Patient satisfaction with general practitioner deputising services

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Abstract

Proposed increases in the average hours of surgery sessions of general practitioners as part of the government programme for improving primary health care may result in more use of deputising services to provide off duty cover.

The satisfaction of patients with such a service was studied during one week of October 1987 at nine of the 29 branches of Air Call Medical Services in urban areas in Britain by means of a postal questionnaire. Of a sample of 4626 callers to the service, 3887 (84%) responded. An estimated 32% of the patients expected that a doctor from their own practice would have attended them, 19% expected that they would be admitted to hospital and 8% were admitted. Over 90% of patients were satisfied with the telephonist's handling of the call; 79% of those visited were satisfied with the waiting time; and over 80% were satisfied with various aspects of the doctor's handling of the visit (bedside manner, communication, taking of history, physical examination, and explanation of findings), the lowest figure being for explanation of findings (81%). Satisfaction was generally higher during the daytime; among the elderly, especially men; and among patients who did not anticipate that a doctor from their doctor's practice would call.

The results suggest that a high proportion of patients were satisfied with the deputising service they received.

Introduction

A recurring theme in the government's programme for improving primary health care is the intention to satisfy patients' requirements.¹ Steps are to be taken that will ensure that the views of patients influence how family practitioner services are organised and provided. One widely supported criterion for receiving a good practice allowance listed in the discussion document² is the availability of general practitioners to patients, which is reflected in the intention to increase the average number of hours a week spent in surgery sessions for a doctor to qualify for the basic practice allowance.

No specific recommendations have been made about the organisation of doctors' off duty cover. The government remains committed to establishing primary health care teams based on group practices, in which doctors cover for each other.³ In 1987, however, family practitioner committees allowed 11 773 (45%) of the 26 137 general practitioners in England and Wales to use deputising services to provide cover (Department of Health and Social Services, personal communication), and in large towns, where the proportions are higher, deputising services consistently handle one third or more of all first contacts for medical care out of hours.⁴

Patients generally have no direct say on how their demands outside the hours of normal surgery and

visiting are met, and especially whether or not their own doctors should employ deputising services. In a national study of patients and their doctors in 1977 over half the patients did not know what arrangements their doctors made for night calls.⁵ Though only 18% of patients preferred deputising services, up to 53% who thought that their doctors used deputising services preferred, or at least did not mind, this arrangement.

In a study based on the records of 100 000 contacts of patients with deputising services in 1974-5 we did not attempt to assess the patients' acceptance of, or satisfaction with, the services.⁶ We describe here the degree of satisfaction reported by patients who collectively made nearly 4000 contacts with deputising services in nine cities and large towns in Great Britain in one week in 1987.

Methods

Of the 29 branches of Air Call Medical Services, a deputising service for general practitioners, 10 were chosen as being reasonably representative in terms of their range of size and geographical location: Cardiff, Coventry, Glasgow, Hull, Leicester, London (General Practitioner Relief Service), Newcastle upon Tyne, Newport, Portsmouth, and Sheffield. After consultations with each of the local medical committees and the appropriate local medical advisory committees (for deputising services), we obtained agreement in time to mount the study for all branches except for that in Newcastle, which was therefore excluded. The nine branches had a total of 2765 general practitioner subscribers, with 90-450 subscribers in each.

A complete seven day survey started at 7 am on Monday 12 October 1987, this being chosen as a typical week, including neither winter epidemics nor summer holidays. In the event, hurricane force winds affected London and the south east of England during part of the week. Each of the nine branches dispatched to us all records of calls received during this period, and we accounted for every record in the serially numbered sets. For each branch a systematic sample (every n^{th} record) was taken, randomly determining the starting position and the sampling fraction chosen on the basis of the number of calls anticipated, producing a sample of about 500 records for each branch. This sample size was sufficient to give 95% confidence intervals (for percentage of patients satisfied with various aspects of the service) of below $\pm 5\%$ for each branch and about $\pm 1\%$ for all branches combined.⁷

