General Practice Observed

Out-of-hours visits in a group practice

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Summary and conclusions

In one year 1644 out-of-hours calls were undertaken by a partnership of eight doctors working in a deprived inner urban area and a deprived large council housing estate; of these calls 332 were performed between the hours of 11 pm and 7 am. The number of calls required in the housing estate, 1077, was about twice as many as in the inner urban area, although the same doctors were using the same criteria for a visit. The rate of visits of 107 per 1000 patients in the housing estate was much higher than in other published series. The reasons for this difference appeared to be related to the comparative youth of parents and the number of young children.

Introduction

The present study was undertaken to illustrate the volume of out-of-hours calls in a practice in a deprived area and to illustrate the difference in call rate between two virtually separate areas within one practice. The results were compared with other published reports.¹⁻³

The practice

The practice was originally three separate partnerships in the central area of Glasgow, which in the postwar rebuilding were losing patients to the new peripheral housing estates. In 1959 the three practices opened a group branch surgery in Easterhouse, a large post-war council housing estate. During 1977, the year in which the survey was made, there were eight partners, one of whom had no out-of-hours duties. The only outside commitments consisted of a four-session appointment in the local geriatric department and two sessions attending a reception centre for delinquent youngsters.

During the year under consideration the practice numbers continued to fall, due to rehousing of patients in new towns, from marginally under 20 000 to 19 500 and a mean of 19 730 was taken for all calculations. In the city centre there were about 9680 patients, many of whom had been patients for years, although often rehoused some distance from the surgery. They were predominantly in social classes III, IV, and V. Bus routes made access easy, although expensive.

About 10 050 patients in the council housing estate regarded the premises they attended as the surgery; most lived within one mile of the consulting rooms and almost all within two miles. The area is one of severe social deprivation with vandalism a major hazard. The patients were mainly in social classes IV and V, and unemployment was as high as 30% in some parts of the district. Over 4% of households were one-parent families (national average 2.8%), 12% had seven or more inhabitants, and 16% had five or more dependent children. Virtually all the patients lived in council houses.

In 1977 11% of patients in the central area were aged 65 years and over, whereas in the peripheral estate only 4% were over 65. On the other hand, the under-5s constituted only 3.5% in the central area but 9% in the peripheral estate (table I).

TABLE I—Age distribution of patients in 1977

Age (yr)	Central urban		Peripheral housing	
	No	%	No	%
0-4	340	3.5	867	8.6
5-19	2233	23.0	3471	34.5
20-64	6082	62.8	5330	53.0
65->75	1024	10.6	380	3.8

Surgeries were open from 9 am until 6 pm each weekday and until 12 noon on Saturdays. When closed, calls were directed via an automatic answering machine to the doctor on duty who carried a one-way voice-pager. From 11 pm-7 am calls were mainly transferred directly to the deputising service, except when a doctor was already caring for a patient. The following morning, night visits were entered in a book, giving time of call, age of patient, name, address, diagnosis, and whether admitted to hospital. They were classified¹ as emergencies, irresponsible, or unnecessary but reasonable. For night calls performed by the deputising service the visit sheets were examined, but it was only possible to classify emergencies.

We defined out-of-hours visits as calls received and visits made from 6 pm to 8 am during the week, and from 12 noon on Saturday till 8 am Monday at weekends. Visits made on the six public holidays when the surgery was closed are included. Night visits were those requested and made between 11 pm and 7 am.

Results

The number of out-of-hours visits recorded during 1977 was 1644: 332 were night visits and 1312 at other times. Several visits were not recorded by the doctor on duty, but these were estimated at not more than 5% and have been ignored in the figures presented. A total of 567 visits were made to patients attending the central surgery, 49 of whom were admitted to hospital. This represents a visit rate of 58.6 per 1000 patients a year. One hundred and twenty-one visits were performed between 11 pm and 7 am, (12.5 per 1000 a year); of these, 64 were classified as emergencies and 19 patients were admitted to hospital. A total of 1077 visits were made to patients in the council housing estate, 92 of whom were admitted to hospital (107.2 per 1000 a year). Of 211 overnight visits (21 per 1000 a year), 93 were regarded as emergencies and 38 patients were admitted to hospital. Out-of-hours visits, excluding those made by the deputising service, were classified as: emergencies 30.4% (table II), irresponsible 15.7%, and unnecessary but reasonable 53.9%.

Discussion

The visit rate was much higher in the housing estate than in the older central area both during the night and at other times

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(table III). This also applied during normal hours: in 1977 visits accepted up till 6 pm numbered 8942 of which 3341 were in the central area and 5601 in the council estate. The excess was mainly due to the large number of infants, children and problem parents, and the inadequacy of many teenage parents.

