

Performance Audit

Primary Health Care

The General Practitioners Function within Health Centres

Report by the Auditor General

The Auditor General is head of the National Audit Office, Malta. He and the National Audit Office are totally independent of Government. He examines the accounts of all Government Ministries and Departments and may also examine other public sector bodies. He also has statutory authority to report to the House of Representatives on the economy, efficiency and effectiveness with which Departments and other bodies have used the resources voted annually to them in the Estimates.

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Printed at the Government Press

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January 2001

Mr. Speaker,

This report has been prepared and is being submitted in terms of sub-paragraph 8(a)(ii) of the First Schedule of the Auditor General and National Audit Office Act, 1997 for presentation to the House of Representatives in accordance with sub-paragraph 8(b) of the said Act.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'J. G. Galea', with a horizontal line extending to the right from the end of the signature.

J. G. Galea
Auditor General

The Hon. Speaker
House of Representatives
Valletta

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Executive Summary

1. During 1999, Primary Health Care was funded through a Lm3.7 million allocation equivalent to 0.7 per cent of Government's total recurrent expenditure. The concept of primary health care is considered to have increasing importance and budget allocations are again demonstrating minimal increases in nominal terms.
2. The National Audit Office has carried out a performance audit of the management and services provided by general practitioners at health centres pertaining to the Department of Primary Health Care within the Ministry of Health during the period January - April 2000. All health centres, with the exception of Victoria and Cospicua, provided the General Practitioner (GP) service twenty-four hours daily up to May 2000.
3. The effectiveness of the clinic service provided by the GP was assessed through a survey questionnaire held at all health centres during the period 13 to 28 March 2000. The objective of the survey was to collate information about users' perceptions of the service provided. Data related to services provided by GPs at dispensaries, home visits or in health centres' treatment room was not covered. The results from the survey were analysed on:
 - a national level,
 - a health centre basis, and
 - according to social status of the users.
4. Nearly all the users surveyed expressed a high level of satisfaction regarding the quality of service received when visiting the GP at the health centre. Most users substantiated

their satisfaction by indicating that they will continue to use the service in future. Considering that on average a user makes use of the service eleven times during a year, there are clear indications that the GP service is making a positive contribution towards the attainment of the objectives of primary care.

5. The service provided however cannot be termed as a personalised one as indicated in the Department's mission statement. In fact, only a small percentage of users knew the name of the GP administering the service. There is no system to guarantee that users will be treated by the same GP. In addition the filing system adopted to document users' medical history further limits the attainment of the personalised service concept since in many instances, medical records are either not updated, more than one personal file may exist for the same user or a file may be nonexistent. Moreover, the use of information technology is only marginally utilised towards these purposes.
6. There is an uneven distribution of GPs within the various clinics. Users per doctor hour ratio varied from 4.4 users per doctor hour in the Mosta and Rabat clinics to 8.1 users per doctor hour at Floriana. The implications of such variances are that the quality of the service provided in some areas may be unintentionally diminished in order to provide a service to a larger number of persons. The uneven distribution of doctors further complicates a scenario where shortages of medical officers employed by Primary Health Care prevail.
7. The non-utilisation of an appointment system for regular users is also conducive to create peak and lean periods, thus not optimising the utilisation of primary health care resources. In fact only 65 per cent of doctor hours are used to meet 91 per cent of demand for service.

- 8.** Average costs of the General Practitioner services amount to Lm2.12 and Lm3.13 respectively for a visit by the patient to the clinic at the health centre and for a doctor to visit the patient at home. Services provided through local dispensaries, mainly for prescription renewals, cost on average Lm1.43 per user. The services are not considered cost efficient.
- 9.** In order to continuously improve the service provided, the Department of Primary Health Care has introduced Quality Service Charters (QSC) in the Floriana and Qormi health centres. However, while the QSC for Floriana health centre aims for an expected waiting time for a GP of only 30 minutes, the Qormi QSC pursues a 1 hour benchmark. It appears inappropriate to maintain different 'expected waiting times' for the same service at different health centres.
- 10.** NAO recommends the set up of a separate financial management structure at Primary Health Care to further decentralise and increase accountability. The introduction of comprehensive IT systems would enable the Department to manage more effectively patients' medical records, introduce an appointment system for the GP service and allocate resources more rationally to optimise the Health Centre services.
- 11.** The generation and use of performance indicators as a management tool is also highly recommended.
- 12.** The use of video monitors and publications in health centres would further enhance health education and awareness and would be conducive to users making better use of health centres.

Part 1 - Introduction

1.1.1 The National Audit Office (NAO) undertook a performance audit of the General Practitioner (GP) services provided by the Primary Health Care Department of the Ministry of Health through the various health centres (HC) during period January – April 2000. The findings in this report are as presented and verified by the NAO as at end April.

1.2 Objectives

1.2.1 The objectives of this audit were to evaluate whether the General Practitioner services offered by health centres services were:

- In compliance to Ministry of Health objectives;
- Provided in an efficient and effective manner;
- Yielding an adequate level of customer satisfaction.

1.3 Scope

1.3.1 The attainment of the above objectives included the evaluation of the cost efficiency and effectiveness of the service and satisfaction amongst users. The findings were achieved through the following:

- Familiarisation visits at the health centres;

- Organisation structure at health centres (Medical staff, Nursing grades);
- General management within health centres;
- Allocation of human resources at health centres;
- Evaluation of staff allocations vis-à-vis catchment areas;
- Costing of various services provided by the health centres;
- Statistical analysis of data provided by HCs;
- Evaluation of health centres' usage.

1.4 Methodology

- 1.4.1 The evaluation of the GP Service was performed through a customer care oriented survey at all health centres during period 13 to 28 March 2000. Interviews were held with Acting Director Primary Health Care, Deputy Nursing Manager, Senior Medical Officers, Nursing Officers and other staff at the various health centres.
- 1.4.2 The Department's Business Plan and user related data generated by health centres provided the basis of documentation received for the purpose of this assignment.
- 1.4.3 The National Audit Office contracted the service of a consultant to provide quality assurance on statistics resulting from the survey undertaken.

- 1.4.4 The survey was conducted amongst users of this service. The completed questionnaires (1062) were evaluated for:
- health centre administration;
 - inputs in health centres;
 - outputs by health centres;
 - effectiveness of GP service;
 - demand for the services;
 - variance analysis between health centres;
 - health centre environment.