For the sampled records we sent a postal questionnaire, covering letter, and reply paid envelope to the patient, usually within three working days after the original call, requesting completion and return by the patient, relative, or person who knew the circumstances of the call. Questionnaires were not sent, however, to the 3% of households in which the record showed a sensitive situation—for example, that the patient had died or that another family crisis existed. If the questionnaire was not returned within seven days after

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initial dispatch a further questionnaire and a letter of reminder were sent. After seven more days we started an intensive follow up procedure, telephoning patients at home, whenever possible, to determine whether there was a simple explanation. Temporary research

assistants in each of the urban areas then visited the patients to collect completed questionnaires and to help with their completion, when necessary.

In a pilot study we had established that similar responses were obtained in two groups of patients randomly allocated to be sent a questionnaire within a day or two after the call to the deputising service or after seven days, and we therefore thought that our findings did not depend crucially on the time when the completed questionnaire was received. The intelligibility of the questionnaire used in this study and the consistency of the responses of patients were tested by interviewing 34 patients who seven days previously had completed and returned the questionnaire and comparing their responses with those in the original. In general, the discrepancies were minor or arbitrarily distributed.

The questionnaires were matched with the corresponding records of the calls and coded for analysis.

TABLE I—Fate of 5097 questionnaires in sample population

	No
Questionnaire not sent	471
Patient had died	83
Time of family crisis*	67
Second contact during survey period	321
Questionnaire sent	4626
Questionnaire returned	3887
Without letter of reminder	1616
After letter of reminder only	1210
After letter of reminder, no attempted follow up visit	270
After letter of reminder and attempted follow up visit	791
Questionnaire not returned	739
Patient moved house or not traced	92
Refusal to complete questionnaire	312
Patient still in hospital and other reasons†	75
Reason unknown‡	260

*According to message or diagnosis section of call record.

†Including damage in post, patient away on holiday, hoax calls and minor sampling errors.

‡For example, no contact made with patient.

TABLE II—Weighted percentage of patients in relation to sex, age, duration of illness, and previous medical contact

	All sampled calls	Respondents
Sex and age (years)*:		
Male:		
0-14	(24)	(25)
15-44	(10)	(9)
45-64	(5)	(5)
≥65	(7)	(7)
Female:		
0-14	(19)	(20)
15-44	(20)	(20)
45-64	(6)	(6)
≥65	(10)	(9)
Total	4923	3814
Duration of illness leading to call‡:		
<24 hours		(60)
1-6 days		(26)
1-3 weeks		(5)
≥1 month		(9)
Total		3788
Medical contact in previous 24 hours‡:		
Own or other practice		(29)
Accident and emergency department		(5)
None		(69)
Total		3662

*Data obtained from call record. Data missing on 174 sampled call records and 73 respondents.

†Data obtained from questionnaire. Data missing on 99 cases.

‡From questionnaire. Multiple responses permissible. Data missing on 225 cases.

TABLE III—Patient satisfaction with deputising service

Aspect of service	Total No of respondents*	Percentage† satisfied (all branches)	95% Confidence interval‡	Range among branches (%)
Telephonist:				
Helpful	3200	(94)	93.1 to 94.9	92-97
Understood what was wanted	3296	(96)	95.3 to 96.7	93-99
Seemed to know job well	3223	(96)	95.0 to 96.5	94-99
Waiting time for visit‡	3584	(79)	77.9 to 80.7	73-92
Visit received‡:				
Bedside manner	3462	(88)	87.1 to 89.3	85-92
Doctor-patient communication	3523	(87)	85.9 to 88.3	85-91
Taking of history§	3499	(87)	85.3 to 87.7	85-89
Physical examination (if any)	3495	(86)	85.1 to 87.6	82-91
Explanation of findings	3380	(81)	79.6 to 82.4	77-86

*Total number of respondents (maximum 3887) answering yes or no to specific question.

