

## TIME KEEPING

In patient surveys time pressure is a major concern (Wilson BJGP 1991, and subsequent surveys)

### **ASSOCIATION BETWEEN TIME AND QUALITY**

Howie BJGP 1991: Longer consultations are associated with dr's dealing with more psychosocial problems, long term health problems, more health promotion and higher patient satisfaction

Wilson and Childs BJGP 2002 (systematic review): Dr's who consult more slowly prescribe less, engage in more health promotion, achieve higher levels of enablement and some higher levels of satisfaction. There was no clear relationship between consultation length and referral or investigation rates.

In other words longer consultations would seem to be needed to consult in a more patient orientated way, what we are all supposed to be doing these days.

### **ASSOCIATION BETWEEN TIME AND PROVIDER**

Howie 1992: Dr's who have a more patient orientated attitude have more stress, longer consultation times, deal with more psychosocial issues. When these dr's were forced to see patients in less time they developed more stress

Campbell et al BMJ 2001: Longer consultation times are essential for providing high quality care. Practices with longer booking intervals provide better chronic disease management.

### **CONSULTATION LENGTHS IN DIFFERENT COUNTRIES**

Devengle et al : Cross sectional study as part of the 'Euro communication study', BMJ 2002

Compared determinants of consultation length across 6 European countries (video analysis of 150 GP's, 15 consultations each)

Germany	7.6 min	
Spain		
UK	9.4min	average 10.7min
Netherlands		
Belgium	~/	
Switzerland	15.v6min	

\*characteristics of patients have as much effect on consultation time as the country and GP combined

\*consultations are longest for female patient seeing GP's in urban areas about problems that both the dr and the patient see as psychosocial

- \*new problem increases the consultation length by 51 sec
- \*presence of a psychosocial problem lengthened the consultation, BUT only if it was on the dr's agenda
- \*older pt's needed more time
- \*consultation time decreased as the workload increase

This study could inform debates within practices about the effect of certain caseloads on individual GP's variation in consultation length.

## **ASSOCIATION BETWEEN PATIENT AND CONSULTATION LENGTH**

Stirling et al BJGP 2001. Deprivation, psychological distress and consultation length in general practice. (Cross-sectional study in W Scotland 1997/98, 1075 consultations of 21 GP)

Found that mean consultation length was 8.71 min  
 Richer pt's had longer consultations  
 Recognition of psychological stress was greater in longer consultations.

Concluded that increasing socio-economic deprivation lead to increasing psychosocial problems but a decrease in consultation time.

This supports the Tudor Hart inverse care law  
 This has implications for resourcing primary care in deprived areas

Some possible strategies if constantly overrun (and it bothers you or your patients)

- \*book longer consultation times
- \*have a gap in your surgery
- \*could give a card to patients when booking in explaining that length of consultation is so-many minutes and can only deal with one problem at a time
- \*double appt for pt's that you know need a longer time to see

BUT there is evidence that if you need more time to consult you are generally consulting more effectively and in a more pt centred way.