1.5 Background

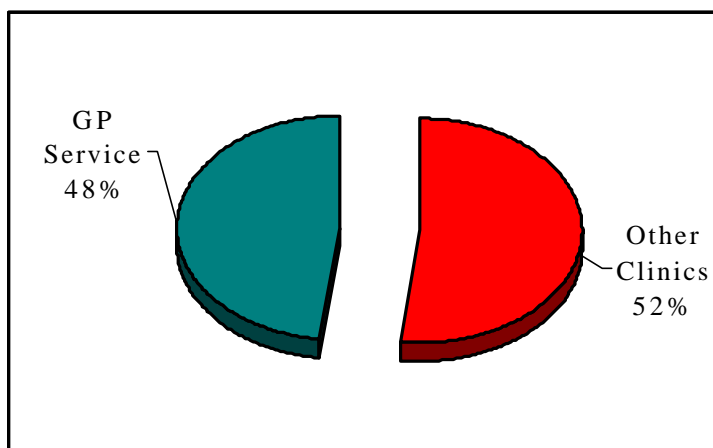
- 1.5.1 The mission of Primary Health Care in Malta strives ‘to ensure the availability to all citizens of a comprehensive health care system, offering continuity of care on a personalised basis, with an emphasis on health promotion and illness prevention rather than cure.’¹
- 1.5.2 The objective of this audit was to ascertain whether the above mission statement, with regards to GP services, is ultimately being achieved in an efficient and effective manner.
- 1.5.3 Primary Health Care in Malta and Gozo is offered from eight health centres namely, Mosta, Floriana, Gzira, Paola, Qormi, Cospicua, Rabat and Victoria Gozo. Service is provided on a 24-hour basis. Cospicua and Victoria HC, however, operate only from 0800 hrs to

¹ Business and Financial Plan 2000-2002

2000 hrs and service is eventually continued from Paola health centre and Gozo General Hospital respectively. A lack of staff limited Birkirkara HC's range and supply of services. It is to be noted that since 6 May 2000, after the audit was concluded, the Ministry of Health introduced different time schedules in a number of health centres.

- 1.5.4 To help in the distribution of services, the Department operates 52 local clinics² spread in towns and villages across the Islands. There are 40 such clinics in Malta and another 12 in Gozo. The clinics are open on a limited time schedule and are managed by a medical officer and a nurse. These offer GP services and the Postal Drug Distribution service.

Chart 1: Health Centre Users³



- 1.5.5 Departmental Business Plan for the years 2000-2002 highlights the further introduction of Quality Service Charters within health centres. The charters provide benchmarks relating to the standard of services to be provided. Two Quality Service Charters (QSC) have to-

² Also known as Local Dispensaries or Bereg

³ Source: Primary Health Care

date been published in conjunction with the Management Efficiency Unit, whilst others are in the process of being launched. Floriana health centre issued their QSC in June 1999 and Qormi health centre published theirs in January 2000. Customer related information including rights, access and client expectations, together with opening/closing times, expected waiting times and procedures to be followed when requesting a particular service are highlighted.

1.5.6 Health centres offer a range of specialised clinics which are at the disposal of potential users within specific times. Table 1 includes a list of all clinics, together with number of users during 1999. Most services are offered on a daily basis, whereas others are available by appointment. Generally clinics are open at 0800 hrs and close between 1300 and 1400 hrs.

1.5.7 In this audit, NAO concentrated mainly on services being offered by the General Practitioners. Services provided by such doctors include the:

- Round the clock GP manning of clinics at health centres (revised since 6 May 2000);
- Home visits;
- Operating a limited time schedule at local clinics (dispensaries/bereg);

1.5.8 In all, Primary Health Care dealt with 1.64 million clients during 1999. Of these, users availing themselves of GP services amounted to 779,128 or 47.6 per cent of total health centre users (Chart 1). 474,187 users, or 60.8 per cent of the total GP service users were seen to at the health centres, whilst another 33.8 per cent or 263,191 attended local clinics. GPs administered their services

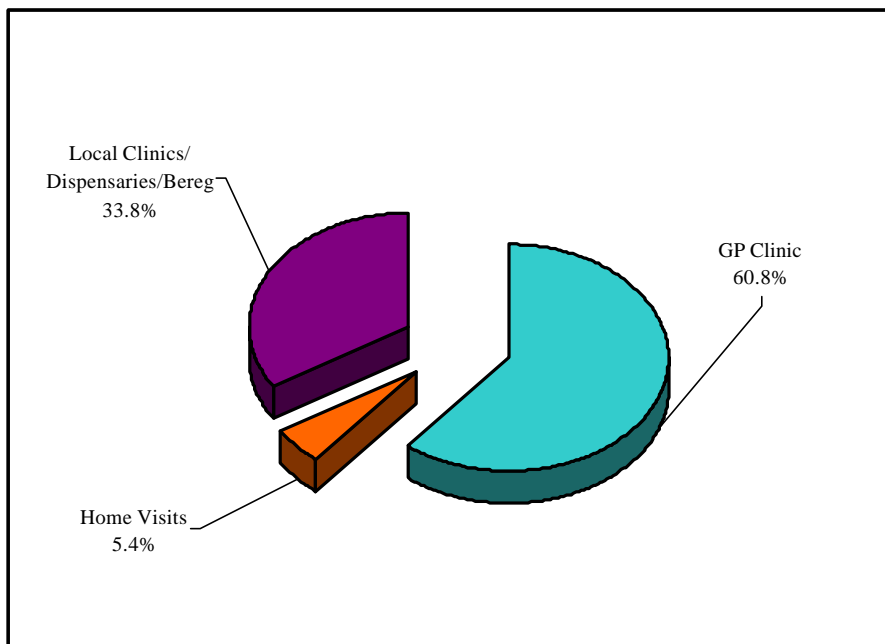
through home visits to the remaining 5.4 per cent of users (Table 1 and Chart 2).

