

Section of General Practice

President L Dulake MB

Meeting January 20 1965

Open Access to Investigational Procedures for the General Practitioner

Abstract: Dr David Wheatley produces figures to show that, in his area of practice, open access to pathology at one large hospital has resulted in less work being undertaken than at another large hospital, where such access is unavailable. He stresses the necessity for open access to such services, including X-rays and ECGs, if a high standard of general practice is to be maintained.

Professor R E Steiner, although agreeing with the concept of open access for the general practitioner, believes that at present this should be limited by the facilities available. He describes

such a service which has been made available to general practitioners at Hammersmith Hospital for diagnostic X-rays, and stresses the importance of personal consultation between specialist and general practitioner.

Dr D Stark Murray describes the system of complete open access to the pathology laboratory, which has been in operation at Kingston Hospital over the past twenty-five years. He shows the use which has been made of the service by local general practitioners and stresses that this is an essential part of the health service.

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There are overwhelming advantages in making available to general practitioners open access to pathology laboratories and X-ray departments. These advantages are of benefit to the consultant, by relieving him of a considerable amount of routine work, to the general practitioner, in enabling him to treat his cases more fully, and to the patient, who has the greater convenience of the continued care of his own doctor. The main criticism made against open access is that general practitioners may be less discriminating in their requests for examinations, although against this must be balanced similar demands from inexperienced junior hospital staff.

The Twickenham area is served mainly by the West Middlesex Hospital, a large general hospital of 990 beds, where there is no general open access to the pathological laboratory for general practitioners, and until July 1964 the X-ray department also was not open to general practitioners. We are fortunate in having also a

cottage hospital, St John's Hospital, with 36 beds, and it is open to any general practitioner in the area to become a member of the staff of this hospital. In addition to the facilities for general practitioners to treat both out-patients and in-patients, facilities are available for pathology, X-rays and ECGs. A few miles from Twickenham there is also another general hospital, Ashford County Hospital, with 500 beds, and, following a wartime arrangement, the pathology department of this hospital serves St John's, together with two other small general practitioner hospitals in the area. The service is very efficient and results are usually obtainable within forty-eight hours. The X-ray department has a full-time radiographer, and a consulting radiologist, and all X-rays can be undertaken directly at the general practitioner's request, except barium studies. As well as serving the three general practitioner hospitals in the area, open access for pathology has been the rule at Ashford County Hospital for some time.

I shall first make some comparisons between the large general hospital, West Middlesex, and the small general practitioner hospital, St John's.

Comparisons between hospitals of different sizes, usually based on the number of beds, may be misleading, because one hospital may have a much larger out-patient department than another and a more accurate comparison is really obtained by the number of patients attending, or being admitted, each year. Different hospitals may admit different proportions of various types of case, and some of these may need longer periods in hospital than others, or more repeated attendances at out-patients. The comparative figures for the West Middlesex and St John's, for the year 1963, show that in fact the ratio of out-patient attendances to in-patient admissions was virtually identical, being 10.6 : 1 for West Middlesex and 10.2 : 1 for St John's. However, when we relate these attendances to the number of beds per hospital, they were higher for the West Middlesex (232 per bed) than for St John's (157 per bed). This indicates that more patients were being seen at the West Middlesex than would be implied by the bed ratio between the two hospitals. However, it seems that the two hospitals were otherwise very comparable in respect of out-patient attendances and patients admitted to the wards.

Table 1 shows the figures for 1963, for the number of pathological investigations, X-rays and ECGs done, at the two hospitals respectively.

Table 1
Number of investigations undertaken in 1963

	<i>West Middlesex Hospital</i>	<i>St John's Hospital</i>
<i>Pathology</i>		
Total	112,894	3,049
Per bed	112	85
Per patient unit	0.49	0.54
<i>X-ray</i>		
Total	86,274	3,199
Per bed	87	89
Per patient unit	0.37	0.57
<i>ECG</i>		
Total	4,686	157
Per bed	4.6	4.4
Per patient unit	0.02	0.03

With regard to pathology, the rate of investigation was very similar for the two hospitals, since per patient attendance there were 0.49 pathological investigations performed at the West Middlesex, as compared to 0.54 at St John's. With regard to X-rays, although numbers per bed were virtually identical for the two hospitals, there was a higher proportion per patient attendance at St John's (0.57) than at the West Middlesex (0.37). The figures for ECGs were virtually identical between the two hospitals. Therefore, it

is clear that at the general practitioner hospital with open access, the demands on the pathology and ECG departments were no heavier than at the West Middlesex where open access is not available, but the demands upon the X-ray department were higher at St John's.

Table 2 shows the comparison between the figures for pathological examinations for 1963 from the West Middlesex Hospital and those from Ashford County Hospital, where open access is available to general practitioners.

