

Primary Care Survey 2005

By Dr Wong Tien Hua

When old friends and colleagues 'catch up' during CME meetings and medical seminars, one of the recurring themes that I have often heard is that the workload for GPs has dropped ever since SARS. The public sector is overworked, yet private sector services are under-utilised. Is it true that the workload for GPs has changed? How many patients is the GP seeing per day on average nowadays? Are fellow GPs working as many hours as before, or more?

After a four-year interval, the one-day Primary Care Survey is back. Ministry of Health (MOH) will be conducting the survey on 14 September 2005 (Wednesday). The survey will include all polyclinics and selected GPs. To better focus resources for a better response rate, GPs will be selected via stratified random sampling of 523 clinics out of the approximately 1500 establishments in Singapore.

This will be the fourth such survey by MOH. The first survey to capture data about the state of primary healthcare in Singapore was done in 1988. This was followed by the second in 1993 and most recently in 2001. Data obtained from such national surveys are useful for monitoring population health requirements, and for use in formulating health-planning policies. Closer to our hearts, the survey will also monitor the workload of our healthcare providers.

The last survey in 2001 showed that the average daily patient load of the doctor had decreased from 40 patients a day in 1993, to 33 patients in 2001. The average number of visits to the doctor per person had also dropped to 4.4 visits per annum in 2001, compared to 5.0 in 1993. There was however, an increase in the number of patients seeking treatment for chronic medical problems such as hypertension. The response rate of the polyclinics was 100%, which was not surprising; but only 36% of 1480 GPs responded. The survey done in 1993 had an even lower response rate of 31% from the GPs.

Needless to say, a better response from the private sector will be crucial in making this exercise a success. Aside from answering the questions that were raised earlier, this survey will also compare polyclinic and private sector workloads. Within the private sector, data can show differences between group practices and solo practices. Solo practitioners historically used to see mainly private (full-paying) patients, but market forces have changed in recent years such that many are now serving corporate clients as well. It will be interesting to see how many GPs are currently signed up with contract cases, and the proportion of their workload devoted to this.

In order to attain a higher professional standard in the conduct of the survey and protect the confidentiality of those who participate, a research company will be tasked to collect data. Only provide de-identified data to MOH. Some of the data items that will be captured include:

- number of doctors per clinic
- working hours per week
- estimated charges
- estimated average consultation time
- log of all cases seen by the doctor for the day, each with a principal diagnosis

This year, the questionnaire has been carefully planned to ensure that the doctor does not need to trouble their patients for any additional information. The information collected should already be routinely collected by clinics. Careful attention has been paid to protect confidentiality.

When the survey finally reaches your doorstep, please do take the time to fill out the survey carefully. A high response rate will make the data more meaningful for all stakeholders. The Survey Advisory Committee (with representatives from MOH, CFPS, SMA, the polyclinics and private GPs) has made it a point to avail all means to make the survey as hassle-free as possible for the selected respondents. ■

