How can we measure the complexity of general practice consultations?

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Abstract

Introduction

Through an Oxford-Bristol collaboration we have previously demonstrated that GP consultation rates are increasing. However, the complexity of consultations may also be increasing, further compounding workload pressures in general practice. The aim of this study was to develop a valid and reliable measure of the complexity of GP consultations.

Methods

We conducted a Delphi study over two rounds involving 32 experienced GPs to identify potential indicators of consultation complexity then created initial Read code sets for each of the endorsed complexity indicators. We found it necessary to distinguish between indicators of complex consultations (consultations involving complex problems) and complex patients (patient characteristics which make most of their consultations complex).

Using a 10% age-sex stratified random sample of 304,937 people and 1.7 million consultations from the Clinical Practice Research Datalink (CPRD) we will use Principal Component Analysis (PCA) to identify independent indicators of patient and consultation complexity, then validate the combined complexity measure against consultation duration. Finally, using CPRD we will explore how complexity varies in different populations and over time.

Results

After two rounds the Delphi panel endorsed 17 of a possible 19 indicators of consultation complexity and 17 of 26 indicators of patient complexity. Findings from the work to combine indicators and to validate the complexity measure will be presented, along with how complexity varies in different patient populations and over time.

Discussion

A valid and reliable measure of complexity will be useful for research and policy, with implications for how general practice is organised and resourced.

Patient and Public Involvement (PPI)

None