Table 2
Pathological examinations carried out in 1963

<i>Hospital</i>	<i>Requested by</i>		<i>Total</i>
	<i>Staff</i>	<i>General practitioner</i>	
West Middlesex (990 beds)	114,210	962	115,172
Ashford (500 beds)	32,323	10,109	42,432

In considering two entirely comparable general hospitals, it may be assumed that Ashford County Hospital with 500 beds is approximately half the size of the West Middlesex with 990. This is borne out by the total figures for pathological examinations: those for the West Middlesex were more than double those at Ashford, the ratio being 2.6 : 1, so that proportionately, a greater number of pathological examinations was undertaken at West Middlesex than at Ashford. For the West Middlesex, only just over 8% of these examinations were undertaken for the general practitioners, as compared to 31% at Ashford County Hospital. Yet, despite this high proportion of the total work being undertaken at Ashford County Hospital at the direct request of the general practitioners, the total number of examinations was comparatively less than at the West Middlesex, where only a small fraction of the total work was undertaken for the general practitioner. Surely this must refute any argument that the work of a department such as this would increase, if open access is given to general practitioners.

Nature of Requests for Pathological Investigations

Fry *et al.* (1964) found that in the Bromley area hæmatological investigations accounted for over one-half of all requests from general practitioners to the pathology laboratory. Table 3 shows the proportions of hæmatological, bacteriological, biochemical and histological investigations performed at the various hospitals in my area, for the hospital staffs and for general practitioners.

Table 3

Nature of pathological investigations undertaken in 1963

Hospital	Hæmatology	Bacteriology	Biochemistry	Histology
West Middlesex staff	49,077	38,620	20,092	5,105
Ashford staff	13,608	8,160	9,289	1,266
Total	62,685	46,780	29,381	6,371
West Middlesex general practitioner	821	93	48	0
Ashford general practitioner	7,044	2,627	427	11
St John's	1,788	972	188	101
Teddington	2,148	974	267	163
St Mary's	854	311	55	205
Total	12,655	4,977	985	480

These figures also include the figures from the two other general practitioner hospitals, namely Teddington and St Mary's, Hampton.

The proportions for the total figures were similar between the two large hospitals for their own staff requests, except that the amount of biochemical work performed at Ashford County Hospital was relatively larger than that at West Middlesex. It is clear that the proportions differed between the general practitioner and general hospitals. However, the proportions between the different general practitioner hospitals were reasonably similar, except that a higher proportion of histological investigation was performed at St Mary's, and this may have

been due to the fact that a fair number of gynaecological operations are performed at this hospital. A better comparison can be obtained by expressing the total figures for hospital staffs and general practitioners as percentages (Fig 1).

Hæmatology accounted for the highest proportion of requests from general practitioners and was higher than that from the hospital staffs. Thus, of all requests for pathological investigations from general practitioners at these hospitals, 66% were hæmatological, as compared to 43% from the hospital staffs. In bacteriology, the proportions between hospital staffs and general practitioners were very similar, with slightly more coming from the former (32%) than from the latter (26%). In biochemistry, the proportion of requests coming from hospital staffs was much greater comparatively (20%) than from general practitioners (5%) reflecting the fact that this type of investigation is usually required in the more serious and complicated case requiring admission to hospital. Finally, the proportions in histology were very similar for both hospital staffs and general practitioners.

It may be seen from these figures that open access to the pathological department certainly does not increase the work of that department, but if anything reduces it. Unfortunately, figures were not available for the breakdown of the types of X-rays undertaken at these various hospitals, and so I cannot deduce the reason for the higher proportion of X-ray requests at the general practitioner hospital, although it must be recalled that these would include examinations on patients being treated at home.

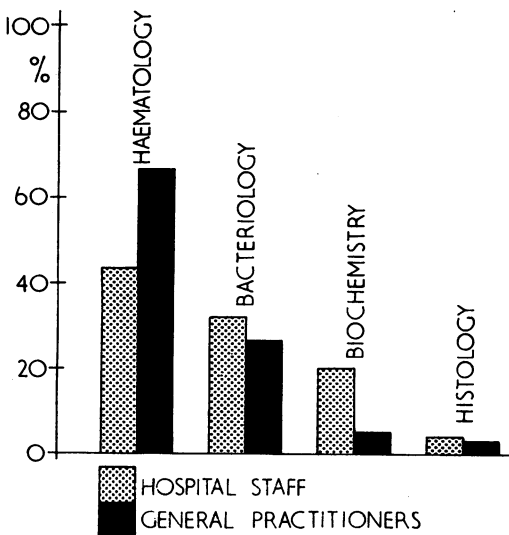


Fig 1 Proportions of various investigations performed for hospital staffs and general practitioners

REFERENCE

Fry J, Dillane J B, Glendinning A C & Keall J (1964) *Med. World, Lond.* 101, 23