Practice Research

Open access to orthopaedic appliances for general practitioners

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Abstract

A clinic to which general practitioners can refer patients for some types of orthopaedic appliances was opened in North Clwyd in 1983. During 1985, 956 patients were referred by 82 general practitioners; 860 patients received an appliance, and the average waiting time was less than five weeks. Most referrals were for soft collars (44%), lumbar sacral supports (30%), and dorsilumbar supports (7%). Thirty eight patients failed to attend, 54 declined an appliance, and four referrals were considered to be inappropriate. A few patients were subsequently referred to consultant outpatient clinics, 22 for physiotherapy and 34 were referred simultaneously to the open access clinic. The referral rates for general practitioners with access to community hospitals were low. Such an arrangement merits wider consideration.

Introduction

Historically open access to acute hospital services for general practitioners has been limited to x ray and pathology facilities.¹ Recently, however, the range of services available through open access arrangements has been extended in some areas to include such facilities as physiotherapy² and endoscopy.³ In 1981 a report from the Department of Health and Social Security on orthopaedic services recommended that open access to orthopaedic appliances for general practitioners should be encouraged in an attempt to reduce the pressure on consultant orthopaedic outpatient clinics.⁴

This paper describes a clinic that provides open access to general

practitioners for the prescription of orthopaedic appliances in North Clwyd. It is thought that this clinic is the first of its kind in the Principality of Wales.⁵

Background

Under pressure from local general practitioners a committee was formed to consider starting an open access system for orthopaedic appliances. The members of the committee included a consultant orthopaedic surgeon, a community physician, representatives from the local medical committee, the orthopaedic outpatient sister, and the medical records manager of the district general hospital where the clinic would be located.

TABLE I—Orthopaedic appliances supplied

Appliance	No (%) of patients
Soft collar	379 (44)
Lumbosacral support	258 (30)
Dorsilumbar support	67 (7)
Insoles (valgus, metatarsal, combined)	49 (6)
Comfort shoes	42 (5)
Knee support (arthopads)	24 (3)
Zimmer collar	18 (2)
Velcro wrist splints	17 (2)
Cockup splints (metal)	6 (1)
Mallet finger splints	0
All appliances	860 (100)

The committee recommended that an open access clinic should be established to reduce waiting time for patients and minimise pressure on the consultant orthopaedic outpatient clinics. General practitioners could obtain orthopaedic appliances, or appointments with the appliance fitter, for their patients without referring to a consultant orthopaedic surgeon. The types of appliances available were to be restricted because of the expertise required to prescribe and fit some of them (table I). One request form was devised to simplify the procedure as far as possible.

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The clinic is run by the orthopaedic outpatient nursing sister, who receives and processes the referrals from general practitioners. Since it started in 1983, and up to the end of December 1985, 2614 patients had been referred. During the same period 14 175 new outpatients were seen at the orthopaedic consultant outpatient clinics in North Clwyd (catchment population 190 000), and the average waiting time for a first appointment was five to six months.

We report on the referrals made to the clinic during the calendar year 1985.

Results

During 1985 956 patients were referred by 82 general practitioners, and 860 patients were issued with an appliance, 564 (66%) of whom were female. Most patients were aged between 50 and 79 years (table II). Of the 956 patients referred, 679 (71%) were seen in the clinic within five weeks of referral; only 63 (7%) patients had to wait for nine or more weeks. Table I gives the types of appliance supplied. The most frequent requests were for soft collars and lumbosacral and dorsilumbar supports.

TABLE II—Referrals by age group for orthopaedic appliance supplied

Age group (years)	No of patients
0-9	2
10-19	14
20-29	22
30-39	81
40-49	108
50-59	139
60-69	173
70-79	215
80-89	96
90 and over	10
All age groups	860

Of the total number of patients referred, 96 (11%) were not issued with an appliance, 38 as a result of non-attendance, 54 patients declined or had already received an appliance, and four patients were deemed unsuitable for the appliance prescribed and were referred, with the general practitioners' consent, to the consultant orthopaedic surgeon for a second opinion.

The names of patients who received an appliance were cross checked against outpatient referrals for rheumatology, trauma, and orthopaedics to determine what proportion subsequently required specialist advice: 112 (13%) patients were in this category. Of these, 56 (50%) were already well known to the consultants concerned and were under regular review, 22 (20%) were referred by general practitioners who had no access to community hospitals for physiotherapy. The remaining 34 (30%) patients were referred to the consultant outpatient clinic and the open access clinic simultaneously. General practitioners who had access to community hospitals made fewer referrals to the clinic (table III), especially for soft collars, as these can be obtained through the physiotherapy department in these hospitals.

Discussion

Primary health care doctors have universally welcomed open access to hospital facilities, which removes a major source of

frustration for them and their patients.^{6,7} One of the aims of the clinic in North Clwyd was to reduce the time that patients have to wait before receiving their orthopaedic appliance, and this has been achieved with a reduction in waiting time of 80%. It is considered that many of the conditions for which orthopaedic appliances are prescribed derive most benefit if treatment is started sooner rather than later, and this objective has been facilitated by the appreciable reduction in waiting time achieved by this scheme.

Critics of open access facilities for general practitioners might argue that referrals may be made inappropriately or that such a clinic simply delays referral for a specialist opinion. The results of this study show that the general practitioners use the clinic with discretion and skill, and a few patients only required a specialist opinion.

The referral patterns of the general practitioners who had access to community hospitals were different from those of general practitioners who did not. Clwyd has a well established network of community hospitals (D T Jones *et al*, personal communication, 1986) that enables general practitioners to obtain selected items, notably soft collars, direct from the physiotherapy departments. This also illustrates the important part that community hospitals can play in primary health care, and the degree to which they alleviate pressure on consultant services in acute hospitals. Of the patients who needed a consultant outpatient appointment after receiving an appliance, 20% were for physiotherapy from general practitioners without access to that facility. As the clinic matures the level of knowledge of the general practitioners is likely to increase, and this can be reinforced by regular updating on current management in orthopaedic treatment.

Waiting lists have always been a problem for the acute hospital services in the National Health Service, and it is worth considering ways of reducing them. The Duthie report recommended open access clinics and the success of this clinic shows the value of such a system.⁴ Patients no longer have to wait excessive lengths of time for treatment, and general practitioners have the professional satisfaction of completing that treatment. We believe that this is unique to Clwyd and that it merits wider consideration and adoption by other health authorities.

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TABLE III—Referral patterns for orthopaedic appliances supplied

	Soft collar	Lumbosacral support	Dorsilumbar support	Others	Total
No (%) of referrals from 39 general practitioners with access to community hospitals	57 (15)	119 (47)	31 (48)	25 (15)	232 (27)*
No (%) of referrals from 43 general practitioners without access to community hospitals	321 (85)	135 (53)	34 (52)	138 (85)	628 (73)†
Total No of referrals	378	254	65	163	860

*5-95 referrals per doctor.

†14-61 referrals per doctor.