.

n Gwent.

Table IV shows the estimated proportion of elderly people who

TABLE 1—Projected population changes for Powys and Gwent by age and sex 1979-91 (1000s)

	Actual	Projected (% increase)		
Age (years)/sex	1979	1986	1991	
Pennys 10-74				
M.	2:3	2.5 (+9)	2-4 (+4	
F	2.8	30 (+7)	3-1 (+11	
75-79				
M	1.5	1-6 (+7)	1.7 (+13	
F	2.2	24 (+9)	2-6 (+18	
90-84 M	0.7	0-9 (+29)	1-0 (+43	
M.	1.3	16 (+23)	1.8 (+38	
15.	1,	10 (+23)		
M	0.3	0.5 (+67)	0 6 (+100	
F	0-7	1:1 (+57)	1-4 (+100	
Total	11.8	13-6 (+15)	14:6 (+24	
Guent				
70-74	7-2	7:3 (+1)	7-3 (+1	
M	10.0	9-9 (-1)	10-2 (+2	
75-79	100	** (-1)	101 (+1	
M	4.4	48 (+9)	49 (+11	
F	7-2	8-1 (+13)	8:1 (+13	
80-84				
M	1.9	2-6 (+ 37)	2.7 (+42 5.5 (+28	
F .	4-3	5-1 (+19)	3·3 (+28	
Ӂ	1-3	1.2 (-8)	14 (+8	
F	2-9	34 (+ 17)	39 (+34	
Total	39-2	42-4 (+8)	44-0 (+12	

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Age (years)/	Contacted general practitioner 1979		Projected demand		
	No	٠,	1986	1991	
Pouys 70-74					
M	38	31	41-6	39-7	
F	32	29	34.3	35.4	
75-79					
м	25	31	26:7	28:3	
F	51	43	55.6	60.3	
80-84					
M	13	29	17-1	19-0	
F	22	32	27 1	30.5	
85 +					
M	5	23	8:3	10.0	
F	18	28	28:3	36 0	
Total	204	32	239-0 (+17° <sub>o</sub> )	259 2 ( + 27° o	
Gwent 70-74					
M	37	32	37-8	37:8	
F	48	35	47.9	49-3	
75.79	***		*** /	•	
M	34	40	37-5	38-3	
F	45	34	51.8	51.8	
80-84					
M	19	56	26 0	27:0	
F	24	30	28 8	31-1	
85 -					
M	1	10	10	1.2	
F	18	38	21-1	24-2	
Total	226	35	251-9 ( + 11 %)	260-7 (+15%	

Age (years)/	Actual visits		Projected demand			
years); -	No	٠.	1986	1991		
Percys 70-74	-					
70-74		•				
M F	6	1	43	6-3		
F	4	4	4:3	4.5		
75-79						
M F	12	7	5.3	5.7		
F	12	10	13-1	14-2		
80-84			9-2	10-2		
M F	10	16	12:3	13-9		
15 +	10	15	12-3	159		
55 ÷		9	33	4:0		
M F	11	17	17.3	22.0		
r	- 11	17				
Total	57	9	71 4 ( + 25 %)	80-8 (+42%)		
George						
70-74						
M F	16	14	16-5	16-5		
F	20	14	19-9	20-6		
5-79						
M F	14	16	15-6 19-6	16-0 19-6		
F	17	13	19-6	19-6		
10-84		24	11:3	11.7		
M F	16	20	19-2	20.7		
F 15 +	16	20	174	20-7		
D +	1	10	1.0	1:2		
M F	16	33	18.8	21.5		
-	10	,,,				
Total	108	17	121-9 (+13%)	127-8 ( + 18%)		

will require care from a domiciliary nurse. Again this rises with age, so that the estimated demand for this service increases more than for home visit from general precisioners.

There was a projected increase in the project of printen over 70 again much more than the requirement reflected simply from population figures. In Gwent the increase was 11% in 1986 and 17% in 1991. The properties of people visiting outpatients were according to the project of the service was within 1% of the population increase in rods trace.

Tables V and V1 show the projected proportion of elderly people who will proguire the two main domiciliary social services—home helps and meals on wheats. A rubustantial proportion of people in Powys are estimated to require both services in the next 10 years, and these media are much higher than the projected population changes rusgent. In Gwent the increases are not as great but are still considerable, particularly for home helps.

