MEDICAL PRACTICE

For Debate . . .

How can good general practitioner care be achieved?

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Abstract

It has been shown that to provide a high standard of care general practitioners probably need to book consultations at intervals of at least 10 minutes. In this study the maximum list size for which a general practitioner might be expected to provide a high standard of care was determined from calculations of the time spent consulting, based on various consultation rates and list sizes and assuming that consultations were 10 minutes long. If good quality care is to be provided and is to include the range of services suggested in the government's recent green paper average list sizes should probably be no more than 1750, and lower in areas of high demand and high need. In addition to this, minimum standards could be determined for such measures as facilities available in surgeries, practice records, and accessibility of doctors to ensure that basic services were offered by all general practitioners.

Introduction

It has been claimed that standards of care in general practice need to be improved. The Royal College of General Practitioners has been in the forefront of this drive, most recently with its quality initiative launched in 1985.[1] The need for improvement was recognised in a recent government consultation document on the future of primary health care, the green paper, which stated: "some practices provide much higher standards of service in both medical and organisational terms than others. The Government's objective is to raise the general quality of these services nearer to that of the best."[2] The green paper indicates several ways in which general practitioners might improve the services they offer to patients: "There is scope for doing more, for example, in the early detection of hypertension, in the prevention of coronary heart disease, by advice on smoking, diet and physical fitness. More can also be done in the prevention of mental illness and of incapacity in the elderly." It also proposes that a good practice allowance might be linked to "the provision of a wide range of services, including preventive activities based on systems for identifying certain patients for periodic review."

There are therefore many ways in which general practitioners are expected to improve the services they provide. Stott and Davis described "the exceptional potential of each primary care consultation."[3] Though they recognised that an immediate problem would continue to be the reason for the initiation of many consultations, they argued that each consultation should also be used to manage continuing problems and for health promotion. As general practitioners see 90% of their registered population every three years the consultation provides an opportunity for them to undertake much of what is being suggested by the government and professional bodies. To carry out these tasks, however, they must have sufficient time.

How long should a consultation with a general practitioner be?

Donald, in his McKenzie lecture, commented that throughout the country doctors complained of lack of time to give to patients and criticised the lack of research into general practitioners' use of time.[4] In a recent study we showed that, in terms of the objectives of Stott and Davis, consultations booked at intervals of five or seven and a half minutes are unsatisfactory; improvements in communication between doctors and patients, and in use of the preventive and educational potential of the consultation, began to be evident in consultations booked at 10 minute intervals. In these consultations, as compared with the shorter ones, doctors identified more problems

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presented by patients, carried out more preventive procedures, spent more time listening to patients, described the management of patients' problems in more detail, and provided more health education.[5,6]

To attain many of the objectives of general practice consultations described in the green paper we conclude that consultations need to be booked at a minimum of 10 minute intervals. We therefore estimated the number of patients for whom a general practitioner might be expected to provide a reasonable standard of care, assuming that the population is to continue to have unrestricted access to primary care services.

How many patients can a general practitioner look after?

The number of hours that a general practitioner needs to spend consulting each year is given by the formula: total consulting time=list size × consultation rate × duration of consultation. The consultation rate in England and Wales is roughly 3·5 consultations per patient per year,[7] though there are wide variations in rates between practices and in different parts of the country. Between the first and second national morbidity studies, conducted in 1955 and 1970, both the number of patients consulting per thousand and the consultation rate fell, but the third study (1981) showed a rise in both figures, and over two decades the rates have been remarkably stable.

General practitioners usually take six weeks' holiday a year, and as partners normally provide cross cover for each other on holidays the total consultation time in a year may be divided by 46 to give the time to be set aside for consultations each week. General practitioners usually set aside one free half day a week to compensate for nights and weekends on call, so the weekly total consultation time may be divided by 4·5 to give the time that a general practitioner needs to set aside each day for consultations. Based on these figures and on the assumption that consultations are booked at 10 minute intervals, the table shows the daily consulting time necessary for a range of consultation rates and list sizes.

