Too Many Hospital Referrals?

In all systems of health care there are certain inevitable, definable levels of care – self-care, primary professional care (general practice in the NHS), 'general’ specialist care at a district hospital level and ‘super’ specialist care at regional units (such as thoracic surgery, neurology, ophthalmology &c). Each level of care has its interface with the level adjacent to it. It is at these interfaces that referrals of patients take place. If we are to be in a position to make better use of available resources, then the movements of persons seeking care between the four levels is of supreme importance.

In the British National Health Service there is a single portal of entry into most medical care, that is through the general practitioner, with whom 98% of the population are registered. Apart from the accident-emergency and the venereal diseases departments, hospital care can be obtained only through referral of a patient by a general practitioner to a hospital specialist unit.

The use of our hospitals has more than doubled since the NHS was created in 1948, and still the trends are for more and more persons being referred by general practitioners to hospitals each year. The most recent information from the DHSS for 1974 shows that almost 12% of our population are admitted to hospital each year, 16% are referred as new cases to outpatient departments and almost 20% take themselves (or are taken) to accident-emergency departments. Thus one-half of the population may be attending our hospitals in a year.

There is also scant information on the reasons why general practitioners refer their patients to hospitals. There is a thirteen-fold range of difference, quoted in the Royal College of General Practitioners report 'Present State and Future Needs' (1973).

Some general practitioners are quoted as referring 20 per 1000 to outpatient departments in a year and, at the other extreme, some refer as many as 260 per 1000. Why? This we do not know and it is urgently necessary that we find out. It may be that some practitioners refer too few of their patients to hospital but it is much more likely that many more refer too many of their patients. This has to remain an unproven hypothesis until studies are carried out to examine and analyse the hospital referral patterns of general practitioners in an area or district and the reasons for different rates of referrals.

In my own practice (Fry J, 1971, Lancet ii, 148) the referral rate has been halved during 25 years. In 1951 I was referring 105 per 1000 of my patients to

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1 Based on Presidential Address by Dr John Fry to the Section of Medical Education, 10 November 1976
hospital, in 1970 the rate was 51 per 1000 and in 1975 it was 47 per 1000. There was a general overall reduction in referrals among all clinical groups but the greatest reductions were in rheumatic disorders, cardiovascular conditions, neurological disorders and psychiatric disturbances. In my own case the chief reasons for this reduction in referrals have been that I have become more experienced and more knowledgeable in the nature and natural history of these common diseases and more aware of the limitations of my consultant colleagues.

There is a need at this period of national economic crisis to use less our expensive resources, the hospitals. To achieve this may involve changes at the interface between general practice and the hospital service and yet we have very few reliable data on what goes on at this interface.

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