

to make the matter more complicated, patients do not realize that the general practitioner can help to solve these physical difficulties. However, the general practitioner is in an ideal position to analyse the situation and to advise the patient where to go for advice.

One such place is a disabled living centre. There are 15 offering a fully comprehensive service and six a limited service around the country and these centres provide a number of services including information on all aspects of disability for carers, a teaching base where seminars and exhibitions can regularly be held, and a centre where disabled people may go to try out equipment.

In December 1981 a disabled living centre opened in Leeds in the grounds of a geriatric hospital. It houses over 3000 of the 7000 pieces of equipment available to help disabled people. The centre and its functions have regularly been advertised on regional television and radio and in the local newspapers. Leaflets and posters can be seen in the city's libraries and in many hospital outpatient departments. All general practitioners in Leeds were sent a poster to be displayed in the waiting area and were invited to open days at the centre with the proviso that if they were unable to attend they would be made welcome at a time to suit. Only 10 of the 380 general practitioners in Leeds had visited the centre four years after it opened.

In order to discover why their response was so poor a questionnaire was sent to all 380 general practitioners in the Leeds Metropolitan district. The questionnaire sought a brief description of the practice and whether the staff were aware of the centre and its services. It asked for subjects of interest for teaching purposes and further questions sought to ascertain whether the doctor was aware of where items of equipment commonly used by disabled people may be obtained. No reminder was sent.

Fewer than 50% of the 138 respondents had heard of the centre prior to receiving the questionnaire and 21% had the poster on display. Although all district nurses and health visitors had been invited to attend a study day at the centre or to be shown around, only 30% of those known to the respondents had done so. A varying proportion of respondents knew how to obtain the most commonly used pieces of equipment — disabled driver's badge 71%, commode 11%, bath aids 52%, and wheelchair 48%. It was interesting to note that only 25% of the respondents felt that patients were disabled if they could not get out of their home.

Inability to control one's daily life is a

frustrating and depressing experience and carers frequently feel tied to the home because the disabled person is not able to make a drink, go to the toilet, reach the telephone, or make a small snack for him/herself. A visit to a disabled living centre and a call to a community occupational therapist should change this situation. With the correct equipment and efficient tuition independence in simple tasks can create a more fulfilled and happier patient.

As an occupational therapist I would like to see therapists working in health centres, attending practice meetings, identifying the functional difficulties of patients and helping to solve their problems, but, given the shortage of occupational therapists this is just a pipe dream. Nevertheless, one solution is for general practitioners to be aware of potential problems, and to direct patients to a disabled living centre where advice and help can be sought. All visitors are seen by a qualified member of staff who will spend as much time as necessary assessing and guiding the patient to the correct pieces of equipment. The centres are usually open from 09.30 to 16.30 hours Monday to Friday.

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Telephone management of out-of-hours calls

Sir,
Dr Gadsby's figures for out-of-hours workload (Letters, October *Journal*, p.462) demonstrate why he finds weekends on duty more stressful than weekdays, with a higher disturbance rate, telephone call rate and night visiting rate at weekends. I have recorded all out-of-hours work for four years covering a population of approximately 13 000 and 223 nights on call (159 week nights) or 15% of the practice work. While my figures for weekday work are in broad agreement with those of Dr Gadsby they differ at weekends. Although I am twice as likely to visit a patient between 23.00 and 07.00

hours at weekends (33% of weekend nights versus 17% of weekday nights), the rate of calls managed by telephone is less (28% versus 40%) and the overall disturbance rate not very different (56% versus 61%). Between these hours telephone calls result in a visit on 54% of occasions at weekends and only 30% of occasions during the week.

My night visiting rate per 1000 patients per year is the same (6.0) as when last studied¹ five years ago. The rate for telephone advice calls for 23.00-07.00 hours is 10.2 per 1000 patients per year, giving a total disturbance rate of 16.2 per 1000 patients per year. The respective figures for all out-of-hours work are 35.9 (visiting rate), 102.4 (calls managed by telephone) and 138.4 disturbances per 1000 patients per year, thus, as before¹ confirming a lower visiting rate than any other study, contrary to Dr Coleman's letter (October *Journal*, p.463). However, the total disturbance rate is very similar to that found by Dr Marsh (129.9) (July *Journal*, p.301).

Of 1099 out-of-hours disturbances over four years, 813 (74%) were managed on the telephone and 286 (26%) required visits, compared with 58.6% and 36.6% in Dr Marsh's study. Between 23.00 and 07.00 hours there were 129 disturbances of which 81 (63%) were managed on the telephone and 48 (37%) by visits, compared with 58.2% and 41.8% in Dr Marsh's study.

These studies have shown repeatedly that a good proportion (49-74%) of on-call work can be managed successfully on the telephone. Dr Marsh is to be congratulated on a well argued case against those who do not credit the patient with any initiative or intelligence and believe every call needs a visit. It is up to them to produce more than anecdotal evidence that patients suffer as a result of management by telephone.

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References

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Sir,
We were interested to read the paper by Drs Marsh, Horne and Channing on telephone advice in managing out-of-hours calls (July *Journal*, p.301). The figure of 59% of calls managed by telephone advice approximates to the 70%