Patient attitudes to general practice services

A rural experience

Yvonne Cymbalist, Alan Wolff

A significant number of general practice patients attend the Accident and Emergency departments of public hospitals despite the 24 hour availability of their general practitioners. This article records the results of a survey of patients asking them to evaluate each stage of the process of visiting a doctor. The study highlighted the patients' desire for appropriate facilities and service, and their need for compassion and good communication from their doctor.

During 1983 eighty-five consecutive outpatients and 73 inpatients at Wimmera Base Hospital, Horsham, were questioned about their choices of emergency services and their perceptions of general practice. Most of the patients (44%) were aged 16 to 29. The female to male ratio 66:34, and 56 per cent married.

Horsham, population 12,500, is 300 kilometres north-west of Melbourne. Its medical population consists of nine specialists and 11 general practitioners. The hospital has six resident medical officers.

The survey initially asked whether in an emergency people would ring their local doctor or attend the hospital. The survey then proceeded to evaluate the patients' attitude to the current service they receive in general practice. Patients were asked questions about each stage of the process of going to the doctor. They were also asked what improvements they perceived could be made to the service. The survey was confidential. The patient filled in the form anonymously and placed it in a sealed envelope.

Yvonne Cymbalist, MB, BS, Dip RACOG, is a visiting medical officer and the Doctor in Charge, Family Planning Clinic, Wimmera Base Hospital, Horsham, Victoria.

Alan Wolff, MB, BS, Dip RACOG, FRACGP, is Medical Administrator and Director of Accident and Emergency Department, Wimmera Base Hospital, Horsham, Victoria.

Table 1
Location of medical attention*

Where do you attend for medical attention?	%
Clinic 1 (large group)	57
Clinic 2 (small group)	13
A doctor in the Wimmera region (not in Horsham)	13
Hospital only — Wimmera Base Hospital	9
Other	8
	100

*Survey of 158 patients (85 outpatients; 73 inpatients) attending Wimmera Base Hospital, Horsham, in 1983.

Results and discussion

Nine per cent of outpatients surveyed sought primary medical services at the Base Hospital. The remainder attended general practitioners in Horsham or the Wimmera region (*Table 1*).

Out of hours service

When asked about out of hours emergencies, 78 per cent of outpatient respondents said they would attend the hospital, with only 22 per cent choosing to ring their doctor (*Table 2*).

Table 2
After hours service*

If you require the attention of a doctor at night would you attend the hospital?	Outpatients %	Inpatients %
Yes	78	46
Ring your own doctor	22	54
	100	100

Does your practice offer an after hours service?	%
Yes	69
No	9
Don't know	22
	100

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Athough all practices in the town and region offer an out of hours service, only 69 per cent of patients knew of the service. However, the majority would still attend the hospital out of hours.

The reasons for this behaviour would warrant further investigation. The evidence suggests that even if a 24 hour service is provided, it would only attract a small proportion of patients. It appears that some patients require ongoing education about the availability of out of hours services.

Appointments

Eighteen per cent of respondents experienced some difficulty in obtaining appointments to see their doctors (*Table 3*). An informal check of doctors in the town found that most did not realise this was a problem. Resident medical officers working in the Accident and Emergency Department at the Base Hospital informed the authors that a steady stream of patients attending the department in the mornings did so because they could not get an appointment with their doctor for that day.

Waiting times

The majority believed that they wait for their doctor longer than necessary. Only 34 per cent thought they should have to wait longer than 15 minutes. Sixty per cent claimed that they wait longer than this period already (*Table 4*). Some respondents suggested that if the doctor was behind with appointments by more than an hour, the receptionist should ring to inform patients in advance and allocate them a later appointment.

Facilities

Almost half the respondents requested up

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to date reading material in the waiting room (*Table 5*). Apparently magazines that are three years out of date are no longer acceptable. Fifteen per cent asked for food and drink to be available. Perhaps this reflects the long waiting times. Toys for children were mentioned by 13 per cent. Many other items mentioned would be regarded as standard in waiting rooms in private customer-orientated industry, for example, air conditioning, comfortable seats, toilets, provision for smokers and a public telephone.