Table 1: 1999 Users of all clinics at health centres

Clinics	Floriana	Qormi	Gzira	Paola	Cosp.	Mosta	Rabat	B'Kara	Gozo	Postal	Total
Acupuncture	2,107										2,107
Dental	2,572	2,811	4,822	7,307		4,975	2,259				24,746
Dental Hygienist	729	537	887	1,170		860	317				4,500
Diabetic	2,605	1,858	1,704	2,768	673	3,472	838				13,918
ECG	546	303	608	1,095		1,354					3,906
Glaucoma	32	144	610	461		1,048					2,295
Gynaecology	906	1,013	956	1,963		1,436					6,274
Immunisation	20,937	6,852	5,874	11,794	900	8,056	3,024		2,755		60,192
Medical Consultant	1,050		1,200	906		942					4,098
Ophthalmic	1,520	1,275	1,308	1,687		1,737					7,527
Pathology	4,768	15,609	4,181	7,130	1,627	6,126	2,384				41,825
Physiotherapy	3,313	3,026		5,500		5,557					17,396
Podology	10,252	4,381	6,031	10,448		5,697					36,809
Psychiatry	855	1,710		1,582		1,061					5,208
Schedule V Clinics	1,106	631	1,054	1,940		1,639					6,370
School Dental	14,740										14,740
Speech Therapy	3,769	4,544	2,131	12,013		3,446	1,036	720			27,659
Treatment Room	28,221	28,897	23,173	52,296	11,860	25,750	20,110		15,268		205,575
Well Baby Clinics	990	804	805	1,985		1,667	540				6,791
X-Rays	814	1,469	1,862	4,890		4,246	387				13,668
Pharmacy Luqa	42,877	38,893	48,125	70,370		43,452		21,009	4,480		269,206
Pharmacy				30,182							30,182
Postal Service										52,298	52,298
Specialised Clinics	144,709	114,757	105,331	227,487	15,060	122,521	30,895	21,729	22,503	52,298	857,290
GP Clinics	58,622	61,119	49,849	114,780	32,825	76,341	42,698		37,953		474,187
Home Visits	15,165	1,493	3,086	14,104	22	7,039	638		203		41,750
District clinics	70,872	8,843	33,183	73,196	13,326	26,229	5,980	17,611	13,951		263,191
GP Total	144,659	71,455	86,118	202,080	46,173	109,609	49,316	17,611	52,107		779,128
Health centres Total	289,368	186,212	191,449	429,567	61,233	232,130	80,211	39,340	74,610	52,298	1,636,418

Source: Primary Health Care

Chart 2: GP Service Users⁴



⁴ Source: Primary Health Care

Part 2 - Administration & Finance

2.1 Head Office, Primary Health Care

- 2.1.1 The Department of Primary Health Care is headed by a Director and assisted by a Senior Medical Officer and clerical staff. A nursing grade structure which complements in the overall administration of Primary Care is made up of a Manager Nursing Services and supporting staff. Monthly meetings take place between administrators at Head Office and Senior Medical Officers and Nursing Officers responsible for the health centres.
- 2.1.2 It was established that the main objective of the Department is to ensure that all clients' demands at health centre level are satisfied.
- 2.1.3 The Department is however, constrained from giving more priority to the financial aspect of operations. The Head Office of the Ministry of Health maintains a centralised accounts system which leaves the Primary Health Care Department unable to monitor efficiently the funds under its responsibility.

2.2 Health Centres

- 2.2.1 The administration of health centres is a joint undertaking between the Senior Medical Officer and the Nursing Officer. The former deals with issues relating to Medical/Paramedical staff and Pharmacists, while the latter is responsible for all other staff, namely, Nursing, Departmental and Industrial grades as well as for requisition of stock. Decisions are taken by mutual

agreement. The Senior Medical Officer or the Nursing Officer is responsible for the modus operandi of the health centre in the absence of one or the other or a designate.

- 2.2.2 Although the joint management structure as practiced by the Department deviates from conventional practices, no serious management problems were encountered. NAO also endorses the practice of regular staff meetings that provide the opportunity for any arising issues to be discussed.
- 2.2.3 Reports containing relevant information on the number of patients visiting particular clinics are drawn up daily by health centres and sent to Primary Health Care Department where all data is eventually inputted.
- 2.2.4 The following issues relating to health centre administration emerged:
- Health centres lack resources as far as their administration is concerned. Computer systems are either non-existent and/or hardware is obsolete. In certain instances clerks have to call at Local Council offices to have photocopies prepared, in other cases, hand-written reports are carbon copied.
 - The Patient Administration System (PAS) at St. Luke's hospital is still in its early stages of installation at Primary Health Care. It is used mainly to fix appointments for specialised clinics and liaise with St. Luke's Hospital. In future this system is to be utilised to collect and retrieve any available data regarding patients.

- The patient filing system in use by health centres is not fully serving its purpose. Two separate files of the same patient are kept in different offices at the health centre that are not related to one another. ‘Diabetic’ files are opened and maintained at the Diabetic clinic, while separate files are opened for other treatments and examinations at the same centre. A particular health centre claims that retrieval of such files and their eventual access is somewhat difficult if not impossible.
- Reception staff register details of the user needing the doctor by requesting the name, identification card and hometown. This source is considered as an unreliable one for record keeping purposes. Records never reconcile with documents generated by Medical Officers providing the service. Such a situation occurs when:
 - i) Patients fail to report to reception before proceeding to the waiting area;
 - ii) Registered patients who leave the health centre before being seen to by GP are not deleted;
 - iii) If the same patient returns later on in the day he/she is recorded once again;
 - iv) Users needing the GP to extend prescription requests are recorded as one user at Reception but repeatedly in the GPs register if various prescriptions for different patients are presented for extension.

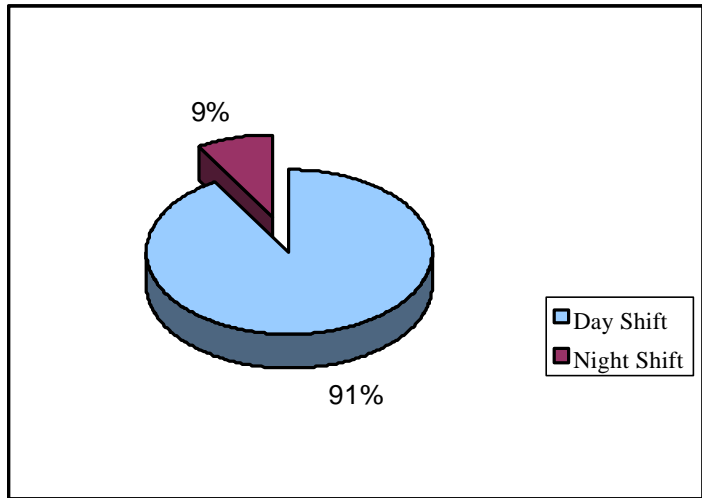
2.2.5 It was data collected from the Medical Officer’s Register that was utilised in this assignment.

