Patients' preferences for appointment times

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A major aim of the government's white paper *Working for Patients* is to make the services provided by general practitioners more responsive to patients' needs.¹ Patients consider that the convenience of surgery hours is important,^{2,4} but no reliable information exists to show what appointment times patients prefer. We therefore collected and analysed data on this subject.

Subjects, methods, and results

We performed the study in a general practice in Leyland, Lancashire, that had seven partners and a list of 11 655 patients. Surgeries were held continuously from 8 am to 6 pm on Mondays to Fridays. All patients on the age-sex register of the practice who were over 18 and had their birthday in April were sent a questionnaire that asked what time they would prefer to attend the surgery, both generally and for specific clinics; how often they had visited a doctor at the surgery in the past year; and whether inconvenient times of access had caused problems. Patients with children were asked what time they would prefer to have appointments for them, and whether this differed from their choice for their own appointment. Patients were also asked when they worked and whether they would like surgeries at weekends.

We sent 949 questionnaires and 586 (62%) were returned completed. Four hundred and fifty three patients had a convenient time in mind when they made a routine appointment. Clinics before 9 am were preferred by 133 patients, from 9 to 11 am (the conventional time of morning clinics) by 192, from 3 to 6 pm by 147, and after 6 pm by only 29 (table). Appointments between 9 and 11 am were preferred by the largest proportion (44%) of parents with children aged under 5. Women with children aged under 5 were significantly more likely to want an appointment between 9 am and 11 am for their children than for themselves ($p < 0.0001$, χ^2 test). One hundred and nine (57%) parents with children of school age preferred appointments for them between 3 and 6 pm. Patterns of work influenced preferences: the 29 patients who preferred appointments after 6 pm all worked during the day, and the 20 who worked only in the afternoons preferred to attend during the morning. The table shows the appointment times preferred by people attending well woman clinics and for health checks.

Three hundred and eighty one patients thought that the practice should offer appointments at weekends for routine problems; 312 on Saturday morning, 103 on

Number (percentage) of patients preferring particular appointment times for themselves and their children at a general practice

Preferred appointment time	Appointments for:				
	Routine consultation	Children under 5	Children of school age	Well woman clinic	Health check
7-8 am	33 (6)	1 (1)	1 (1)	2 (8)	22 (4)
8-9 am	100 (17)	15 (16)	41 (23)	33 (10)	62 (11)
9-11 am	192 (33)	41 (44)	29 (16)	122 (36)	164 (30)
11-1 pm	43 (7)	6 (6)		30 (9)	44 (8)
1-3 pm	36 (6)	9 (10)	2 (1)	39 (12)	39 (7)
3-5 pm	61 (10)	12 (13)	66 (37)	23 (7)	51 (9)
5-6 pm	86 (15)	5 (5)	37 (20)	36 (11)	92 (17)
6-7 pm	21 (4)	5 (5)	5 (3)	27 (8)	44 (8)
7-8 pm	8 (1)			22 (7)	31 (6)
Total	580	94	181	340	549

Saturday afternoon, 83 on Sunday morning, and 31 on Sunday afternoon.

Comment

Our results show that the common pattern of twice daily surgeries, in the morning and afternoon, meets the general preferences of most patients. Groups with special preferences were, however, identified. These preferences may reflect daily routines, parents preferring appointments for children aged under 5 to be mid-morning and those for older children to be just after school. Similarly, patients who worked preferred appointments during their free time. Most patients thought that routine appointments should be offered at weekends, and this also may reflect a wish to attend the surgery outside working hours.

The proportion of patients who said that they would like to attend health promotion clinics after 6 pm was higher than the proportion who preferred late routine appointments. Thus some late evening or weekend appointments are desirable, particularly to encourage those wishing to take part in health promotion activities, for which a fee is proposed in the new contract.

Although the times of surgeries should be sensitive to patients' needs, the introduction of extended surgery hours would affect the workload of general practitioners, the working hours of ancillary staff, and the running costs of practices. Hence the experiences of practices that already have extended evening and weekend surgeries need to be evaluated.

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1 Secretaries of State for Health, Wales, Northern Ireland, and Scotland. *Working for patients*. London: HMSO, 1989. (Cm 555.)

2 Consumers' Association. Making your doctor better. *Which?* 1987;May:230-3.

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Disorders of the shoulder: an often unrecognised cause of disability in elderly people

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Disorders affecting the shoulder girdle may impair the function of the arm and lead to disability. A previous study of disorders of the shoulder in a group of elderly patients in hospital suggested that such disorders were

underreported.¹ Our community study assessed the prevalence of disability occurring as a direct consequence of disorders of the shoulder girdle in an elderly population.

Subjects, methods, and results

One hundred apparently healthy people (50 aged 65-74, 50 aged ≥ 75) were selected at random from the age-sex registers of three group practices around Aylesbury. Subjects with rheumatoid arthritis, other inflammatory arthropathy, polymyalgia rheumatica, and symptomatic cervical spondylosis were excluded.