Treatment received

Almost 90 per cent of patients surveyed rated their treatment as generally satisfactory (*Table 6*). Approximately 10 per cent were dissatisfied with their treatment, and this was consistent for aspects such as talking, examinations, prescribing tablets, ordering tests, and the overall length of the consultation. It seems then that once the initial problems of the appointment system and the waiting room are overcome, most people are satisfied with the service.

Payment

At the time of this survey, almost all practices in the area were charging the recommended schedule fee yet 35 per cent of outpatients and 20 per cent of inpatients felt that this fee was too high. Virtually no one felt the fee was too low. As to payment — 79 per cent of those interviewed felt that accounts should be sent out, and 20 per cent thought that payment should be made immediately after consultation (*Table 7*).

Characteristics of the general practice

Almost a third of the people surveyed had been attending the particular general practice for up to five years. The most significant reasons for attending the practice was proximity to home, the quality of the doctor, and the service provided (*Table 8*).

Table 3
Appointments*

Is it difficult to make appointments at your practice?	%
Yes	11
No	82
Sometimes	7
	100

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Table 4
Waiting time*

How long do you have to wait to be attended by a doctor?	%
0-15 minutes	40
15-30 minutes	25
30 minutes to one hour	21
1-2 hours	11
2 hours	3
	100

How long do you feel you should have to wait to see the doctor?	%
0-15 minutes	68
15-30 minutes	28
30-60 minutes	3
1-2 hours	1
	100

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TAGAMET* Abbreviated Prescribing Information
NOTE: This is abbreviated prescribing information. Before prescribing please consult full prescribing information. **PHARMACOLOGY:** Tagamet inhibits both the stimulated and basal secretion of gastric acid and reduces pepsin output. It is a histamine H_2-receptor antagonist and competitively inhibits the action of histamine at the histamine H_2-receptor. **INDICATIONS:** Tagamet is indicated in: 1. The short term treatment of proven duodenal ulcer, gastric ulcer. 2. Maintenance treatment to reduce the risk of relapse in patients with duodenal ulcer. 3. Maintenance treatment for periods of up to one year to reduce the risk of relapse in patients with documented healing of benign gastric ulcer. 4. Short term treatment of gastro-oesophageal reflux disease. 5. Prevention of stress ulcer in critically ill patients at risk of haemorrhage. 6. The treatment of gastrinoma (Zollinger-Ellison Syndrome). 7. Treatment of scleroderma oesophagitis. **DOSAGE: Adults:** Tagamet may be administered by mouth, by slow intravenous infusion, or, if necessary, by intravenous injection. **Oral: Acute Duodenal Ulceration:** 800mg at bedtime. **Maintenance Treatment:** 400mg at bedtime. **Acute Gastric Ulceration:** 800mg at bedtime. Treatment of acute ulceration should be continued for 4-6 weeks even if symptomatic relief has been achieved in a shorter time. More severe cases may require 400mg t.d.s. and at bedtime. **Maintenance Treatment:** 400mg at bedtime for periods of up to one year. **Zollinger Ellison Syndrome (Gastrinoma).** 200mg three times a day and 400mg at bedtime. Dosage may be increased, as necessary, to 1.6-2.0 grams a day. **Gastro-oesophageal Reflux Disease.** 800mg at bedtime. **Prophylaxis of Stress Ulceration.** In the prevention of stress ulcer in critically ill patients at risk of haemorrhage an injection dosage of 300mg every 4-6 hours is recommended. (See injection dosage in full prescribing information for methods of administration.) **Scleroderma oesophagitis.** Usual dose 1200mg daily in divided doses. (See dosage in impaired renal function in full prescribing information.) **Parenteral:** Please refer to full prescribing information. **CONTRAINDICATIONS:** None known. **PRECAUTIONS:** The presence of malignant gastric neoplasm should be excluded. Before using in renal failure consult full prescribing information. Use in pregnancy, laction and children: please consult full prescribing information. **INTERACTION WITH OTHER DRUGS:** Tagamet, ap-

Tagamet nocte.

