PRACTICE OBSERVED

Practice Research

Information systems for general practitioners for quality assessment: I Responses of the doctors

ROBIN C FRASER, JULIE T L GOSLING

Abstract

A questionnaire was sent to all general practitioner principals in Leicestershire and Lincolnshire (n=669) to determine (a) the extent to which they would participate in quality assessment activities based on objective evidence of performance and (b) the personal and professional characteristics of interested doctors. The overall response rate to the questionnaire was 76% (508 replies). The highest response rates were recorded by trainers (100%), principals in training practices (94%), and younger doctors (80-86%), the lowest by overseas graduates (59%) and older doctors (65%).

Distinctive patterns of interest and participation in three types of audit activities were clearly evident. Overall, 61% (310) of respondents wished to be provided with profiles of practice activity from their family practitioner committees, 36% (183) volunteered to participate in a prescribing study, and 34% (172) expressed interest in carrying out an audit in depth. Proportionately, the most enthusiastic and active groups were trainers (88%, 70%, 62%), principals in training practices (74%, 49%, 47%), and members or fellows of the Royal College of General Practitioners (71%, 50%, 45%). Also active were younger doctors, vocationally trained doctors, and principals in large group practices.

These figures suggest that roughly 15 000 general practitioners in the United Kingdom would be prepared to participate in performance review activities using information provided by external agencies, 10 000 would if they had to generate some of the information, and 7500 would if they had to produce all the information themselves.

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Introduction

In articulating the need for the "quality initiative" that was launched by the Royal College of General Practitioners Irvine described quality of care in general practice as "our outstanding problem." He called on general practitioners to incorporate setting standards and carrying out systematic performance review into their daily work. "Although a number of individuals have caught the spirit of the initiative and see the need for it, the overall impression so far is one of continuing complacency..." It has even been suggested that "the future outlook for audit in general practice is bleak" and that there is "little likelihood of an improvement in the immediate future unless new techniques can be developed to make audit more acceptable."

In seeking to stimulate more voluntary activity in the United Kingdom Irvine warned that "... we have talked about improving the quality of care in general practice for long enough. We should now adopt a policy which can turn hopes into reality..." Although a wide range of approaches to audit in general practice is currently in operation, no single framework has emerged. This series of three papers will describe the particular approach to audit that has been pursued in Leicestershire and Lincolnshire following earlier activities.^{1,2}

Our approach is based on conceptual and pragmatic considerations as follows:

(1) If performance is to be improved it must first be measured since there are gaps between actual and assumed levels of both knowledge and performance. Either such objective evidence will have to be collected by general practitioners themselves or ways found to provide it for them. In any "better" information services are an essential prerequisite of self audit.³

(2) Providing feedback on their own performance—and that of their peers—will stimulate many doctors to action, and complete the cycle of audit. "The value of feedback in the modification of behaviour cannot be doubted. It is a fundamental biological process: it is the basis of all learning, of profiting from experience, of learning from mistakes."

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required for such practice profiles to be constructed from family practitioner committee records. A permission slip was included in the questionnaire, and 61% of respondents completed it. Confidentiality was guaranteed, and details of remuneration were specifically excluded. For logistical reasons the construction of practice profiles had to be restricted to practices in Leicestershire. Of the 316 Leicestershire respondents, 210 (66%) gave permission. Because of the need for unanimity within the practice, however, some interested practitioners had to withdraw, and others who had not originally given permission were included, having been persuaded by their partners.

In the questionnaire the doctors were asked if they wished to receive a breakdown of the number of prescriptions that they issued, but those who did would be required to write their prescriptions on a specially ruled and numbered sheet, which would be provided for them. One hundred and eighty two doctors (36% of respondents) were invited to participate in a month long prescribing study, the third activity that a real practice and that all doctors in a practice had to participate. In the event only eight (4%) doctors who said that they would take part did so, but the others persuaded 20 more of their partners to join in 40% of respondents—that is, 50% of all doctors in Leicestershire and Lincolnshire—took part in the prescribing study.

TABLE 1—Characteristics of doctors who responded to questionnaire compared with those of two larger populations