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## Comparison of prescription costs within a group practice

L BAUMGARD, P FRANK, J A REES, K SHEARER

Records of prescriptions that originated from one group practice and were dispensed at one pharmacy were maintain for one year. The information recorded in the prescription of the prescription of the prescription dispersed prescribing doctor, and the drug(s) prescribed and their rescriptions.

prescrioning acctor, and the arrugit) prescribed and their cost.

Analysis of the records showed considerable differences in average prescription costs among doctors. For all the major therapeutic groups, repeat prescriptions were more prescriptions were comparable to the comparable of the comparabl

Introduction

One aspect of clinical freedom is the right to prescribe whatever drug a doctor considers to be appropriate for the treatment of the patient.' Though respecting this clinical freedom, the state of the patient of the p

All prescriptions issued by the four partners and one trainee in a roup practice in South Manchester and dispensed at one local harmacy over one year were recorded by the pharmacist. The practice

was situated on a large bousing estate, within a short distance of the pharmacy. The information recorded from the prescriptions included the patient? anne, address, age and set, the name of the prescribing the patient anne, address, age and set, the name of the prescription prescription was calculated and recorded. During the year the pharmacist used his professional knowledge and patient contact to determine whether a prescription was a new one or a repeat of a previous treatment. Thus at the end of the year it was possible to determine from the prescription records how many prescriptions were duppened and roughly estimate the distribution of new and repeat duppened and roughly estimate the distribution of new and repeat

dispensed and roughly estimate the distribution of new and repeat prescriptions. Prescriptions were classified according to the age of the patient: under 16 years old, 16-64, and 63 and over: Because National Health Service prescriptions are suitably endorsed it is relatively simple to identify which prescriptions were issued for patients under 18 and for men 63 and over: Because of the different retirement ages for men and worce, however, it was more difficult to classify women into the work, the service of the difficult to classify women into the group practice enabled identification of women under and over 65. Each prescription was classified into the respective categories, based on the pharmacological index used in the Monthly Index of Medical Specialities. 1

TABLE 1—Percentage and average cost of total, new, and repeat prescriptions and ratios of new to repeat prescriptions according to doctor

	°, of prescriptions			Average cost per prescription (€)			Ratio of
loctor	Total	New	Repeat	Total	New	Repeat	repeat :new
Λ.	31-4	13-2	18-2	1:47	1-01	1.81	1.37
B C D E	22.5	13-6	8-9	1-33	1.00	1.83	0.65
c	15.8	8-5	7:3	1.20	0.97	1.47	0.85
D	16-3	8-3	8-0	1-31	1.00	1.63	0.96
E	14-0	7-5	6.5	1.31	1.00	1.65	0-87
Total	100	51:1	48-9				
Mcan	1.32	1.00	1.67				
(SD)	(0.096)	(0-015)	(0-14)				

1100

		Prescript	ion costs per	doctor (L)	
(years) -	۸	В	С	D	E
Under 16 16-64 65 and over	0 66 1 04 1 16	0-69 1-05 1-04	0-71 1-09 1-08	0-76 1-08 1-05	0-78 1-08 0-99

	Average prescription costs		
Therapeutic group	New	Repeat	
Alimentary	0-85	1:54	
Cardiovascular	2.00	2:51	
Central pervous system	0-87	1:30	
Musculoskeletal	2 0 2	3-64	
Rndocrine	1 73	2-26	
Genitourinary	1 49	1-65	
Infections	1 13	1.64	
Natrition	0.57	0.87	
Respiratory	0.66	2:15	
Far, nose, and oropharynx	1 00	1.84	
Bye Alleranc	0.64	0.48	
Alternic	0.65	0.94	
Skin	0.96	1.06	
Metabolism	6.08	6 29	
Dressings	0.98	1-69	

was little difference in the prescription coats among the doctors. A two
way analysis of versione performed on these results showed that at the
1% versione ratio level there was a significant difference between
children and the adult groups but no significant difference mong
doctors. Thus within an age group all the doctors had statistically
similar prescription costs.
With the exception of drugs acting on the cyt, all new prescriptions
(table III). The cost of new and repeat prescriptions (table III). The cost of new and repeat prescriptions for each doctor
for all therepeutic groups was calculated. To compare doctors, a two
way analysis of variance was performed on the prescription costs for
each therepeutic group. For II out of 15 therepeutic groups (the
exceptions being endocrine; eye, altergy, and skin) there was no
but there was a significant difference between the cost of new
and repeat prescriptions. Thus within a therapeutic group the cost of new
and repeat prescriptions. Thus within a therapeutic group the cost of new
and repeat prescriptions.