2.3 General Practitioners Deployment

- 2.3.1 Interviews with the Acting Director Primary Health Care highlighted the fact that studies to determine user ratios, which are consequently utilised to deploy staff at health centres, are not performed regularly.
- 2.3.2 For performance evaluation purposes, the NAO sought to compare staff user ratios within health centres. The exercise provides also clear indications vis-à-vis the optimal allocation of staff.
- 2.3.3 The Department claims that it is constrained by serious medical staff shortages. As a consequence the Department frequently ends up in a position where it has to react, through substituting and/or transferring staff from one health centre to another. Moreover, the Department's complement is often supported through temporary staff from St. Luke's Hospital. This situation has been taken into consideration in the staff/user review.
- 2.3.4 From data supplied by Primary Health Care, NAO sought to work out and compare ratios between General Practitioners and GP service users for day and night shifts at health centres (Table 2). This exercise entailed separating full-time and part-time Medical Officers and calculating the amount of doctor hours dedicated to the day and night shifts. As far as full-time General Practitioners are concerned and following consultation with the Department, it was agreed to allocate 16.8 hrs from an average weekly 45.5 hrs worked by a General Practitioner to have been worked during the night shift. The hours worked by part-timers were allocated as when actually worked.

2.3.5 As is the practice at Primary Health Care and for the purpose of this exercise, the staff and users for Paola and Cospicua and for Mosta and Rabat have been grouped.

Chart 3: Day/Night Demand for GP Services⁵



2.3.6 On a national level, of the 779,128 users availing themselves of GP services, 711,788 users (91.4%) visited the centres during the 12 hr day shift (0800 – 2000 hrs) (Chart 3). Only 65 per cent of doctor hours are worked during the day shift to meet 91 per cent of total demand. Whereas during the day General Practitioners see an average 5.52 users per doctor hour, only 0.97 users per doctor hour are treated at night⁶.

2.3.7 There are significant differences in doctor hour - user ratios between health centres (Table 2 and Chart 4). Floriana health centre attends to a yearly average of 8.13 users per doctor hour during the day shift. This centre has the highest average when compared to the others. As far as the night shifts are concerned, Floriana represent

⁵ Source: Primary Health Care.

⁶ Figures quoted in Para 2.3.6 are in respect of 1999. It is to be noted that opening hours of health centres have been revised in May 2000. Such changes entailed the closure of health centres during the night.

the highest average with 1.21 users per doctor hour, followed by Paola, Qormi, Gzira and Mosta, with 1.16, 0.834, 0.814 and 0.712 users per doctor hour respectively.

Chart 4: Users per Doctor hour during day and night shifts⁷

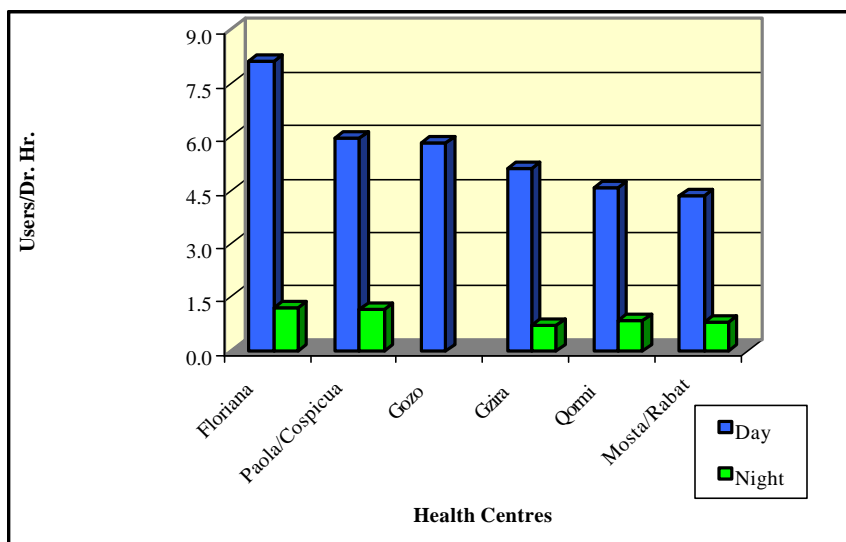


Table 2: Users Per Doctor Hour Ratios

		GP Users	Total Users	Doctor Hours (FT)	Doctor Hours (PT)	Total Dr Hours	User/Dr hour Ratio
Mosta	Day	120,990	133,200	31,340	2,288	33,628	*4.365
	Night	12,210		18,346	416	18,762	*0.814
Rabat	Day	38,859	43,336	2,985		2,985	
	Night	4,477		1,747		1,747	
Gzira	Day	79,895	86,118	14,924	676	15,600	5.121
	Night	6,223		8,736		8,736	0.712
Floriana	Day	133,602	144,659	14,924	1,508	16,432	8.131
	Night	11,057		8,736	416	9,152	1.208
Qormi	Day	64,550	71,455	13,432	728	14,160	4.559
	Night	6,905		7,862	416	8,278	0.834
Paola	Day	188,960	215,428	35,818		35,818	*5.944
	Night	26,468		20,966	1,040	22,006	*1.157
Cospicua	Day	32,825	32,825	1,492		1,492	
	Night	0		874		874	
Victoria	Day	52,107	52,107	8,954		8,954	5.819
	Night	0		5,242		5,242	

- Denotes ratios for combined centres – Mosta/Rabat and Paola/Cospicua
- Source: Primary Health Care

⁷ Source: Primary Health Care.