†Percentages are weighted.

‡Maximum 3687 respondents.

§This and other technical terms were paraphrased in questionnaire.

Results

Of a total of 13 786 records of calls received from the nine branches, 5342 were excluded: 694 (from two branches) were for calls for general practitioners not covered by the deputising service, 1297 were unused sequentially numbered records, and 3351 (all from one branch) were telephone answering service calls not intended for the deputising services. Of the remaining 8444 records of valid interest (range 456-1909 among branches), 5097 (60%) were sampled. The proportion sampled ranged from 33-100%, according to the branch. Table I shows the number of questionnaires sent and received. In 471 cases it was judged inappropriate to send a questionnaire so that 4626 questionnaires were posted. Three hundred and twelve patients (or their relatives) refused to complete the questionnaire and another 427 failed to do so. Thus 3887 questionnaires (84%) were eventually returned (including 791 for which a follow up visit had to be attempted), a high response rate for surveys of this kind.* In subsequent tables the weighted percentages were adjusted by weighting data from each branch in inverse ratio to its sampling fraction, so that the busier branches made an appropriately greater contribution to the estimates.

The age and sex distribution of all patients using the service varied little with the time of day and day of the week. Boys aged 14 or under accounted for 24% of all calls, girls of the same age for 19% and women aged 15-44 for another 20% (table II). Among the respondents elderly patients and young men were slightly under-represented and children overrepresented. Though 60% of patients claimed to have had their illness for less than 24 hours, 9% had had it for a month or more. Older patients tended to have had their condition longer before a doctor was called, hence perhaps referring to the chronic condition rather than to the acute phase leading to the call. For 69% of patients this was the first call for medical assistance from any agency in the previous 24 hours.

A section of the questionnaire attempted retrospectively to assess the nature of the service anticipated by the patient. Nearly all (95%, range among branches 92-97%) thought that a visit by a doctor would be necessary (95% were actually visited), 32% (30-38%) that a doctor from their doctor's own practice would visit, and 19% (12-22%) that they would be admitted to hospital (8% were actually admitted).

Table III shows the degree of satisfaction with the service. Over 90% of patients were satisfied with each aspect of the service provided by the telephonists; more than 500 of the maximum 3887 respondents did not answer the questions concerning the telephonists, presumably because they personally had not spoken to

them. Seventy nine per cent of patients who were visited by a doctor were satisfied with the waiting time, and well over 80% of them were satisfied with the various aspects of the deputising doctor's handling of the visit. The least satisfactory aspect was the explanation of findings (for which 81% were satisfied), though the variation among branches (77-86%) was much less than that for satisfaction with waiting time (73-92%). Satisfaction with the waiting time varied with actual time waited and was 95% among patients waiting less than 30 minutes (27% of the total waiting for this length of time), 86% among those waiting for 31-60 minutes (33%), 67% among those waiting 61-120 minutes (32%), and 47% among those who waited over two hours (8%). Other analyses show that the service responded more quickly to messages that conveyed life threatening circumstances.

Table IV shows the results analysed by age and sex, time of day and week, and expectation of visit by doctor from the practice. The degree of satisfaction with the service was lowest among the younger adults, especially women, and highest among the elderly, especially men. Satisfaction was higher during the day than at night with respect to waiting time for a visit, bedside manner, and explanation of findings. It was similar at weekends and mid-week, apart from the difference between the responses concerning calls during the day and at night (most daytime calls occurred at weekends). Patients who had anticipated that a doctor from their own practice would visit were less satisfied with almost all aspects of the service.