Discussion

The results of this study are based on prescriptions dispensed in one pharmacy between 1976 and 1977, representing 65% of the total number of items issued by one group practice in one year. The remainder were either presented at nother pharmacy personal properties of the present of the pharmacies were a special group, and the sample used in this study seems to be representative of all prescriptions issued in the group practice.

Several factor influenced prescribing costs. Repeat prescriptions. Several factor influenced prescribing costs. Repeat prescriptions are to fleet in the group practice. The present of the pre

Prescribing costs appeared to be set related in adults, men receiving more expensive items than women. There were no important differences in prescribing costs among the doctors in this practice when each therapeutic group of fury was examined separately. The most expensive, however, were drugs acting on the cardiovascular system, muculoakeletal system, and respiratory system, and these are the categories most used for older age groups with their high proportion of repeat prescriptions. From the results of this study it appears, therefore, that the differences in prescribing costs among the doctors in the prescribe differences in prescribing costs among the doctors in the prescriber, and the prescribing costs and the disease group treated, it is chronicity, and the proportion of repeat to new prescriptions mainly influench age and the disease group treated, it is chronicity, and the proportion of repeat to new prescriptions that the highest cost prescriber (Dr A) had seen more old patients, and more men, and treated a higher proportion of the more costly chronic diseases, such as cardiovascular, musculoses that the cost prescriber (Dr A) had seen more old patients, and more men, and treated a higher proportion of the more costly chronic diseases, such as cardiovascular, musculoses more women (chaper) and children (chaper) and deals with a less costly group of drugs.

A deficiency in this study was the division of prescriptions into new and repeat prescriptions into new and repeat prescriptions also not so was a prescribing doctor. The annual audits carried out by the Prescription From Authority throughout Birman of doctors and thus may not be representative of the whole year of prescriptions and the cost per patient on a doctor's list and analyse prescribing costs into therapeutic groups, they take no account of new to repeat prescribing. And study was intended to add new light to these other factors which may influence the total cost of the drug bill.

We thank Drt C Bennett and D) Bell and the directors of Tr

We thank Drs C Bennett and D J Bell and the directors of Triphar Ltd, Baguley, for their help and cooperation.

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ONE HUNDRED VEARS AGO So much illness is directly traceable to chills and code contracted during milws/travelling in this very changeable and trying climate of ours, and so little has a yet been done by our railwsy companies to introduce a better method of heating the carriage, that we are glad to see the matter is attracting some sitention at the hands of the Caledonian Railwsy Company, felt want. The idea is to utilise the cabasat steam from the engine, which at present pause into the atmosphere through the funnel, and to carry it into piper which pass undernest the frame of the carriages in time piper which pass undernest the frame of the carriage in the piper which the sum of the carriage in coils the carriage in by means of flexible tubes, such as those used in the continuous as-brake, and thus the heat is carried throughout the whole trans. In the case of a trail recently made with a trail neiving Glasgor for one of the adocument of the continuous as-brake, and thus the heat is carried throughout the whole trans. In the case of a trail recently made with a trail neiving Glasgor for one of the adocument of the continuous as-brake, and thus the heat is earlied throughout the whole trans. In the case of a trail recently made with a trail neiving Glasgor for one of the adocument to the continuous as-brake, and thus the heat is earlied throughout the whole trans. In the case of a trail recently made with a trail neiving Glasgor for one of the adocument to the continuous as-brake, and thus the heat as we had as a substant of the case of the adocument to the continuous as-brake, and thus the heat as we had so a trail recently made with a trail neiving Glasgor.

Results
Tables I and II summarise the results for the three large groups of respondents. The five research units proved to be to diverse in their responses that an overview is difficult to make, but in general they were most like the exclemic departments. Research was not salient for most faculty secretaries or regional advisors. A high degree of fanishms about the ability of general practitioners to cope with research was expressed by both of these groups, 4%, and 9%, respectively hands, containing the properties of the propert

