

## **SAND abstract No. 10 from the BEACH program 1999–2000**

### **Subject: Length of consultation; after hours arrangements; co-morbidity**

**Organisation supporting this study:** Commonwealth Department of Health and Aged Care (General Practice)

**Issues:** Length of consultation; after-hours arrangements; co-morbidity

**Sample:** 6,328 encounters from 210 GPs; data collection periods: 08/6/99 – 13/7/99 and 17/8/99 – 21/9/99

**Method:** Detailed in the paper entitled 'SAND Method' on this web site (<http://www.fmrc.org.au/beach.htm>).

### **Summary of results**

The age-sex distribution of the patients was similar to the expected distribution of general practice patients, with the majority of patients (57.2%) being female.

Of the 210 participating GPs, 71.9% were male and 53.9% were aged 35–54 years. Most of the GPs worked 6–10 sessions per week (65.9%) and had graduated in medicine in Australia (70.2%). Solo practitioners accounted for 22.8% of the sampled GP population.

The median length for the 5,803 direct consultations (patient is seen) was 12 minutes, and the mean was 14.7 minutes (95% CI 14.1–15.4). The median consultation length for male and female patients was similar at 11 and 12 minutes respectively. The median consultation length increased with patient age; patients under 15 having a median of 10 minutes, and those aged 45 years or more had a median of 14 minutes.

Three quarters (77.7%) of direct consultations were between 5 and 19 minutes duration. Only 1.7% of direct consultations were of less than 5 minutes duration, and 2.7% were of 40 or more minutes duration. Of all direct and indirect consultations, the vast majority (93.9%) were held between the hours of 08:00 and 18:00.

At 7.3% of encounters, GPs stated that there were 'special' after hours arrangements for that particular patient. One in five of these patients (20.5%) were aged 75 years or more. There was no apparent difference in the types of problems being managed at this encounter for these patients when compared with the problems managed for patients with 'normal' after hours arrangements.

There were 338 encounters (5.7%) at which the GP reported that this service was provided when the practice was closed. These out-of-practice-hours services were provided by 79 (37.6%) of the 210 GPs. Only 22.5% of the consultations provided when the surgery was closed were between the hours of 18:00–23:00, with the majority (71.9%) being provided between the hours of 08:00–18:00. The consultations when the surgery was closed were longer (11.2% were 40 minutes or more) than all direct consultations (2.7% were 40 minutes or more). The patients seen when the surgery was closed were older (24.3% were aged 75 or older) than patients in the total study (13.1% aged 75 or older).

GPs indicated a variety of arrangements for their normal provision of after hours service. Sixty-five GPs (31%) used a deputising service alone, while 87 (41%) of GPs used a deputising service together with another arrangement. The next most common arrangement

was for 59 GPs (28%) who stated that their practice arranged their own after hours service. Only two of the 210 GPs had no after hours service arrangement. None of the GPs in rural or remote areas used a deputising service.

The length of consultation increased with the number of co-morbidities (requiring on-going management or surveillance) not managed at this encounter. Of patients with no un-managed co-morbidities, 6.8% (95% CI 5.7-7.8) had a consultation of 30 minutes or longer, compared to 18.7% (95% CI 18.1-29.3) of patients with four un-managed co-morbidities.

Similarly, the length of consultation increased with the number of problems managed at this encounter. For patients with 1, 2, 3 and 4 problems managed there were respectively 5.7% (95% CI 4.7-6.8), 8.3% (95% CI 7.1-9.5), 13.5% (95% CI 10.6-16.4) and 20.1% (95% CI 11.5-28.8) of consultations which were 30 minutes or longer.

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