2.4 Financing Primary Care

- 2.4.1 Since an important element in primary care is that of preventive health care, the main aim of the Department is to provide primary health care services that are as easily available and as close to potential users as possible. The Department of Primary Health Care is also obliged to provide a service that is economic, efficient and effective.
- 2.4.2 Significant increases in expenditure on health has been consistently registered over the past years. Recurrent expenditure rose from Lm37.4 million in 1993⁸ to a budgeted Lm52.6 million for 2000⁹. A further Lm16.8 million are also earmarked to finance capital projects during the current year. The increase registered in recurrent expenditure in respect of primary health care over the past years was minimal. The cost of providing primary care is estimated at Lm3.8 million in 2000¹⁰.
- 2.4.3 Table 3 compares the Primary Health Care expenditure to total Government recurrent expenditure. PHC expenditure as a ratio of the Ministry of Health expenditure is not a reliable indicator due to changes made in the Ministry's portfolio over the years by the various Administrations.

Table 3: Recurrent Expenditure on Primary Care

	Primary Care	% Of Government	Government Recurrent
	Recurrent Expenditure		Expenditure
	<i>Lm</i>		<i>Lm</i>
1995	3,560,863	0.83%	427,774,168
1996	4,029,294	0.85%	475,392,191
1997	3,213,784	0.65%	497,189,262
1998	3,261,588	0.63%	516,392,853
1999	3,658,563	0.70%	520,042,342
2000	3,803,518	0.69%	553,200,000

Source: Figures for years 1995-1999 according to Financial Reports and exclude Public Debt Servicing. Figures for year 2000 according to Estimates, excluding Public Debt Servicing.

⁸ Estimates 1995 (p. 90)

⁹ Estimates 2000 (p. 310)

¹⁰ *ibid.* (p. 316)

2.5 Financial Control

- 2.5.1 The present set up and resources within the Department of Primary Health Care make it difficult for the Department to keep track of its expenditure. There is no Finance Officer to process accounts and compile the relative financial data. The Accounts Section of the Ministry of Health is responsible for the accounting function of the Department of Primary Health Care. The Section then forwards a monthly financial status report to the Department wherein balances of all line items are listed. However, no other details or analysis are given.
- 2.5.2 Given the situation highlighted above the following concerns emerge:
- Management information on the cost of providing primary health care is not readily available to the Department.
 - Lack of management and financial information undermines the Department's capability to plan, revise and implement budgetary control.
- 2.5.3 Costs in respect of the provision of primary health care are not accounted for in accordance to the particular health centre where incurred but are collectively allocated. This results in a financial information lacuna where the extent to which costs vary between health centres is not known. Consequently, management is not in a position to evaluate the performance of the different centres. The non-utilization of responsibility centres also hinders the Department of Primary Health Care from having accurate and timely comparative information that could form the basis for performance management and control. It is augured this problem will be alleviated

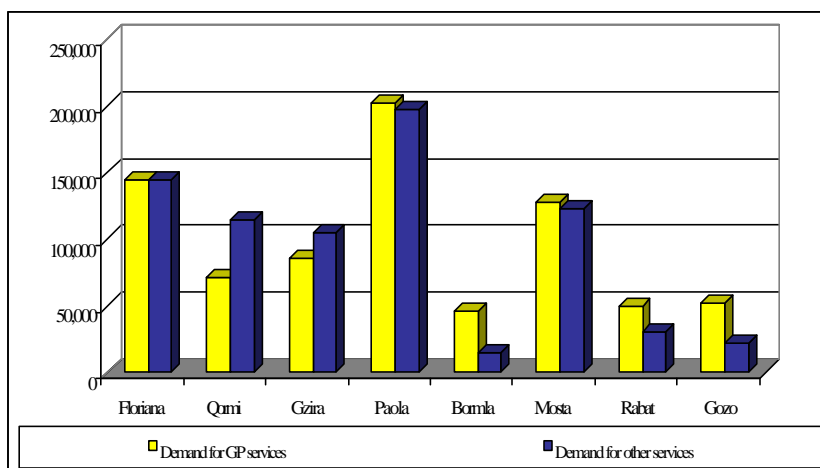
with the introduction of the Departmental Accounting System (DAS).

Part 3 - Costing the GP Function

3.1 The role of the GP

- 3.1.1 The role of the GP within primary care can be divided into three main functions, namely (a) the manning of GP clinics in health centres, (b) making home visits and (c) providing GP service in local clinics. On average, GPs spend 65 per cent¹¹ of total working hours on GP clinics. Home visits and dispensaries make up 27 per cent and 8 per cent respectively.

Chart 5: GP users against users of other services in health centres¹²



Source: Primary Health Care

- 3.1.2 The number of users of health centres, including pharmacy and Gozo, amounted to 1,636,418 during 1999¹³. Of these, 779,128 (i.e. 47.61 per cent of total

¹¹ Percentage rate taken as per roster prepared by PHC for the week 6th - 12th March 2000 for all health centres.

¹² Data excludes 103,489 users of the Luqa, B'Kara Pharmacies and Drug Distribution service.

¹³ Figures exclude the distribution of 144,495 syringes.

users) made use of the services provided by the GP (Table 1). The relativity of demand for GP users against demand for other services at health centres is shown in Chart 5.

3.2 The cost of the GP Service

3.2.1 In the absence of readily available separate costings for the three services supplied by GPs (at health centres, homes and local clinics), data and information submitted by Department of Primary Health Care were used in order to elicit the required information. Costings are in respect of 1999 and apply to health centres in Malta since expenditure in respect of the Victoria health centre is included in the Vote for the Ministry of Gozo.

3.2.2 Appendix E evaluates the cost of a user being serviced by a GP at the health centre clinic, at home and at the local clinic/berga. The workings in the appendix explain how costs were apportioned and give the average cost for each service supplied by GPs. The results are as follows:

- Cost of a user visiting the GP at the health centre averaged Lm2.12 per visit (Table E3 page 74);
- Cost of a GP home visit averaged Lm3.13 per visit (Table E4 page 75);
- Cost of a user visiting the GP at local clinics/berga averaged Lm1.43 per visit (Table E5 page 77).

3.2.3 Average costs incurred for home visits are higher than average fees charged by private general practitioners for similar services during 1999. NAO does not have

reliable information on fees charged by private practitioners to patients visiting their clinic.