TABLE 1—Survey of resources for advice on research

	Faculty secretaries (n = 27)	Regional advisers (n = 17)	
	🦠 (n)	*, (n)	
Dissatisfied with status quo	6 (22)	5 (29)	
Specific comment on little demand for research advice	12 (44)	10 (59)	
No of referral notions listed	12 (44)	10 (59)	
Mean	1.7	2.8	
Range	i-4	1-6	
Associate listed for referral			
Department of general practice/			
equivalent	13 (48)	8 (47)	
Faculty of RCGP	11 (41)	8 (47)	
Macellaneous university departments	4 (15)	11 (65)	
Other individuals	6 (22)	6 (35)	
Research units	5 (18)	2 (12)	
Facilities for statistics			
No problems at all	14 (52)	14 (82)	
Don't know	3 (11)	0 (0)	
Some difficulties	10 (37)	3 (18)	
Suggestions for improvement			
Establish fellowship	6 (22)	5 (29)	
Strengthen academic departments	5 (18)	7 (41)	
Research coordinators	4 (15)	- ' '	

TABLE II—Survey of resources for research advice: academic departs

100% feel they have a responsibility for research advisory role.
18:24 (75) have difficulty in doing justice to this role owing to time and staff

u do the academics approach research training?	No (*,)	
Corular department research meeting	4 (17)	•
Jac of course in epidemiology/statistics	14 (58)	
Sunning a course for general practitioner research	1 (4)	
Shout to/have run a course	4 (17)	
ecturer training posts (one or more)	7 (29)	
tesearch fellows posts (one or more)	6 (25)	
ot departmental heads perceive informal assimilation of research hills by doing and discussion rather than by formal teaching		
tan of doing and darkenson family forms of forms		

What do the heads of department want?

More posts for temporary lecturers or junior research fellows on short 19 (79) term contracts

Over 20°, of regional advisers and faculty secretaries perceived training posts in scademic departments of general practice ro be the best way to produce a cadre of general practicioners skilled in research. They approved of the work of scademic departments, recognised their need for more resources, and were critical of the few areas where no such departments had yet been established. A group of faculty secretages and the regional advisers for postgraduate education.

All the scademic departments felt responsible for a research advisory role but three quarters also recognised than terratinate of time and staff prevent them from doing justice to this role. Just over three quarters recognised the need from the production of the contract. Course in epidemiology and statistics were used by nearly 60°; of departments to belge staff tippade their research skills, practice research at the time of the survey, only 17°, of departments

held regular research meetings for staff, and most department heads seemed to regard informal discussions as the main basis for refinement of research skills. In this way to responded to our questionnaire were diverse in their needs, views, and functions. In general they were busy with research programmen and regarded training as a spin off function rather than a primary goal, yet all are drawn into giving research advice frequently. Like the academic departments, they find a wide gap between needs and resources. One research unit was fighting for its nurvival at the time of the survey owing to finance can

Discussion

It is remarkable that three quarters of the heads of scademic departments stated that they were having difficulty in meeting all the requests for research help, whereas alightly fewer faculty secretaries and marsatch in general practice, and toughly half of those made unsolicited comments about there being little demand for advice about projects. It seems that regional advisers and faculty secretaries are by passed by general practicationer researchers seeking advice. Furthermore, regional advisers and faculty secretaries seem to be unaware of the intenses and strains repented to provide a saftware yet-good advisers and faculty secretaries seem to be unaware of the intenses give a strong impression that research is not accorded a high priority by faculty secretaries and regional advisers, whereas it is of fundamental importance to the scademics. If postgraduate education is being largely dissociated from research thinking in general practice in reflects badly on the ways in which vocational resistancy of the properties of the force of the scademics. If postgraduate education is been organised and error and a strain gradual and the strain gradual and a str

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Research in General Practice

### Sources of advice

N C H STOTT, R C FRASER, D C MORRELL

Abstract
Regional advisers, faculty secretaries of the Royal
College of General Practitioners, heads of scademic
tender of General Practitioners, heads of scademic
tenders of general practices and primary cars, and
heads of RCGP research units were invited to complete a
semistructured questionnaire to determine the nature
and availability of current sources of advice for general
practitioners participating in research activities and the
demands placed on the available sources in the United
Kingdom.

The primary and the present practice, yet these have insufficient resources to cope with requests and few have spare
capacity to stimulate research. Regional advisers and
faculty secretaries do not seem to be kindling a spirit of
inquiry and they seem somewhat complacent about both
the lack of requests for research advice from general
practitioners and the difficulties of scademic departments.

ments.

Proper development of research capability in general practice and primary care is unlikely to occur without more resources to create training posts in academic departments and a greater spirit of inquiry in vocational training programmes, which should lead to both review (audit) and research.