Time (hours) required for consultation each day for varying consultation rates and list sizes. (Values above broken line indicate consultation rates and list sizes compatible with four and a half hours' consultation)

Consultation rate*	List size				
	1500	1750	2000	2250	2500
2·5	3·0	3·5	4·0	4·5	5·0
3·0	3·6	4·2	4·8	5·4	6·0
3·5	4·2	4·9	5·6	6·3	7·0
4·0	4·8	5·6	6·4	7·2	8·0
4·5	5·4	6·3	7·2	8·1	9·0

*Number of consultations/patient/year.

It seems reasonable to expect a general practitioner to consult in his surgery for about four and a half hours a day (0830-1100; 1600-1800). In addition to this he will be expected to do home visits and may provide special services such as antenatal, well-baby, cervical cytology, and diabetic clinics. He will need to spend time dictating letters and dealing with administrative matters as well as setting time aside for his own education and for that of vocational trainees and practice staff. Increasingly, general practitioners are being asked to give time to planning and administration in their district health authority and to serve on local medical committees and local welfare organisations. Therefore, in an area of average demand it may be reasonable to expect a general practitioner to look after between 1500 and 1750 patients. In areas of high demand and high need, such as deprived inner city areas, the effective list size should probably be smaller.

An agenda for discussion

The green paper recommends that a greater proportion of a general practitioner's income should be earnt from capitation fees, thus encouraging competition for patients and large list sizes. In the same paper the government demands the delivery of more preventive services and health education and suggests that a good practice allowance might be attached to these. We showed previously that this is unlikely to occur in consultations booked at less than 10 minute intervals. There is therefore an apparent conflict in the green paper between suggestions that will tend to increase list sizes and a call for standards of care that require a reduction in list size. Can these two philosophies be married?

There are several possible ways in which general practitioners might provide a higher standard of service to a larger population of patients. The first, theoretical possibility is to reduce patient demand. There is some research evidence that demand for care for minor illness can be reduced by educational booklets on self care.[8] Consultation rates have changed little, however, among the three national morbidity surveys, and it may be that improved management of chronic conditions like asthma and diabetes and an ageing population will lead to an increase in the consultation rate. A second possibility is that the rate of home visiting could be reduced further. There has been a steady fall in this rate over the past two decades,[9] and a further fall would provide doctors with more time to do the things discussed above. It should be recognised, however, that difficulty in obtaining visits is one of the few major complaints about general practitioner services,[9] and a further reduction in home visiting seems unlikely to prove acceptable to the public. It is therefore difficult to see that the demand for general practitioner services is likely to reduce considerably in the foreseeable future. A third possibility was investigated by Marsh and Kaim-Caudle, who showed that a substantial proportion of the care currently provided by general practitioners and, in particular, many of the preventive procedures recommended in the green paper could be provided by other workers in the primary care team.[10] In achieving this the practice nurse plays a prominent part, but she is threatened by another government document.[11]

From the calculations and discussion in this paper it seems unlikely that the government's stated objective of raising the overall standard of general practitioner services "nearer to that of the best" will be achieved without a further reduction in list size—perhaps to an average of 1750. If the government's intention is to "level up" standards of general practitioner care, however, it should perhaps concentrate less on awarding good practice payments to those who are already providing good quality care and more on those doctors who are failing to provide basic services. A survey by Wilkin and Metcalfe suggested that there are several general practitioners who, while under contract with their family practitioner committee to provide comprehensive primary care, do not devote the time to patient care that we have calculated is necessary to take advantage of the full potential of the consultation.[12]

At present the terms and conditions of service stipulate certain basic services that need to be met. For several of these—for example, physical facilities available in surgeries, practice records, and accessibility of the doctor in and out of hours—it would not be too difficult to be more specific about minimum standards that general practitioners might be required to meet. Nevertheless, our main conclusion is that, if the standard of care provided by most general practitioners is to be raised, it will be necessary either to reduce list sizes or to increase resources provided by other members of the primary care team.

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