TABLE II—Analysis of 157 emergencies

Ischaemic heart disease ..	29	Renal colic ..	5
Acute abdomen (medical) ..	24	Congestive cardiac failure ..	5
Deaths ..	14	Croup ..	5
Acute abdomen (surgical) ..	12	Drug overdosage ..	4
Cerebrovascular accidents ..	11	Convulsions ..	3
Acute chest infection ..	9	Hyperemesis ..	2
Diabetic coma (hyper or hypo) ..	6	Fractured skull ..	2
Abortion ..	6	Miscellaneous ..	14
Haematemesis ..	6		

TABLE III—Analysis of out-of-hours visits and comparison with other series

	No of patients	Total visits		Visits between 11 pm and 7 am	
		No	Rate/1000/year	No	Rate/1000/year
Housing estate	10 048	1 077	107.2	211	21.0
Inner urban	9 679	567	58.6	121	12.5
Whole practice	19 727	1 644	83.3	332	16.8
Other series:					
Lockstone ¹	15 374	—	—	163	10.6
Morton ²	6 020	—	—	96	15.9
Crowe <i>et al</i> ³	9 500	585	61.5	—	7.8

In the east end of Glasgow infant mortality has always been high: in 1977 it was 22.1 per 1000 live births compared with 10.2 and 10.5 in two of the other four districts in Glasgow. There was no evidence of excessive calls to the over-65s.² The number of services supplied per patient per year in Easterhouse in 1977 was 4.86, excluding repeat prescriptions, messages, and advice given by telephone, and double consultations when two or more patients were seen. Our figure for the housing estate was therefore more than 50% higher than the national average, which had fallen from 3.8 to 3.0.⁴ As a result of the many social problems a higher proportion of our patients also required admission to hospital.

Crowe *et al*³ commented that most patients in an emergency simply wanted advice; this was not our experience—the young

or lone parents were ill-equipped to cope even with advice. Unlike Crowe *et al* we were unable to organise the local community to help the patients; most required treatment in a socio-medical as distinct from a strict medical sense. Despite taking a fairly broad assessment of the need for calls the partners considered that 15% were unnecessary. This is twice as high as Lockstone¹ noted in his series, and was also related to the number of young parents and lone parents. The under-15s generated the highest number of calls,³ and this partially explained the high number in the council estate. Records were available in the surgery but were seldom used as entry to the surgery entailed putting off complex burglar alarm systems and later reactivating them. The partners all considered there was little need for records, but when necessary they could be obtained.

Doctors in a group of three or four are said to be in a good position to cover their out-of-hours calls.³ But if we had subdivided our practice so that four doctors were based on the council estate, they would have had to deal with 1077 visits out-of-hours, 211 of them during the night, not to mention calls received but not requiring a visit. This level of visits is much higher than in other reported series.¹⁻³ In this area some other form of cover would have been necessary if deputising services were not in operation; the partners did not feel able to cope with overnight visits on top of the heavy work load during the day.

Differences in visiting rates between practices depend on the age structure, local socioeconomic circumstances, and the practice of the individual doctor. Our analysis shows the importance of the first two in a group practice in Glasgow.

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References

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- 2 Morton DJ. Night calls in a group practice. *J R Coll Gen Pract* 1979; **29**:305-6.
- 3 Crowe MGF, Hurwood DS, Taylor RWT. Out-of-hours calls in a Leicestershire practice. *Br Med J* 1976; **ii**:1582-4.
- 4 Review Body on Doctors' and Dentists' Remuneration. *Fifth Report*. Cmd 6032. London: HMSO, 1975:para 37.

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What is the precise definition of "y'en sleep" as described by Himmelsbach in the opiate withdrawal syndrome?

According to Himmelsbach¹ "y'en" sleep was the term given by Light and Torrance² to the characteristic increase in sleep which occurs soon after withdrawal from addictive drugs. These authors state that, after a period of about eight hours of extreme restlessness, "the addict may become extremely drowsy and unable to keep his eyes open. If he falls asleep, which is often the case, he falls into a deep slumber well known as the 'y'en' sleep. It takes unusual noises to awaken him. The sleep may last for as long as eight or 12 hours. On awakening, he is more restless than ever."

¹ Himmelsbach CK. Clinical studies of drug addiction. Physical dependence, withdrawal, and recovery. *Arch Intern Med* 1942; **69**:766-72.

² Light AB, Torrance EG. Opium addiction. 1. The conduct of the addict in relation to investigative study. *Arch Intern Med* 1929; **43**:206-11.

In parts of Africa many houses are roofed with asbestos sheets, and rainwater from these sheets is collected for drinking and household use. Is this water safe to drink?

The possibility of carcinogenic effects of ingestion of asbestos fibre in water or other beverages has caused concern since asbestos fibres

were identified in beer when asbestos filters had been used to clarify the product.¹ Further interest was stimulated in the USA when it was shown that the water supply of the city of Duluth was contaminated by asbestiform fibres coming from the taconite tailing waste from an iron-ore processing plant. Water supplies in the Quebec province of Canada have also shown high counts of asbestos fibre, where contamination occurs from natural sources. Epidemiological investigations in these areas have shown no excess of gastrointestinal cancers, but a recent report from California, where the asbestos content of the water in various areas was ascertained, did show a significant rise in cancer mortality in areas where there were the highest counts. On the other hand, the results of laboratory studies where rats are fed asbestos fibre have generally been negative for mesothelial tumours. A recent report of the Health and Safety Directorate of the European Communities² argues that true ambient exposure to asbestos through air, water, beverages, or food carries no definite risk but that too many uncertainties exist to deny such a risk. It would seem prudent to analyse samples of water collected from asbestos roofs for their content of asbestos fibres and to investigate the mortality from cancer in defined areas before either dismissing the possibility of risk or recommending a change in water supply.

¹ Cunningham HM, Pontefract R. *Nature* 1971; **273**:232-332.

² Commission of the European Communities. *Public health risks of exposure to asbestos*. London: Pergamon Press, 1977.