Does Length Matter? Patients’ Perceptions and Expectations of the Length of the General Practice Consultation

Carter Singh1-3*
1GP Partner Willowbrook Medical Practice, UK
2NHS Mansfield & Ashfield CCG Governing Body GP Board Member, UK
3NHS Mansfield & Ashfield CCG Audit & Clinical Governance GP Clinical Lead, UK
*Corresponding author: Carter Singh, GP Partner Willowbrook Medical Practice, UK, Tel: 07814737426; E-mail: g777cartersingh@yahoo.co.uk

Abstract

Purpose

The length of the average General Practice (GP) consultation is increasing. In 1990 the average length was 8.33 minutes but by 2003 the median consultation length had increased to 13.3 minutes. The aims of this study were to explore patient’s perceptions of the length of the general practice consultation.

Methods

This is a questionnaire based study with a total sample size of (n=66). The study timeframe was July 2012 to Jan 2013 and the response rate was 82.5%. The study was conducted at a single six-partner GP training practice with a list size of approximately 13000 patients.

Results

The majority of patients thought that the consultation length was ten minutes. Approximately two thirds of patients did not wish for any changes to be made to the length of their GP consultations. Approximately one third of patients indicated that they would like the average length of the consultation to be longer

Conclusions

This research suggests that the majority of patients are happy with the length of their GP consultations and do not wish for any change. Perhaps it is the time taken to document the clinical encounter and ‘house-keeping’ duties which are responsible for the late-running of appointments rather than the face to face time spent with the patient? The patient’s satisfaction with the length of the consultation suggests that they are happy with the prioritization and time-management skills of their GPs.

Keywords Consultation length; Patient’s perceptions; GP consultations

Introduction

The length of the average General Practice (GP) consultation is increasing. In 1990 the average length was 8.33 minutes but by 2003 the median consultation length had increased to 13.3 minutes [1,2]. The increasing complexity of problems encountered in general practice, an ageing population, the increased burden of chronic diseases, access problems, loss of interpersonal continuity, health service reforms, increased patient expectations and increased patient participation may have fueled this increase [3]. In 2009 the BMA called for the duration of GP appointments to be increased to 15 or even 20 minutes to cope with the increasing complexity of patient problems [3-11].

The number of clinical sessions that started running significantly late in our six-partner GP training practice in Nottinghamshire with a list size of approximately 13000 patients was increasing. Perhaps inadequately short consultation slots were part of the reason for this late-running? Our standard consultation length is 10 minutes. There is no identifiable research exploring patient’s perceptions, concerns and expectations of the length of the general practice consultation in Nottinghamshire. The findings of this study could assist general practitioners increase levels of patient/GP satisfaction and safety, optimize rapport, reduce complaints, help to manage time more effectively (reduce late running of appointments) and increase practice productivity.

Aim

The aim of this study was to explore patient’s perceptions of the length of the general practice consultation.
Methods

This is a questionnaire based study in which the patient’s perceptions, concerns and expectations of the length of the general practice consultation were explored. The study timeframe was July 2012 to Jan 2013 and the response rate was 82.5% [12-16]. The study was conducted at a single six-partner GP training practice in Nottinghamshire with a list size of approximately 13000 patients.

Results

The majority of patients thought that the consultation length was ten minutes but nearly equal numbers of patients did not know the average length of a GP consultation. A sizeable minority of patients thought the consultation length was shorter than 10 minutes. Approximately two thirds of patients did not wish for any changes to be made to the length of their GP consultations. Approximately one third of patients indicated that they would like the average length of the consultation to be longer [17-20]. The majority of those patients wanting an increase in the length of their consultations (6%) wanted an increase of 5 minutes taking their consultation from ten to fifteen minutes in total length.

This research suggests that the majority of patients are happy with the length of their GP consultations and do not wish for any change. Those who did indicate that they wanted and increase in the length of time spent with the GP during a consultation did not want a significantly longer consultation. Perhaps it is the time taken to document the clinical encounter and ‘house-keeping’ duties which are responsible for the late-running of appointments rather than the face to face time spent with the patient? Perhaps more patients are presenting with psychological problems and therefore this is contributing to a longer consultation length? These factors were not investigated in this study and perhaps further research into this topic may wish to address them [21,22]. The patient’s satisfaction with the length of the consultation suggests that they are happy with the prioritization and time-management skills of their GPs.

Discussion

The majority of patients thought that the consultation length was ten minutes but nearly equal numbers of patients did not know the average length of a GP consultation. A sizeable minority of patients thought the consultation length was shorter than 10 minutes. Approximately two thirds of patients did not wish for any changes to be made to the length of their GP consultations. Approximately one third of patients indicated that they would like the average length of the consultation to be longer [17-20]. The majority of those patients wanting an increase in the length of their consultations (6%) wanted an increase of 5 minutes taking their consultation from ten to fifteen minutes in total length.

This research suggests that the majority of patients are happy with the length of their GP consultations and do not wish for any change. Those who did indicate that they wanted and increase in the length of time spent with the GP during a consultation did not want a significantly longer consultation. Perhaps it is the time taken to document the clinical encounter and ‘house-keeping’ duties which are responsible for the late-running of appointments rather than the face to face time spent with the patient? Perhaps more patients are presenting with psychological problems and therefore this is contributing to a longer consultation length? These factors were not investigated in this study and perhaps further research into this topic may wish to address them [21,22]. The patient’s satisfaction with the length of the consultation suggests that they are happy with the prioritization and time-management skills of their GPs.

References

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