Discussion

Many major policy decisions about health services need to be made on the basis of representative experience or expectation of those who provide or receive the services. Our picture of general practice in England and Wales and those that use it owes much to Cartwright's national surveys.^{5,8} The changes in general practitioners' workload that are planned in the government's programme for improving primary health care¹ have been based partly on the representative survey undertaken by the General Medical Services Committee and the health departments.¹¹ This representativeness is essential. Most surveys of the response of

patients to treatment by deputising services have been conducted either on self selected subscribers to an association that is likely to be socioeconomically atypical,¹² or on patients of a single practice¹³ or a small group of practices in a particular area.¹⁴ Out of surgery hours patients are generally more satisfied with contacts with doctors from their own doctor's practice than from deputising services.

In a careful study in north London interviewers rated the degree of satisfaction of 180 patients or their carers (73% response rate) with certain aspects of consultations out of hours.¹⁴ General practitioners visited more quickly than deputies (72% within the hour v 53%), but the effects of the time of day or day of the week and the doctors' selection of which patients to visit urgently rather than to advise by telephone were apparently not controlled for. Among patients aged under 60 (only) the global satisfaction rating was lower for a deputy's visits than for those of a general practitioner or for telephone calls.

The present study is geographically representative and can claim to portray what most patients in British towns think about treatment from deputising services. The letter accompanying the questionnaire explained that they had been visited by a deputy; this may have reduced the likelihood of obtaining a more favourable response if the respondents thought that the deputies were from their doctors' practices as a third of patients who had anticipated seeing their own doctors at this time were less satisfied. It is reassuring that over 80% of patients were satisfied with the deputy's handling of the visit. A few potentially sensitive consultations were, however, excluded from the survey and, arguably, it is in these circumstances that a household may particularly wish to see a familiar doctor. The perceived performance of the deputising service could have been temporarily raised by performing the survey; our triplicate version of the usual record forms was introduced six weeks before the survey to minimise the effect of novelty.

In a previous study we showed that deputising services responded with a visit, when requested, within one hour after the request in 57% of cases,¹⁵ a similar proportion to that in this study (60%), which was marginally lower than might have been expected as a result of the disruption of traffic in London due to the

TABLE IV—Percentage of patients satisfied with deputising service by age and sex, time of day and period of week, and whether doctor from own practice expected to call. Percentages are weighted, numbers of respondents (unweighted) in parentheses