Table 5
Facilities*

What facilities do you feel should be available at the practice while you wait?	%
Reading material up to date	45
Food and drink	15
Toys for children	13
Air conditioning in waiting room	5
Comfortable seats	4
TV	4
Creche facility	3
Pinball machine	3
Soft music	3
Toilets nearby	3
Other	2
	100

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Table 6
Treatment received*

	%		%
Talking		Ordering tests	
too little	10	too little	8
satisfactory	88	satisfactory	91
too much	2	too much	1
	100		100
Examination		Length of consultation	
too little	13	too little	10
satisfactory	87	satisfactory	90
too much	—	too much	—
	100		100
Prescribing tablets			
too little	3		
satisfactory	88		
too much	9		
	100		

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When asked to list the qualities that doctors require, knowledge and skill were nominated by only six per cent. Understanding and compassion were mentioned by 46 per cent of respondents and ability to communicate by 38 per cent (*Table 9*). Unfortunately, in the authors' opinion, these priorities are not reflected in current undergraduate medical education.

When patients were asked what they would like to be different about their practice, the majority listed reduced waiting time.

Conclusions

A number of surprising results were highlighted by the survey. Of the outpatients interviewed, 80 per cent indicated that they would attend the hospital in preference to their general practitioner for

Just the one!

'Single bed-time 800mg tablet now NHS.

parently through an effect on certain microsomal enzyme systems, has been reported to reduce the hepatic metabolism of warfarin-type anticoagulants, phenytoin, propranolol, lignocaine, chlordiazepoxide, diazepam and theophylline; thereby delaying elimination and increasing blood levels of these drugs. Dosage of these and other similarly metabolised drugs may require adjustment when starting or stopping concomitantly administered Tagamet, to maintain safe, optimum therapeutic blood levels. In the case of warfarin, close monitoring of the prothrombin time is recommended. **ADVERSE REACTIONS:** Headache, tiredness, diarrhoea, muscular pain, dizziness and rash were the most commonly occurring side effects during clinical trials. Withdrawal of treatment is not normally necessary. Mild gynaecomastia, without evidence of induced endocrine dysfunction and unchanged by continuing Tagament treatment has been reported. Increases in plasma creatinine and serum transaminase have been reported and should be borne in mind when treating patients with renal or hepatic insufficiency. A few cases of reversible confusional states have been reported, usually in elderly and/or severely ill patients, such as those with renal insufficiency or organic brain syndrome. These confusional states generally cleared within 24 hours of drug withdrawal. Rare cases of interstitial nephritis, hepatitis, fever and pacreatitis which cleared on withdrawal of the drug have been reported. Decreased white cell counts in Tagamet-treated patients including agranulocytosis have been reported, including a few reports of occurrence on rechallenge. These patients generally had serious concomitant illnesses and were receiving drugs and/or treatment known to reduce blood cell counts. Thrombocytopenia and rare cases of aplastic anaemia have also been reported. **PRESENTATION:** Tagamet' is supplied as pale green capsule shaped film coated Tiltab' tablets, each containing 800mg cimetidine in packs of 30; as pale green capsule shaped film coated tablets, each containing 400mg of cimetidine in packs of 10 and 60; as pale green biconvex film coated tablets, each containing 200mg of cimetidine, in packs of 30 and 120, and in 2mL ampoules each containing 200mg of active ingredient in packs of 10. Tagamet is cimetidine. ® Registered Trademark. © Smith Kline & French Laboratories Ltd.

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Table 7
Payment*

The fee for a standard consultation is:	%
too low	1
satisfactory	72
too high	27
	100
Payment should be:	
before consultation	1
immediately after consultation	20
accounts should be sent out	79
	100

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Table 8
Reasons for attending practice*

Why do you attend this practice:	%
Good doctor	27
Proximity to home	23
Illness treatment	19
Service	18
Referred there	11
Miscellaneous	2
	100
Miscellaneous:	
Privacy	
Pleasant staff	
Availability of doctor	

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Table 9
Qualities a doctor needs to have.*

	%
Understanding/compassion	46
Ability to communicate	38
Good manners	10
Good sense of humour	8
Kindness	8
Friendliness	8
Personality	7
Knowledge/skill	6
Confidence	3
Tact/gentleness	3
Also listed:	
Appearance of time for patients	
Devotion	
Privacy	

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an out of hours emergency — although 70 per cent knew that their general practitioner provided a 24 hour service. Significantly, 30 per cent were unaware of this service.