3.2.4 However, costs incurred by health centres and fees charged by private GP's are not strictly comparable. Several factors which should be taken into consideration when comparing costs to fees charged by private general practitioners include:

- the profit element of services provided by private GPs is missing in health centre costs;
- the rate of salary expected by the private GP and considered in his cost structure is not known. On the other hand, costs related to salaries of General Practitioners at health centres are determined by the salary scale structure of the Public Service;
- vacancies in the health centres' medical staff complement may impinge on quality of service and depress costs;
- costs of central administration (Ministry) were not apportioned; and
- economies of scale work in favour of health centres.

3.2.5 If average cost per user of health centre services were to be adjusted to reflect the qualifications listed above, then the costs/charges for services supplied by the health centres are bound to rise. Thus, the resultant cost of service does not reflect cost-efficiency.

3.2.6 The cost per visit at dispensaries averaged Lm1.43. It appears that these peripheral dispensaries are taking the load off health centres but doing so inefficiently. The

service provided in dispensaries is mostly limited to the renewal of prescriptions. However, the survey indicated that another 27 per cent of users calling at the health centres do so for renewal of prescriptions.

- 3.2.7 The Department has to decide whether it is more economical to direct all patients requiring prescription renewals to local dispensaries/bereg or to health centre clinics or else retain the *status quo*.

3.3 Night Service

- 3.3.1 Costings have been worked on a daily basis and do not differentiate between day and night rates. An exercise carried out by the Department of Primary Health Care in 1998 revealed that the cost of home visits carried out between 2000 hrs and 0800 hrs amounted to nearly Lm13 per visit¹⁴. Similarly, visits to GP clinics during the night cost considerably more than the average quoted above. If one had to take such considerations into account, then the cost-efficiency of services provided by health centres during the night diminishes drastically.
- 3.3.2 Significant idle time and resources result throughout centres providing the GP service on a 24hr basis. The night shift service should cater for emergency services only. The high costs associated with this service is a direct result of the low usage rate.
- 3.3.3 Any economies of scale that may be experienced through a centralised night service should be exploited by Primary Health Care.¹⁵

¹⁴ PHC report dated January 1998. NAO reviewed and compared to NAO costing methodology adopted in the PHC reports. A marginal variance resulted between the two approaches.

¹⁵ Since May 2000, Primary Health Care introduced a centralised emergency night service.

3.3.4 However, the onus does not solely rest with the Department. Instances of misuse and abuse by the public of the services provided by health centres exist. The public should be made aware that although it does not actually pay for the service, this is not gratuitous. Unnecessary demands on the resources of health centres not only expend resources but may also impinge on the quality of services provided.

Part 4 - GP Service Survey on Users' Satisfaction and Expectations

4.1 General

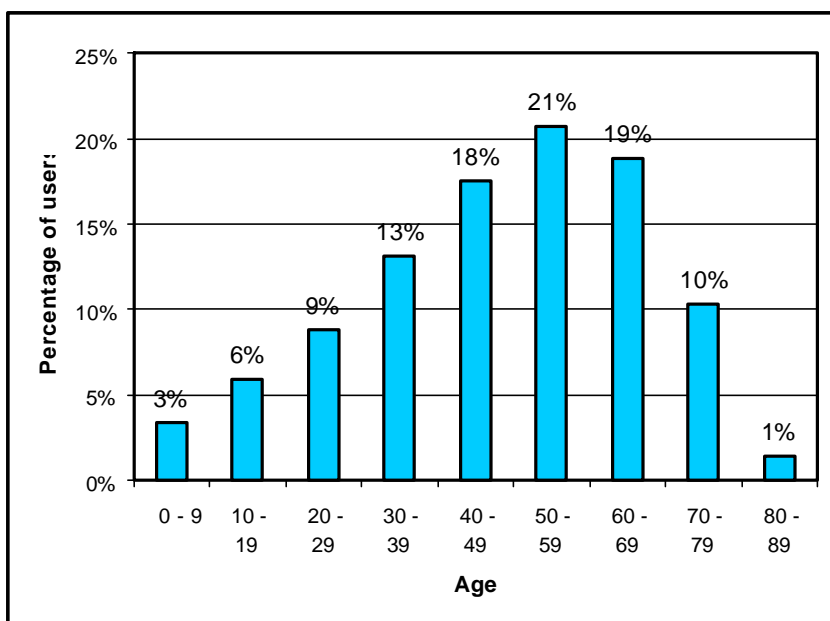
- 4.1.1 The effectiveness of the clinic service provided by the General Practitioner was assessed through a survey held at all health centres during the period 13 to 28 March 2000. The objective of the questionnaire (Appendix A) was to collate information about users' perceptions of the service provided. The survey did not attempt to collate data related to services provided by GPs at dispensaries, house visits or in health centres treatment room.
- 4.1.2 The survey also sought to establish the users' view regarding the right to self-information, the health centre's ambience and the usefulness or otherwise of printed material available at health centres.
- 4.1.3 Data was collected over two weekdays from each health centre during 0800 hrs and 2000 hrs. A one-day survey was also undertaken on Saturdays at the Mosta and Paola health centres. This approach was adopted to compare the level of service provided on Saturdays with other weekdays. The centres' staff complement is significantly reduced to 20-25 per cent of usual service on Saturdays and Sundays.
- 4.1.4 For the purpose of data collation, every other user exiting the GP clinic was interviewed. This approach yielded 912 responses on weekdays. 139 users however declined to participate in the questionnaire. The surveys

held on Saturdays yielded the 150 responses and 31 clients declined participation.

- 4.1.5 Data collated through the survey is being presented at Appendices B, C and D. These include a detailed analysis of the data collected through the survey on a national level (Appendix B), on a health centre basis (Appendix C) and according to social status category (Appendix D). Quantitative results referred to below can be elicited from these appendices.