	Telephonist								Deputy											
	Helpful		Understood what was wanted		Seemed to know job well		Waiting time for visit		Bedside manner		Doctor-patient communication		Taking of history		Physical examination		Explanation of findings			
	M	F	M	F	M	F	M	Sex F	M	F	M	F	M	F	M	F	M	F		
Age (years):																				
0-14	95 (822)	93 (675)	96 (847)	96 (704)	96 (830)	96 (678)	77 (903)	79 (765)	89 (871)	86 (740)	87 (898)	83 (760)	87 (888)	84 (737)	87 (900)	85 (751)	83 (883)	79 (739)		
15-44	93 (275)	92 (595)	95 (289)	94 (617)	93 (287)	95 (600)	79 (309)	76 (687)	89 (301)	84 (671)	87 (302)	83 (668)	85 (304)	84 (685)	84 (298)	83 (668)	80 (297)	72 (650)		
45-64	96 (157)	95 (178)	98 (156)	99 (191)	98 (156)	97 (183)	82 (166)	80 (201)	88 (159)	91 (190)	93 (157)	93 (196)	91 (157)	90 (203)	89 (159)	89 (189)	85 (143)	85 (180)		
65+	98 (192)	97 (250)	98 (184)	98 (252)	100 (188)	96 (247)	90 (217)	85 (287)	94 (202)	94 (282)	95 (213)	93 (281)	94 (202)	92 (279)	97 (207)	90 (277)	91 (185)	90 (258)		
χ^2	15.12*		14.02 NS		18.07*		20.01**		29.35***		55.30***		24.39***		26.98***		44.19***			
	Period of week†																			
Time of day:	Week		Weekend		Week		Weekend		Week		Weekend		Week		Weekend		Week		Weekend	
Daytime§	93 (176)	95 (996)	96 (181)	97 (1029)	96 (174)	96 (1003)	80 (206)	85 (1119)	92 (205)	91 (1071)	90 (198)	88 (1103)	88 (199)	88 (1078)	91 (199)	87 (1095)	83 (201)	83 (1050)		
Evenings and night time	94 (1363)	94 (653)	95 (1404)	97 (671)	96 (1380)	95 (655)	78 (1534)	74 (714)	86 (1490)	88 (685)	85 (1510)	88 (701)	85 (1510)	86 (702)	86 (1498)	86 (693)	79 (1449)	81 (669)		
χ^2	2.05 NS		2.59 NS		1.65 NS		38.07***		14.44**		3.63 NS		4.38 NS		2.54 NS		8.12*			
	Doctor from own practice expected																			
Yes	91 (910)	95 (1969)	95 (929)	97 (2036)	94 (903)	97 (1983)	74 (1006)	81 (2199)	84 (976)	90 (2124)	82 (996)	88 (2163)	82 (977)	88 (2158)	81 (978)	88 (2152)	76 (952)	83 (2069)		
No	90 (176)	88 (996)	88 (181)	88 (1029)	88 (174)	88 (1003)	88 (206)	88 (1119)	88 (205)	88 (1071)	88 (198)	88 (1103)	88 (199)	88 (1078)	88 (199)	88 (1095)	88 (201)	88 (1050)		
χ^2	9.00**		3.24 NS		4.04*		16.56***		13.71***		20.13***		16.33***		22.40***		17.77***			
Cochran's test statistic ¹⁶	3.11**		1.92 NS		2.13*		4.17***		3.78***		4.55***		4.11***		4.83***		4.28***			
All patients	94 (3200)	96 (3296)	96 (3223)	96 (3223)	96 (3223)	96 (3223)	79 (3584)	79 (3584)	88 (3462)	88 (3462)	87 (3523)	86 (3499)	86 (3499)	86 (3499)	86 (3499)	86 (3499)	81 (3380)	81 (3380)		

NS = $p > 0.05$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ (two sided testing).

† $2 \times n \chi^2$ test with unweighted expected values from each branch summated over all branches; χ^2 value referred to standard tables ($n-1$ degrees of freedom) giving conservative test result, according to method of Armitage and Berry.¹⁷

‡ $n=8$ for age and sex, $n=4$ for time of day and day of week, and $n=2$ for doctor expected.

§Weekend designated from 1900 Friday to 0659 Monday.

||From 0700 to 1859.

||Total numbers differ among columns because of missing data.

hurricane, but less than that in studies in north west England (64%)¹⁶ and in Portsmouth (67%).¹⁷ Around 80% of the patients in this study were nevertheless satisfied with the waiting time. Fewer patients waited beyond 120 minutes (8%) than for visits by a doctor from the patient's own practice (17%) or another doctor (27%) in a national survey,¹⁸ and in our study nearly half of these patients were, nevertheless, satisfied. As before there was evidence of differentially quick responses to messages which conveyed life threatening circumstances.⁹

Of those patients who sought help, 95% wanted a doctor to visit, though this may have arisen because some general practitioner subscribers who took the initial calls may have passed to the deputising service only those calls they could not handle by giving advice over the telephone alone. Paradoxically, though nearly all patients think that at the time they call a visit by the doctor is needed, some doctors receiving calls out of hours think that more than half may be managed without detriment by giving advice over the telephone.¹⁹

Clearly, many urban doctors think that patients treated by deputising services will be adequately looked after. Other doctors, however, continue to accept neither the principle of visiting virtually on demand nor, indeed, the need for deputising services. We conclude that there is a high degree of patient satisfaction with those aspects of the general practitioner deputising services that we investigated.

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services branches for their help, and Air Call Medical Services which funded the study on the prior understanding that the findings would be submitted for publication.

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