

21 Conclusion

This report describes the results of the first year of the national SAND program which utilises a sub-sampling approach of BEACH encounters to study specific aspects of health and health care delivery. Many of the topics have not been previously investigated or studied in the general practice context. However, from the outset, there were possible advantages and disadvantages foreseen in this sub-sampling approach.

In the course of describing the results, it has been demonstrated there was an advantage in asking the patient additional health-related items at the time of the GP-patient encounter. Some variables have been linked to other aspects of the encounter to determine associations between risk factors and morbidity (e.g. body mass and diabetes). This is useful as it helps us identify possible 'at-risk' patients who are attending general practice. The section on length of consultation and GP satisfaction showed that in the majority of consultations GPs felt that the time spent with the patient had been sufficient for them to deal with preventive health and psychosocial aspects of patient care, but in about one-in-five they did not. Several parts of this report suggest that they have ample opportunity to improve their patients' health through provision of advice, encouragement and education, for a considerable proportion of the general practice patient population have been shown to have risk factors (such as obesity, smoking or a high alcohol intake) that lend themselves to intervention.

Through the SAND sub-sampling approach, the GP was able to provide insights into aspects of the patient care that were not covered by the current consultation (e.g. co-morbidity, patient history). The final samples contained sufficient power and precision because of the randomly selected sample of GPs (in most sections over 100 GPs) who each provided data regarding 20 or 40 patients. The resulting data sets provide extensive investigative opportunities for the future.

There were some disadvantages that may impact on the reliability and validity of the data collected. For some of the lines of questioning GPs failed to complete all of the SAND questions with patients. The fact that there were missing data was possibly due to time constraints in the course of the consultation or confusion in the construct of the questions. It was particularly evident for indirect encounters (i.e. encounters where there is no face-to-face meeting between the patient and the general practitioner, but a service is provided) where it was not possible for the GP to gather the additional information. However, the random nature of the missing data among direct encounters and the large number of valid observations may counteract the loss from indirect consultations, which make up a minority (3.3%) of GP activity (Britt et al. 1999b).

The current report has provided a broad-brush examination of the work to date. With the importance of general practice continuing to be realised, the SAND program provides opportunity to explore the nature of health and health care delivery as experienced through the general practice interface. The valuable information collected will lead to a better understanding of the issues faced by GPs and the patients they care for.