4.2 User Characteristics

Chart 6: Age Distribution of Users¹⁶



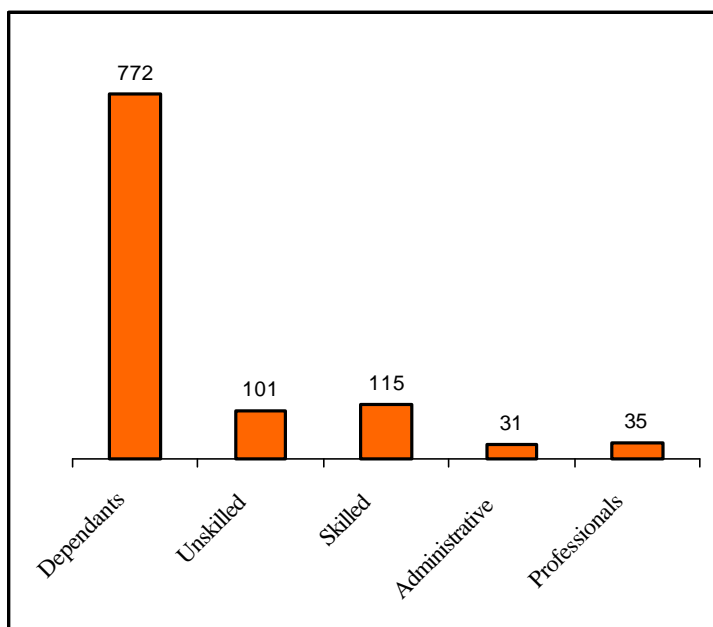
- 4.2.1 Users of the GP service are divided into 42 per cent male and 58 per cent female (Appendix B Table 1). This distribution does not converge with the national

¹⁶ Source: NAO Questionnaire

distribution (49.6 per cent males and 50.4 per cent females)¹⁷.

4.2.2 The average age of users surveyed was 48 years. The age distribution presented in Appendix B table 2 indicates that 51 per cent of users are 50 years and over. Chart 6 shows age distribution of users surveyed.

Chart 7: Status of Users¹⁸



4.2.3 The survey has indicated that most users (73%) are classified as dependants, that is housewives, students and pensioners. Chart 7 illustrates the type of users of GP service captured in the survey. In addition, users of this service tend to be people in the lower income bracket or fixed income. The administrative and professional categories amount to only 6 per cent of users. (Appendix B Table 3).

¹⁷ Source: Central Office of Statistics, Demographic Review of the Maltese Islands 1998, p8.

¹⁸ Source: NAO Questionnaire

4.3 Frequency of Use and Aim of Visit

4.3.1 The majority of people participating in this survey indicated that they have utilised the service provided by the General Practitioner before (87% - visited more than once) (Appendix B Table 6). The number of visits by an individual user ranged from once annually to twice daily. An evaluation of survey responses relating to the number of visits by users in a year revealed that most users (16%) made use of this service in six instances per annum (Chart 8).

Chart 8: Frequency of GP Service Utilisation¹⁹

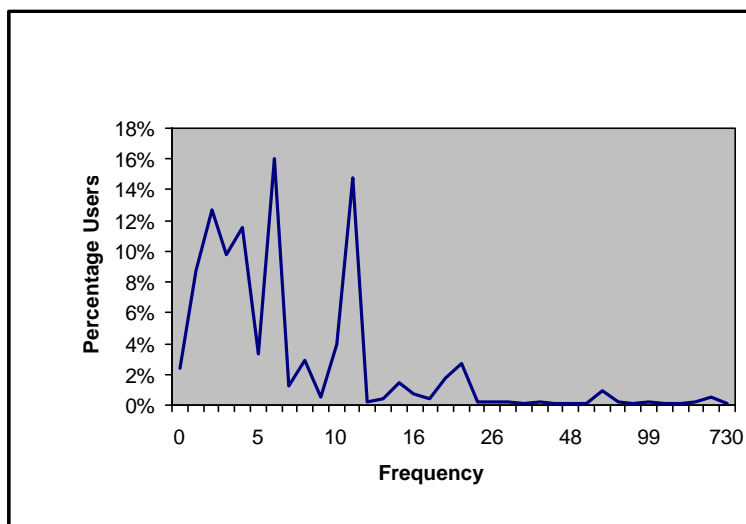
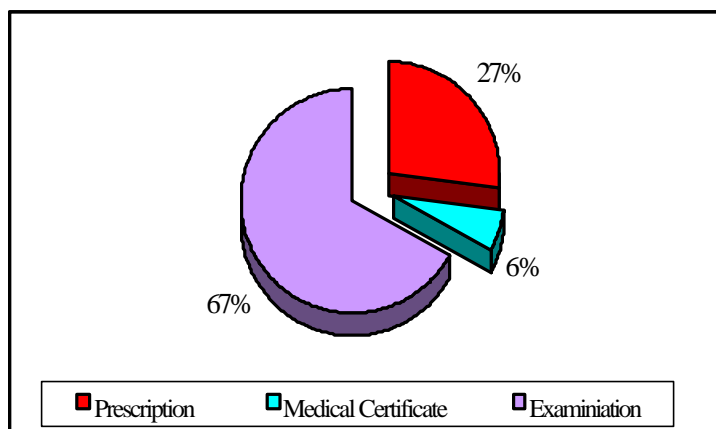


Chart 9: Aim of Visit

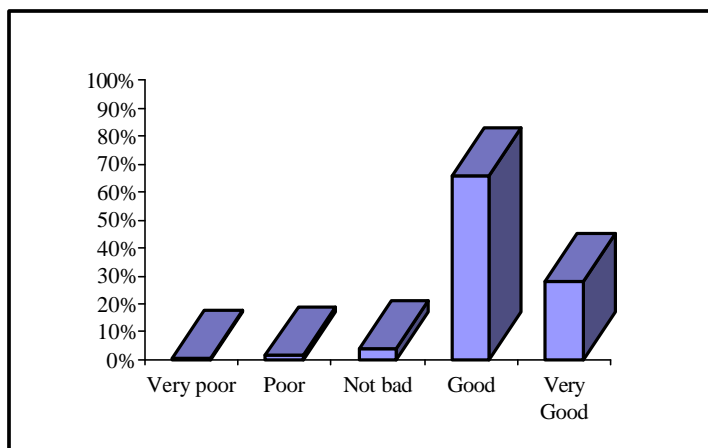


- 4.3.3 Interviews with Primary Health Care officials confirmed that a significant amount of GP time is spent on renewing prescription forms and completing sickness certificates. In fact, users requesting such services amounted to 27 per cent and 6 per cent respectively. The remaining 67 per cent of participants stated that they had visited the GP for a medical complaint. (Chart 9 and Appendix B Table 4).
- 4.3.4 Health centre records indicated that GPs had administered services to 1,182 users more than the population recorded by the survey. The virtual users are mostly the result of the prescription practices indicated in paragraph 2.2.4 (iv).
- 4.3.5 The situation described above raises the concern that the number of users utilising the GP service for prescription purposes is substantial. Consequently, current practices for administering prescriptions for chronic ailments are not conducive to optimal GP utilisation.

