GENERAL PRACTICE OBSERVED

A Fifteen-year Pattern of Patient-Doctor Contact among "Static" General-practice Patients

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Brit. med. J., 1966, 2, 106-107

It is generally accepted that the demand for medical attention in this country is growing. The reason for this is only partly the lessening doctor-force and the enlarging population at each extreme of age.

There are a number of general-practice statistics to show a growing yearly total of service to patients. Some indicate an increase in items of service per caput per annum. Such figures refer to whole practices and take no account of movement of patients in and out of the practices. From personal discussion with colleagues in different types of practice it appears that the "turnover" of patients may vary from less than 10% to more than 50% yearly. Figures from practices with such large variations in peripatetic patients are difficult to compare. No records apparently exist to demonstrate the pattern of contact between doctors and their "static" patients—that is, those patients who have remained registered with the same doctor or practice for a long period. This paper endeavours to present such a survey.

The practice is that of a two-man partnership in a north-east London dormitory suburb. It has been conducted from the same premises for over 30 years, and the last 10 years have been organized on a complete appointments system. Neither partner was new to general practice at the inception of the N.H.S., the advent of which necessitated changes in organization, records, and note-keeping. By 1950 a method of dating attendances and visits on medical records had been developed, and this has remained virtually unchanged. Thus it is possible to determine from a patient's medical record the number of items of service provided in any year.

The criterion establishing which patients had been "static" was the Executive Council's date-stamp for 1950 or earlier on the record envelope, with no subsequent change other than within the partnership. Search of our records revealed almost 2,000 such patients out of a total of almost 4,500 patients in the age range of 15 years and upwards. The breakdown into 10-year groups is shown in Table I. It will be noted that, very approximately, one-half of each age group is static except the two groups aged 10 to 30 years in 1951. Obviously marriage has taken its toll.

TABLE I.—Age-and-Sex Distribution of Total Patients and Static Patients on 31 December 1965

Age in 1965	Male		Female	
	Total	Static	Total	Static
15-25	414	213	440	182
26-35	311	82	331	45
36-45	316	97	341	112
46-55	384	198	454	213
56-65	399	235	422	240
66-75	154	96	231	142
76-85	67	37	140	75
85+	17	8	47	20
Totals ..	2,062	966	2,406	1,029

The Investigation

In this survey the first two and a half years of the National Health Service have been excluded—partly because a standard

of record-keeping had not been established and partly because patients had not settled down to the idea of free-on-demand medical care.

FIG. 1.—Average consultation rates per annum. FIG. 2.—Consultation rates per annum for 10-year cohorts.

The medical record of every static patient was scrutinized and the number of items of service recorded for each year from 1951 to 1965. All contacts relating to maternity care were excluded; so also were all entries recording services provided by members of staff other than doctors, such as repeat prescriptions, health visitor's notes, etc. It is worth noting that, with an increase in staff over the years and an extension of office hours to over 60 each week, the number of these non-doctor items of service has risen from very few in the early 1950s to 6,000 in 1965. Without them the demand for direct contact with the doctors would be much greater. For instance, during the year 1964 the total practice demand was 3.75 items of patient-doctor contact per patient, but there was also a non-doctor item of service of 1.05 per patient. We have no age-sex breakdown of these 6,000 extra items, and we do not know how many relate to our static patients.

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The total numbers of patient-doctor contacts for each of the 15 years, for each sex, for each year of birth from 1871 to 1950, were added in 10-year cohorts and converted to averages for each cohort. The averages for total males and total females over the 15 years and the combined total averages are plotted in Fig. 1. The individual graphs for each 10-year cohort for each sex are shown in Fig. 2.

It cannot be disputed that these figures indicate a gradual rise in the average patient-doctor contact per annum over the 15 years. The abrupt rise and fall about 1956, spread over the whole age range, was largely due to an outbreak of influenza; the smaller fluctuation about 1959, with a slight concentration in the youngest age group, was partly due to measles.

