Patient use of a mixed appointment system in an urban practice

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Abstract

The number of practices that run appointment systems has sharply increased recently. Such practices may have advantages in terms of better control over access and by appointment. There were important differences in the types of practice and problems seen in the two types of practices, namely, urban and rural, and, in contrast, there were no differences in patient characteristics or reasons for use that were related to being in an appointment-only practice.

Introduction

The number of practices that run appointment systems has increased tremendously. In 1981 only 27 of practices were using appointment-only practices and by 1983 there were 40 practices that were using appointment-only practices. This is an important increase, not only in the number of patients, but also in the number of family doctors. Since 1975 it has been estimated that about 25% of patients in the UK are seen at the hospital. In 1983, 25% of patients were seen by appointment. The main advantage of this system is that it allows for the planning of appointments and the control of waiting times.

Methods

During the study period (November 1981) every patient who attended the practice was asked to complete a questionnaire that asked about their use of appointments. The questionnaire was completed by the doctor or practice nurse. Only those patients who attended open appointments, who attended mixed appointments (including those who booked) were included in the analysis. After the data had been collected, the data was analyzed using the chi-square test.

Comparison of practices among open appointments and open-access appointments

<table>
<thead>
<tr>
<th>Practice Type</th>
<th>Open Appointments</th>
<th>Mixed Appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>50-60</td>
<td>60-70</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Occupation</td>
<td>Professional</td>
<td>Non-professional</td>
</tr>
</tbody>
</table>

Discussion

This study indicates that patient characteristics and reasons for use were similar in both types of practices. However, the use of appointment systems may be more suitable for larger practices where there is a higher proportion of patients with appointments. This is important because it allows for better planning and control of waiting times.

References


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Life Changes

Retirement

W G BRYDEN, J H EMANUEL

After we serve in the RAF I became a local government official and then a county councillor. I moved to a small town in the mid 1970s to a position as a local government official. I have served on the town council for 35 years. In 1984, I received an offer to become a university professor. I accepted the offer and retired from my previous position. I have been involved in community activities and have been a member of the town council for many years. I have been a member of the local council for over 30 years and have been involved in many community projects. I have served on the town council for many years and have been involved in many community projects.

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