Describing the content of general practice consultations: a national morbidity study in the Clinical Practice Research Datalink (CPRD)

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Abstract

Introduction

Little is known about the content of general practice consultations. Most information comes from data collected over 20 years ago. We have analysed the content of consultations, providing an updated morbidity study and resource for healthcare education, planning and policy.

Methods

This Oxford-Bristol collaboration used a 10% sample of 1.7m consultations from the CPRD. We mapped all codes recorded during 1 year (2013/2014) to the International Coding in Primary Care (ICPC-2) scheme.

Outcomes calculated were: proportion of consultations attributable to conditions, consultation rate/person years, annual consulting prevalence; all reported by age and gender for the 17 ICPC-2 chapters.

Results

57% of consultations contained codes in the General and Unspecified chapter, including blood pressure measurement, medication reviews and lifestyle advice. Respiratory conditions account for ~10% of consultations (consultation rate, 46 consultations/100 person years(PY) and consulting prevalence, 26.5/100PY); skin conditions occurred in 9% of consultations and musculoskeletal complaints in 8%. All other chapters occurred in less than 5% of consultations.

High consultation rates in infants for respiratory (128.2 consultations/100PY), skin (66.1 consultations/100PY) and digestive concerns (55.5 consultations/100PY) were observed. Consultation rates were also high regarding pregnancy and contraception amongst women aged 15-44. Several of the ICPC-2 chapters showed increasing consultation rates with age. Patterns of prevalence rates were similar.

Discussion

A significant proportion of consultations included skin and musculoskeletal problems. This has implications for medical education as they typically receive little attention in curricula. Many consultations are not attributed to specific health conditions, raising difficulties for research and health service planning.