From the survey, a number of conclusions can be made about the process of attending the doctor.

- Twenty per cent of patients experienced difficulty in making appointments.
- The average waiting time to see the doctor was one hour, but most patients felt that they should not wait longer than half an hour.
- The most common facility requested in the waiting room was up to date reading material, but the availability of food and drink and children's toys was also ranked highly.
- Most people surveyed were satisfied with their medical treatment. However, 10 per cent felt that there was not enough talking, too little examination, too much prescribing and ordering of tests, and that the consultation time was too short.
- Nearly 40 per cent felt fees were too high, and 75 per cent of patients would prefer that their account be sent to them for payment. Factors influencing attendance at a particular practice were also interesting. The commonest reasons given for attending a practice was that it was close to the patient's home and it provided good service.

The most important qualities for a doctor were compassion and an ability to communicate.

The greatest response to changes required was for reduced waiting time.

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CONDENSED PRESCRIBING INFORMATION
PROVERA® TABLETS
(medroxyprogesterone acetate)
The full prescribing information should be consulted before using this product.
Available from: UPJOHN PTY LIMITED (Inc in NSW)
55-73 KIRBY STREET,
RYDALMERE, N.S.W. 2116

INDICATIONS
Adjunct to cyclic oestrogen therapy.

CONTRAINDICATIONS
1. Thrombophlebitis, thromboembolic disorders, cerebral apoplexy, or past history of any of these disorders.
2. Markedly impaired liver function.
3. Undiagnosed vaginal bleeding.
4. Undiagnosed urinary tract bleeding.
5. Undiagnosed breast pathology.
6. Missed abortion.
7. Sensitivity to medroxyprogesterone acetate.
8. Pregnancy.
9. Severe uncontrolled hypertension.

PRECAUTIONS AND WARNINGS
Its safety as a contraceptive is unestablished.
A pre-treatment physical examination should include breast and pelvic organs, as well as a Papanicolaou smear.
Conditions which may be worsened by fluid retention require careful observation. Breakthrough bleeding requires that non-functional causes be considered. Undiagnosed vaginal bleeding requires adequate diagnostic measures. Patients with a history of psychic depression should be carefully observed, and drug withdrawn if depression recurs.
Diabetic patients should be monitored carefully. Climacteric may be masked by Provera. Pathologists should be advised of progestin therapy when relevant specimens are submitted.
Provera tablets are not to be used as a test for pregnancy, or where pregnancy is suspected.
Provera should be discontinued if thrombotic disorders are manifested. Also, discontinue if there is a sudden, complete or partial loss of vision, or if proptosis, diplopia or migraine occur suddenly.
Laboratory tests which may be affected by Provera usage:
a) Gonadotrophic levels.
b) Plasma progesterone levels.
c) Urinary pregnanediol levels.
d) Plasma testosterone levels in the male.
e) Plasma oestrogen levels in the female.
f) Plasma cortisol levels.
g) Glucose tolerance test.
h) Metyrapone test.

ADVERSE REACTIONS
1. Anaphylaxis and similar reactions.
2. Thromboembolic disease – thrombophlebitis and pulmonary embolism.
3. C.N.S. – nervousness, insomnia, somnolence, fatigue, depression, dizziness and headache.
4. Urticaria, pruritis, rash, acne.
5. Nausea.
6. Breast tenderness and galactorrhoea.
7. Changes in cervical excretions and secretions.
8. Hyperpyrexia, weight changes and moon face.

DOSAGE AND ADMINISTRATION
Adjunct to cyclic oestrogen therapy: 10-20mg daily for the last 7-10 days of each cycle of oestrogen therapy.

AVAILABILITY
2.5mg tablets – 25's. 10mg tablets – 30's (rpt × 5) PBS General Benefit. 10mg tablets – 100's.
UPJ 212