The rise from 1960 to 1964 is almost a straight line and almost parallel in the two sexes, rising from 2.44 to 3.06. There is a sharp increase in gradient in 1965, contributed to mostly by the older patients. One is tempted to relate this to the abolition of prescription charges at the end of January in that year. There was no single morbidity factor in the year to account for the large increase.

Reason for Rise in Contact

We have considered a number of possible explanations of these findings. That the whole sample of 1,995 patients has aged 15 years over the period is inherent in the survey itself. One counters this, at least partly, with the expectation that the youngest age group, consisting of children up to the age of 10 years in 1951, and therefore only 15 to 25 years of age in 1965, would have sought medical attention less as they got older. In fact there is a gradual rise in this group from 1.3 items in 1951 to 2.6 in 1965. Graphs for each cohort show an upward gradient, greatest in the groups born in 1911–20 and 1941–50. Unexpectedly the least gradient, except for the year 1965, is in the group of 140 patients born between 1871 and 1890.

A second possible explanation is that we ourselves may have unwittingly increased the items of contact by more frequent visiting and by asking patients to return more often for consultation. This factor is impossible to measure retrospectively—our impression is that our habits have tended in the opposite direction. The trend to endeavour to see patients less often was stimulated during 1965 by the all-too-obvious increase in patient-requested contacts.

Further, one could argue that the increase is real enough but is due to a very large demand on the part of a few frequent attenders. In an endeavour to assess the extent, if any, of this a comparison was made between the years 1951 and 1964 for all patients with birth-dates within the years 1900 and 1930. These ages were chosen to exclude those under 21 at the commencement of the survey and those over 65 at its end. The year 1964 was used in comparison with 1951 in order not to exaggerate the difference by including the abnormally large increase in 1965. The spread of items of service for the two

years is shown in Table II as percentages of total items rendered to each quartile of patients. It will be seen that the fourth quartile (the 25% who make 75% of our work) in fact received less attention in 1964 than in 1951, the increase being spread over the middle two quartiles.

TABLE II.—Percentage of Total Items of Service Rendered to Each Quartile of Patients in 1951 and 1964

	1951	1964
1st quartile	0	0
2nd „	0.27	6.33
3rd „	18.41	22.25
4th „	81.32	71.42

We have argued that our static patients are not typical patients: indeed, we think they are not. We believe their very static habit of life tends to a lower average doctor contact. Possibly the factors of settled home and family and job contribute to peace of mind and therefore to a lessened psycho-social and psycho-physical morbidity. Certainly their obvious lack of mortality seems to indicate a lower-than-average morbidity.

In this latter respect it is interesting to compare figures for static patients with figures for the remainder of the practice. We have whole-practice statistics for the complete years 1960 and 1964. Table III gives the average patient-doctor contact in those years for the static practice population and for the rest of the practice in the same age ranges. These figures exclude all maternity contacts. The differences are seen to be less in 1964 than in 1960 but are still appreciable.

TABLE III.—Average Items of Service Rendered in 1960 and in 1964 for Static and Non-static Patients (All Maternity Contacts Excluded)

Year:	1960		1964	
	Male	Female	Male	Female
Static ..	2.08	2.79	2.81	3.30
Non-static ..	2.53	3.63	3.09	4.06
Difference ..	0.45	0.84	0.28	0.76

Conclusions

We conclude therefore (1) that our static patients require somewhat less medical attention than our more itinerant patients, to the extent of one-third of an item of service per annum for each male and three-quarters of an item of service per annum for each female; (2) that, even so, their requests for medical care over the past 15 years have risen by 75%, of which increase by far the larger part has occurred in the last five years; (3) that this increase is spread fairly evenly over the whole age-sex range and is not exaggerated by large demands on the part of a few patients; (4) that the rate of the increase in demand has itself increased during 1965.

I am grateful to my partner, Dr. D. H. Smith, for permission to use his patients' medical records.