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PRACTICE OBSERVED

Practice Research

Role of the occupational health service in screening and increasing the uptake of rubella immunisation

S J JACHUCK, C L BOUND, C E JONES

An occupational health department in a district general hospital in Newcastle upon Tyne screened 487 women of childbearing age for rubella immunity who were prospective employees and whose immunity state was unknown. Nisety per cent of these women were immune. Of the 51 who were found to be susceptible, 29 accepted vaccination.

Introduction

The DHSS considered the reported figure for rubells immunity of over 80°, in this community to be short of the desired target, and the community to be short of the desired target, and the community of the communit

department in a district general hospital to screen and influence the uptake of rubella vaccine.

All prospective women employees of childbearing age who were seen at the occupational health department between August 1979 and December 1989 were screened for rubells immunity. All categories of employees who had no recorded evidence of clinical or acquired immunity were included in the study. Women of childbearing age who had had a hysterectomy or tubal ligation were excluded from screening screening. See the control of the control of

Results of screening 487 prospective employees for rubella immunity

Year	Titre	No immune	No susceptible	No vaccinated	No with adverse reaction	Total -	
Aug 1979	115	97	18	7	2	90.43	
1980	+ 122	109	13	7	1	95.08	
1981	70	65	5			100 00	
1982	116	100	10	7	1	97.41	
De: 1983	64	19	5	3		90 87	
Tetal	487	436	51	29	4	95 48	

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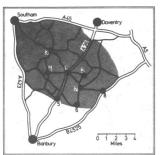
register any adverse reaction to the vaccine was sent to all recipients eight weeks after the vaccination.

The aim of the campaign was to prevent the congenial rubella syndrome and not to eradicate rubella. The only exclusion to the campaign was the staff of all ages and both sees who worked in the antennaal clinics, to protect the clinics from the possibility of legal action. Correspondence to: Dr S J Jachuck, Medical Research Centre, 377 Stamfordham Road, Newcastle upon Tyne NE5 2LH.

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Until 1980 we prescised from a small pains suggery in Brédel (the centre of the seven mile (11 km) radius of our practice area) with seven branch surgeries. Size of these were held one as week; if we were held for 30 manutes and one for one hour; the remaining branch team became established and expanded, offering more services and facilities from our main surgery, overcowding became a problem. After a major reappressal of the practice and its organistion we decided to build a new medical centre, manutain the daily branch. Though described as branch surgeries, most were "ports of call." Three were held in the pariours of private houses (the hall providing the waiting room), two in autronom of village halls, and one in a few waiting room, two in marroom of village halls, and one in a (3-5 km) from Byfield (figure). Between none and 10 patients strended (5-5 km) from Byfield (figure). Between none and 10 patients strended



The shading denotes the practice area, 1. The main surgery at Byfield 2-Woodford Halse, a branch surgery held daily, 3-Proors Marston, a branch surgers held weekly. The following branch surgers were closed on 1. September 1980. 4-Upper Boddington, 5-Chipping Warden, 5-Culworth, 7-Evdon, and 8-Moreton Planker.

cash surgery session, with an average of five or six attending. Occasionally messages were left for the doctor at the three surgeries that were held in private houses, but the two village falls and the dispensed at these surgeries, but as once weekly "delivery box." mainly for repeat medications, was sent to each village. This service has continued since the branch surgeries closed. The family peractioned sixth being in a different family practitioner extract being in a different family practitioner committee area, the closures took effect from 1 September 1980.

All patients whose names were recorded in the practice twiting book between 1 September 1980 and 11 August 1981 were visually assist that were made were entered in the visit book, which was maintained at the central suspers. The following information was recorded: age group of patient, village of residence, new or repeat visits—the first visit made to a patient for a particular illness or (b) repeat visits—ubsequent visits for the same illness, whether instance by doctor or patient.

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Results

Results Significance tests were performed on the visiting rates before and after closing for each of the categories of village. The table gives the visiting rates for the 12 month before and fare the branch surgeries were closed. Overall visiting rates for the practice increased in the year after closing, but this was entirely due to an increase in repeat visiting for the main surgery and the remaining branch surgeries.

