PRACTICE OBSERVED

Research in General Practice

Finding funds

JOHN HOWE

In these times of financial cutbacks and increasing cost containment, the general practitioner is being faced with a difficult task of finding ways to maintain current levels of service, and of increasing the amount of money available for the practice. The purpose of this paper is to discuss some of the ways in which these objectives can be achieved, and to highlight the importance of the role of the practice manager in improving the financial management of the practice.

Data processing
This is a major concern in the current climate. In most practices, data processing is now primarily done by the practice manager, and it is important to ensure that this work is done efficiently and effectively. The practice manager must be aware of the legal and ethical implications of data processing, and of the importance of maintaining confidentiality and security.

Coping with costs
The cost of living has risen in recent years, and this has had a significant impact on the financial management of the practice. It is important to review the costs of the practice, and to consider ways in which these can be reduced. This may include the reduction of overtime, the use of part-time staff, and the introduction of new technology.

Sources of money
There are several sources of money available to the practice. These include government funding, charitable donations, and fees for services. It is important to ensure that these sources of funding are used effectively, and that the practice is not overly dependent on any one source.

Organising a Practice

Making an appointment system work

D N H GREGG

Appointment systems have been a feature of general practice for many years, and they are a necessary part of the service provided to patients. However, they can be difficult to organise and run effectively. The following points highlight some of the issues that need to be considered in order to make the appointment system work.

Accessibility
It is important to ensure that patients are able to access the practice at a time that is convenient for them. This may involve opening the practice outside normal working hours, or providing a telephone booking service.

Confidentiality
It is important to ensure that the confidentiality of patient information is maintained. This may involve the use of specific software, or the appointment of a practice nurse who is responsible for handling all confidential information.

Availability
It is important to ensure that there is adequate availability of appointments. This may involve the use of a computerised appointment system, or the appointment of additional staff.

Understanding
It is important to ensure that patients understand the appointment system. This may involve the provision of written information, or the appointment of a practice nurse who can provide information and support.

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Practice Research

Mental illness in inner London

CONRAD M HARRIS

Abstract

From the perspective of general practice, hospital data indicate that the prevalence of mental illness is much greater in the inner city than might be expected. A study in five inner London practices found that referrals patterned more closely to those recorded in a national survey.

Introduction

Data from various sources, such as hospital or general practitioners' records, and clinical data from psychology departments, indicate that the prevalence of mental illness in the inner city is higher than in other parts of the country. The inner city has a higher proportion of people with mental illness than the rest of the population, and this is thought to be due to the higher prevalence of social and economic stress factors in the inner city. The aim of this study was to assess the referral pattern of mental illness in five inner London general practices, in order to compare it with the data from a national survey.

Methods and results

The study was conducted in five inner London general practices in 1982-1983. The data were collected using a standardized interview schedule, which included questions on the patient's age, sex, occupation, and type of mental illness. The data were analyzed using the chi-squared test.

The results showed that the prevalence of mental illness in the inner city was significantly higher than in the rest of the country. The most common type of mental illness was depression, followed by anxiety disorders and personality disorders. The referral pattern was similar to that of the national survey, with the exception of personality disorders, which were less common in the inner city.

Discussion

The results of this study confirm the findings of previous studies, which have shown that the prevalence of mental illness in the inner city is higher than in other parts of the country. The higher prevalence of mental illness in the inner city is thought to be due to the higher prevalence of social and economic stress factors, such as unemployment, poverty, and crime.

Conclusion

The study showed that the prevalence of mental illness in the inner city is significantly higher than in the rest of the country. The referral pattern was similar to that of the national survey, with the exception of personality disorders, which were less common in the inner city. The higher prevalence of mental illness in the inner city is thought to be due to the higher prevalence of social and economic stress factors, such as unemployment, poverty, and crime.

Child consultation patterns in general practice comparing "high" and "low" consulting families

PETER D CAMPOS, JENNIFET GABRIEL

Abstract

All families' consultations with their general practitioners over a 15 month period in a small urban practice were audiotaped and transcribed. In total 882 consultations were recorded, from 133 families seen during this period. Families were grouped according to their average rate of new consultations for children, standardized for age. Families with higher consulting were scored second highest on all measures of consultation, whereas families with lower consulting were scored highest on a test of "tendency to consult" and age. The results suggest that the "general practitioner" in this study was able to predict certain characteristics of families from their consultation patterns.

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"Consultant behaviour" in the process by which competing are differentially perceived, evaluated, and acted on, is the normal social process of a set of dynamics that form the basis of the general practitioner. Thus it has been shown that patterns of

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