Although general practitioners have been responsible for many notable examples of original work, most general practitioners seem to have neither the desire nor the time to carry out research. Consequently, "research among experienced general practitioners is till rare ... writing papers and getting them published is till, alss, distinctly ususual." Indeed, it has been estimated that in a year only one general practitioner in 300 will publish a

that in a year only one general presents—
research paper.

Among the small minority of general practitioners who do
undertake research a lack of methodological skill is too often
apparent. It is distressing to be called on to advise on a
completed research project which has been so poorly designed
that the data produced cannot be usefully interpreted and the
practitioners concerned have invanishly expended a great deal of
time and effort (and often ingenuity). Such an experience tends

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to lead to frustrision and consequent disendantment with further participation in research activities.

One reason for this unastifactory state of affairs is that few general practioners have received formal training to enable them to acquire research skills and recognise when help is needed. The principles of research method are identical wherever the work is to be conducted, but prospective general practitioner researchers must be made aware of the particular advantages and problems of carrying out research in the setting of general practitioners are stated to the state of the property of the state of the property of the state of research upport, particularly at the design and analysis stage of research projects. No formal network of support exists, although ad hoc advice and support may be available from university departments, the Royal College of General Practitioners research units, and the research division of the college.

If general practitioner researchers are to make the contribution to original work that they should, more information as needed to identify the original of the college. The state of support services available to them. This is particularly important at a time of financial restraint and educational cuts.\*

The aims of the study were as follows:

(1) To determine the nature and availability of current sources of advice for general practitioners participating in research activities.

(2) To assert participation gractificating invested health of the formal procedures and the study and deficiencies and to suggest some improvements.

(4) To provide a factual basis for debate, which is central to the future of primary health care and general practice.

Method

Two separate questionnaires were devised. The first explored how advice in research was obtained by general practitioner researchers and was sent to all RGGP faculty secretaries and regional advisers in general practice in the United Kingdom. The second focused on the availability of training posts and resources for research and was sent to all beads of seademic departments of general practice and primary care and the second of the second second

uswo workers to be academic leaders without overload of the few existing skilled people and without becoming smothered by carrier and the state of t

in the future as well as providing an advisory service or collegues.

Could academic departments of general practice cope with more junior staff? The answers from the heads of department of the provided provided that the balance between teaching and research could be met and provided that the balance between teaching just and provided that the senior lectrurers could help to supervise collegues in research posts. The stresses on academic departments were clearly portrayed in many unsolicited comments about teaching loads and administrative responsibilities, naily put forward by RCF3 and mentioned by 15% of faculty secretaries, was the creation of "research advisers" similar to regional advisers for postgraduate education and training but who would act as a

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resource for research. Such a post has no parallel in other disciplines and the relationship between such people and the academic departments would have to be clarified if dissociation between research and postgraduate training is not to be per-

peruated.

We hope that this survey will kindle discussion and serious consideration of issues that will continue to bear on the nature of our emergent discipline and the vocational training we organise.

We are grateful to all those senior doctors who completed our questionnaire and to Jenny Bartholomew for her help in the preliminary analysis of the dats. The work was conducted for the Research Executive of the Royal College of General Practitioners, and we are grateful to our collegues on the executive for their helpful comments.

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ONE HUNDRED YEARS AGO

The more callous amongst us become accustomed to the notices which appear in the Gastetic, from time to time, of the imposition of quantantee on this or that frontiers are to the mission of the imposition of quantantee on the or that frontiers are of national of easy statistry virtue. The axiom may safely be laid down, that the less cleanly the people, the firmer believers are they in the efficacy of quarantien. That so barbarous a relie of the middle ages should still be regarded by rational people in the light of a disease, or keeping it out, quarantine has approved itself to be the best possible agent for its propagation. Sanstrainas of the study justly condernin quarantine as paradoxical and useless; those who have had personal experience of its tender merces find difficulty in crucity and inhumanity. We have before us an extract from a letter just written to frends in England by an English hely travelling with her two daughters to the Mediterranean coast of Spain, which gives a picture more graphic than columns of fine writing shout the misseries the properties of t

that ladies should have to enter such a place. However, there was no help for it, so we followed the doctor, who was to distribute the rooms. He had heard there were some finglish ladies coming, and so cross. He had heard there were some finglish ladies coming, and so the control of the sound of the control of the contr