Visiting rates per 1000 patients for the 12 months before and 12 months after branch surgeries were closed

	New visit rate		Repeat visit rate		Total visit rete	
Category of village	Before	After	Before	After	Before	After
Branch surgenes closed (5)	216	227	132	132	348	359
Branch surgeries open (2)	209	195	116	171	325	366
Main surgery	148	158	82	155	230	302
All (whole practice)	192	190	105	145	297	335

The rates for new visits decreased slightly from the first to the second year. In villages where the branch surgeries were closed no statistically significant change occurred in the new (p < 0.26) or repeat (p < 0.3) that remained open once a week there was no change in the percentage of visits requested on the day surgery was held. By contrast, in the five villages where surgeries closed the percentage of visits that were found to be considered to the contrast of the visit of the visits of the visits of the visit of the visits of the visit of visits that were found of visits of visits that were found of visits of visi

The age distribution of patients who were visited remained the same throughout the study; 77°, and 79°, of all the visits in the two 12° month periods were made to patients over 65. The number of being 575′ and 5760 respectively. Although the consultation rate at the central surgery in Byfield decreased slightly in the second year (1.36 to 1.31 per person a year; there was no change in the consultation rates at the two branch Surgeries that remained tops.

Discussion

Our reasons for centralising our services and the difficulties we had doing it have been described. The two local medical committees supported our application but the community health councils opposed it. Two public meetings were held and a Medicare Action Group was formed to fight our proposals, but after we closed branch surgeries fewer than 10 patients left our list and iouned adjacent practices. There was no long standing tradition of a doctor consulting in the villages sunce most of the branch surgeries had been established only 12 years before because facilities at a central surgery were for visits to villages would increase when they closed branch surgeries and opened a health centre in rural East Anglia, but the difference in the number of visits for the last quarter of the year in which the branch surgeries were open and the last quarter of the following year was not significant, though they transported patients by minibus to the central surgery. After closing two of three surgeries in a Lancashire sessate own and introducing a car service. Smith only lay when the six months before and after the car service was started were compared. We provided no transport when we closed our branch surgeries and there was no increase in new or repeat visiting rates for these villages after the closures. When our new medical centre opened in the auturnon of 1981 we introduced a bus service to transport patients from the outlying villages, including those whose branch surgeries had closed over a year earlier, but

Ninety per cent of women were found to be immune, so the risk of the congenital rubella syndrome occurring in this small community is small. Similar reassuring statistics have been reported.¹⁻³

Discussion

Screening for susceptible women in general practice is expensive and not cost effective.\(^2\) The Select Committee on Science and Technology recommends that the occupational health services play an integral part in screening.\(^2\) It is the complement the primary care service by screening,\(^2\) It is the complement the primary care service by screening employees.\(^2\) We found that such practice increased the immunity star from the primary care service by screening employees.\(^2\) We found that such practice increased the immunity star from the primary care such that the properties of the primary care screening of the properties of the

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The occupational health departments could play an important part in promoting rubella immunisation and preventing the syndrome in the working community. The health authority should remunerate general practitioners for screening if they are expected to enhance the uptake. The immunity state of women who might conceive should be reassessed 10 years after they have been accentated.

- References

 1 Department of Menths and Scotal Security. The congenital mobile professor in Department of Menths and Scotal Security. The congenital mobile and the Little Security of t

- 9 Coller L. Immunantion against infections—practical aspects. Medicine Inter-normal 1984;2 U.1-8.
 10 O'She S, Bert JM. Banatula JE, Marshall WC, Dudgeon JA. Rubella vac-cination: persistence of antibodies for up to 16 years. Br. Med J 1982;288: 235-5.

Does closing branch surgeries affect home visiting?

BRIAN R McAVOY

Home visiting rates in a rural general practice were compared for 12 months before and 12 months after five branch surgeries were closed. In villages whose surgeries were closed as statistically significant change occurred in the new or repeat visiting rates. The consulting rate at the main surgery remained constant over the two years. Although visiting rates to villages that had had a branch surgery end of the change after the closures, the pattern of visiting to these villages that may be consulted to the pattern of visiting to these villages became more rational.

Over the past 30 years the trend in rural general practice has been to centralise services and to reduce the commitment to peripheral surgeries. Some have predicted that such a move is not possible without introducing a transport system or creating an increased demand for home visiting. Closing five of seven branch surgeries in a rural general practice of three partners afforded the opportunity to investigate the effect on home visiting and consulting rates. The study was restricted to

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doctor-patient contacts and did not attempt to assess any social effects that the closures may have had.

In 1952 49° of all principals in general practice were single for 1952 49° of all principals in general practice were single time the mean size of practices grew from 13 to 37 principals. Moreover, the centralisation of consulting facilities in health centres has increased, particularly during the 1970s. In 1980 there were 1250 National Health Service health centres in the United Kingdom providing facilities for 24°, of all general practitioners. One consequence of these trends in rural areas was the closing of branch surgeries. Although the disadvantages of maintaining branch surgeries have been described, little is been supported to the control of the con

The three partners in the practice cover 160 square miles (414.4 sq km) of three counties (Northamptonshire, Oxfordshire, and Warwickshire), 23 partness, and 31 villages, with populations ranging from 20 to just under 2000. A dispensing service is provided for two thried of the 750 patients. In 1800 we employed four part time receptionsits, two dispensions, and one secretary and had two nurses, a midwife, and a health without extended to the practiced to the practice.