Characteristics	General practitioners		
	Respondents	Leicestershire and Lincolnshire	England and Wales
Age (years)			
<30	40	17	17
30-39	25	25	25
40-49	24	26	25
50-59	10	12	17
60-69	2	1	1
70-79	4	4	4
80-89	2	2	2
90-99	2	2	2
Country of qualification			
UK/Eire	88	86	812
Overseas	11	10	19
Appointed/trainer			
Member of fellow of the Royal College of General Practitioners	31	31	312
Member of fellow of the Royal College of General Practitioners	2700	2700	2700
No of patients per doctor			
0-100	508	508	24217
101-200	100	100	100
201-300	100	100	100
301-400	100	100	100
401-500	100	100	100
501-600	100	100	100
601-700	100	100	100
701-800	100	100	100
801-900	100	100	100
901-1000	100	100	100
1001-1100	100	100	100
1101-1200	100	100	100
1201-1300	100	100	100
1301-1400	100	100	100
1401-1500	100	100	100
1501-1600	100	100	100
1601-1700	100	100	100
1701-1800	100	100	100
1801-1900	100	100	100
1901-2000	100	100	100
2001-2100	100	100	100
2101-2200	100	100	100
2201-2300	100	100	100
2301-2400	100	100	100
2401-2500	100	100	100
2501-2600	100	100	100
2601-2700	100	100	100
2701-2800	100	100	100
2801-2900	100	100	100
2901-3000	100	100	100
3001-3100	100	100	100
3101-3200	100	100	100
3201-3300	100	100	100
3301-3400	100	100	100
3401-3500	100	100	100
3501-3600	100	100	100
3601-3700	100	100	100
3701-3800	100	100	100
3801-3900	100	100	100
3901-4000	100	100	100
4001-4100	100	100	100
4101-4200	100	100	100
4201-4300	100	100	100
4301-4400	100	100	100
4401-4500	100	100	100
4501-4600	100	100	100
4601-4700	100	100	100
4701-4800	100	100	100
4801-4900	100	100	100
4901-5000	100	100	100
5001-5100	100	100	100
5101-5200	100	100	100
5201-5300	100	100	100
5301-5400	100	100	100
5401-5500	100	100	100
5501-5600	100	100	100
5601-5700	100	100	100
5701-5800	100	100	100
5801-5900	100	100	100
5901-6000	100	100	100
6001-6100	100	100	100
6101-6200	100	100	100
6201-6300	100	100	100
6301-6400	100	100	100
6401-6500	100	100	100
6501-6600	100	100	100
6601-6700	100	100	100
6701-6800	100	100	100
6801-6900	100	100	100
6901-7000	100	100	100
7001-7100	100	100	100
7101-7200	100	100	100
7201-7300	100	100	100
7301-7400	100	100	100
7401-7500	100	100	100
7501-7600	100	100	100
7601-7700	100	100	100
7701-7800	100	100	100
7801-7900	100	100	100
7901-8000	100	100	100
8001-8100	100	100	100
8101-8200	100	100	100
8201-8300	100	100	100
8301-8400	100	100	100
8401-8500	100	100	100
8501-8600	100	100	100
8601-8700	100	100	100
8701-8800	100	100	100
8801-8900	100	100	100
8901-9000	100	100	100
9001-9100	100	100	100
9101-9200	100	100	100
9201-9300	100	100	100
9301-9400	100	100	100
9401-9500	100	100	100
9501-9600	100	100	100
9601-9700	100	100	100
9701-9800	100	100	100
9801-9900	100	100	100
9901-10000	100	100	100

TABLE 2—Characteristics of doctors and response rates

Characteristics	General practitioners		
	Respondents	Leicestershire and Lincolnshire	England and Wales
Age (years)			
<30	40	17	17
30-39	25	25	25
40-49	24	26	25
50-59	10	12	17
60-69	2	1	1
70-79	4	4	4
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501-600	100	100	100
601-700	100	100	100
701-800	100	100	100
801-900	100	100	100
901-1000	100	100	100
1001-1100	100	100	100
1101-1200	100	100	100
1201-1300	100	100	100
1301-1400	100	100	100
1401-1500	100	100	100
1501-1600	100	100	100
1601-1700	100	100	100
1701-1800	100	100	100
1801-1900	100	100	100
1901-2000	100	100	100
2001-2100	100	100	100
2101-2200	100	100	100
2201-2300	100	100	100
2301-2400	100	100	100
2401-2500	100	100	100
2501-2600	100	100	100
2601-2700	100	100	100
2701-2800	100	100	100
2801-2900	100	100	100
2901-3000	100	100	100
3001-3100	100	100	100
3101-3200	100	100	100
3201-3300	100	100	100
3301-3400	100	100	100
3401-3500	100	100	100
3501-3600	100	100	100
3601-3700	100	100	100
3701-3800	100	100	100
3801-3900	100	100	100
3901-4000	100	100	100
4001-4100	100	100	100
4101-4200	100	100	100
4201-4300	100	100	100
4301-4400	100	100	100
4401-4500	100	100	100
4501-4600	100	100	100
4601-4700	100	100	100
4701-4800	100	100	100
4801-4900	100	100	100
4901-5000	100	100	100
5001-5100	100	100	100
5101-5200	100	100	100
5201-5300	100	100	100
5301-5400	100	100	100
5401-5500	100	100	100
5501-5600	100	100	100
5601-5700	100	100	100
5701-5800	100	100	100
5801-5900	100	100	100
5901-6000	100	100	100
6001-6100	100	100	100
6101-6200	100	100	100
6201-6300	100	100	100
6301-6400	100	100	100
6401-6500	100	100	100
6501-6600	100	100	100
6601-6700	100	100	100
6701-6800	100	100	100
6801-6900	100	100	100
6901-7000	100	100	100
7001-7100	100	100	100
7101-7200	100	100	100
7201-7300	100	100	100
7301-7400	100	100	100
7401-7500	100	100	100
7501-7600	100	100	100
7601-7700	100	100	100
7701-7800	100	100	100
7801-7900	100	100	100
7901-8000	100	100	100
8001-8100	100	100	100
8101-8200	100	100	100
8201-8300	100	100	100
8301-8400	100	100	100
8401-8500	100	100	100
8501-8600	100	100	100
8601-8700	100	100	100
8701-8800	100	100	100
8801-8900	100	100	100
8901-9000	100	100	100
9001-9100	100	100	100
9101-9200	100	100	100
9201-9300	100	100	100
9301-9400	100	100	100
9401-9500	100	100	100
9501-9600	100	100	100
9601-9700	100	100	100
9701-9800	100	100	100
9801-9900	100	100	100
9901-10000	100	100	100

Method

With the full support of the respective local medical committees a 15 page postal questionnaire was sent to all general practitioner principals who were in contract with the Leicestershire and Lincolnshire family practitioner committees in July 1982. The content and acceptability of the questionnaire had been tested in a pilot study of a random sample of 50 general practitioner principals in Nottinghamshire. In the main study two postal reminders were sent to non-respondents.