BRITISH MEDICAL JOURNAL VOLUME 290 12 JANUARY 1985 despite extensive publicity the service was withdrawn after six months owing to lack of support from the local community."

Since the consulting rates at our central surgery and the two remaining branch surgeries do not change over the workful at the central surgery. In none of the branch surgeries was an appointment system used, and we suspected that many patients came along because the doctor was in the village. The surgeries may have served a social function, but in our opinion this was outweighed by their disadvantages—inadequate facilities for examining another than the surgeries was outweighed by their disadvantages—inadequate facilities for examining another than the surgeries was outweighed by their disadvantages—inadequate facilities for examining another with the central surgeries and other patients.

Although the rate of new visting did not change significantly in any of the villages, the repeat visting rate in the main village and the two villages where branch surgeries were retained increased appreciably in the second year from \$2\$ to 155 visits per 1000 patients (y < 0.001) and from 116 to 171 per 1050 per 1000 per

villages remained the same over the two years, which suggests that we were not deterring genuine requests for visits but that such requests were being made more on the basis of need than for the convenience of doctor or patient.

Conclusions

These findings show that closing five branch surgeries in a rural dispensing practice did not significantly after home visiting rates for those villages not the consulting rates at the five surgeries that the state of the consulting rates at the property of the state of the surgeries that were held for only 30 minutes a week on the partern of home visiting in one practice was studied; social effects were not assessed. Although these findings cannot be applied to all practices with branch surgeries, our experience should give heart to other rural general practitioners who wish to centralise their services but have hesitated, fearing an increased demand for visits. The findings may also be relevant to urban practitioners who maintain branch surgeries since "the difference between practice in rural and urban environments is ... one of degree and emphasis rather than kind."

I thank Professor R C Fraser and Dr L J Donaldson for support and advice, Dr Carol Jagger for statistical advice, and Angela Chorley for the illustration.

- References

 1 Fr. J. Procure time and house seed in poweral process. 6th ad. Lancaure: M.T.P.

 2 Fryen, 1603.31 and off-house was in general practice. 6th ad. Lancaure: M.T.P.

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contributed to the increased repeat visiting rate during the second year.

The tendency for home visits to be requested on the day the branch surgery was held was noticeable in the three villages (Culworth, Eydon, and Moreton Pinkney) in which surgery was held win the parisur of a private house. The house owner often received requests for visits several days before the surgery, village. This effectively prevented any vetting of requests for visits, resulting in some completely unnecessary visits but also occasionally causing avoidable delays in medical advice being obtained. The reduction in new visits occurring on the same day as the branch surgery was held was most noticeable in two of these three villages. Overall new visiting rates to these

ONE HUNDRED YEARS AGO

ONE HUNDRED YEARS AGO

On July 31st, 1884, Dr. Bradley, M.D. and M.Ch. of the Queen's University, Ireland to whose case Mr. Lawson Tait has already directed attention in the JOURNAL, was making up a bottle of medicane in his surgery for Eliza Swetzones, coulder's sire, it will writingtion More, near Cleasterfield, was about to have a fit. Harving nothing elize at hand, he held the stopper of the bottle, containing liquor ammonic fortors, to he nose, and proveded a faint murmur from the patient of "Oh, Doctor, don't". The fit seemed to hot the containing liquor ammonic fortors, to he note, and proveded a faint murmur from the patient of "Oh, Doctor, don't". The fit seemed to hot the containing liquor ammonic fortors, to he note, and proveded a faint murmur from the patient of "Oh, Doctor, don't". The fit seemed to hot season to the street, called at a neighbour's bouse, and saudth at the Doctor had committed a rape upon her, and that he he had streamed, and fought; and struggled, but failed to attrict attention, although there were numerous Fankley's surgery for more thas five ansures, and that the door which operate on the street was at least six inches and heaving the whole time. It can be proved that the frees and he heave were not distarranged, as stande for the protections, that there were no market of wellows. It can be proved that the frees and her have were not distarranged, as stande for the protections, that there were no market of wellows. The standard of the standard

muse, for which the thanks of the profession are specially due to him. Dr. Bradley was treed, last autumn assuers, at Lacester; and it was so abundantly set one for the control of the co