4.4 Quality of Service provided by the GP

4.4.1 A number of questions in the questionnaire were intended to evaluate the users' perception of the service received. Respondents were requested to rank the level of the service provided on a 5-point scale ranging from very poor to very good (Appendix B table 13). Chart 10, 'Quality of GP service', indicates overwhelmingly that the users rank very highly the service provided by the GP.

Chart 10: Quality of GP Service²⁰



4.4.2 Other complementary questions to the quality of service provided by the GP were included in the questionnaire. 67 per cent of participants in the survey stated that they deemed it necessary to ask questions to the GP (Appendix B table 14). Subsequently, users ranked the level of reply given by the GP very highly. In fact, 94 per cent of users ranked the GP reply as 'good' to 'very good' on a scale ranging from very poor to very good (Appendix B table 15). Similarly to the comments in the preceding paragraph, most users (98%) ranked the GPs

²⁰ Source: NAO Questionnaire

approach in rendering service above the 'good' benchmark (Appendix B table 16).

- 4.4.3 Perhaps the most significant indicator to the quality of service users received by the health centre GP is provided by the very positive declaration by users (94%) who stated that they will make use of the service again (Appendix B table 21).
- 4.4.4 The survey also revealed that only 18 per cent of participants knew the name of the doctor they had just visited (Appendix B table 18). It is to be noted that in contrast 43 per cent of Victoria health centre users declared that they knew the name of the GP (Appendix C table 18).
- 4.4.5 Despite directives from the Department of Primary Health Care, staff at health centres do not always wear their nametags. The fact that most users do not know the name of the GP potentially diminishes the quality of customer care service and lessens accountability. Moreover, these issues further raise concerns about users' awareness of their rights to self-information as consumers of the service.

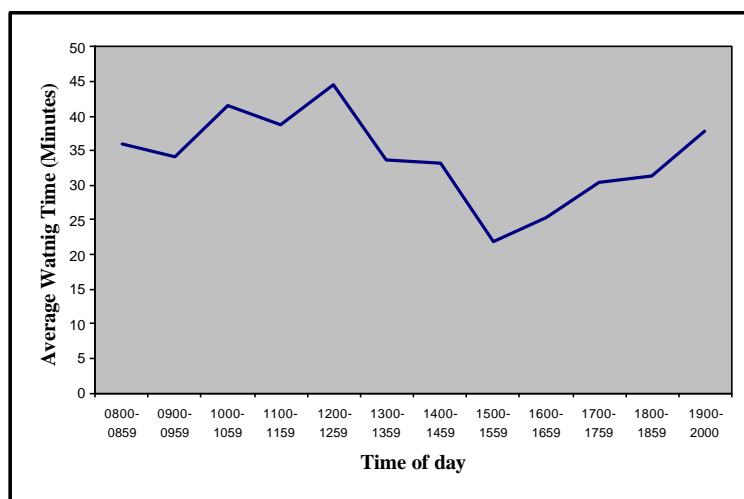
4.5 Customer Care

- 4.5.1 As a matter of principle, customer care and the quality of service provided are variables which generally influence each other. However, it was felt appropriate to separate issues relating directly to customer care from the quality of service provided by GPs. This is done in order to portray the situation that emerged following the evaluation of survey responses and the distinction made by the users themselves.

4.5.2 Primary Health Care has to-date published two Quality Service Charters (QSC). The QSC for Floriana health centre was issued in June 1999 and the one for Qormi in January 2000. The two QSCs quote two different expected waiting times. In fact, Floriana health centre users are expected to wait for half an hour to be seen by the General Practitioner whilst users at Qormi health centre may be expected to wait up to one hour before being visited. NAO feels that the different waiting times for health centres, as quoted in their respective QSC, is not conducive to an equitable and standardised service.

4.5.3 *Waiting-time* (Appendix B Tables 11, 12): Central to the issues of customer care relating to the GP service is time spent by users in the waiting room. On average, users spent 35 minutes waiting for the GP service. Waiting time however, ranged from less than 5 minutes to three hours. Chart 11 illustrates the distribution of average waiting time at different times of the day during the survey.

Chart 11: Average waiting time vs. time of day



Source: NAO Questionnaire

4.5.4 The following issues relating to waiting times emerge:

- 36 per cent of users on a national basis had to wait more than the thirty minutes stipulated in the Floriana charter and 15 per cent waited more than the one hour benchmark in accordance with the Qormi QSC;
- 21 per cent of users considered that the waiting time was unsatisfactory (Appendix B table 12). The average waiting time of these users amounted to 71 minutes. Waiting time in respect of these users ranged from 15 minutes to 180 minutes;
- The lowest and highest average waiting times in health centres were registered in Gozo (20 minutes) and Cospicua (55 minutes) respectively (Appendix C Table 11). While 49 per cent of users at Cospicua centre waited for more than 45 minutes, only 7 per cent of users in Gozo health centre waited more than 45 minutes. This calls for a further analysis by Primary Health Care to determine criteria for best practices.

4.5.5 On the first day of the survey, some users freely expressed an opinion that the waiting time appeared shorter during the times that the survey was being carried out. This opinion started being recorded from the second day of the survey. At the end of the survey it was found that 21 per cent of respondents expressed such an opinion.

4.5.6 It was confirmed that the GP roster, compiled by Senior Medical Officers within the various health centres, was consistent with the allocation of doctors for a period of four weeks prior to the survey. In addition, the workload was normal. A possible reason for the change in time

perception by a number of users could have been due to a change in the behavioural pattern of GPs during the survey days.

- 4.5.7 Waiting time constitutes idle time and possible reason of discontent for the users.
- 4.5.8 *Effectiveness of information available at health centres:* Various information leaflets on health related topics are available at health centres. Information posters and boards are also provided to offer customer-care-related advice
- 4.5.9 Through the survey, an attempt was made to evaluate the effectiveness of health care information in health centres and whether users have adequate knowledge of other services offered by the health centre and to whom they should address any potential complaints.
- 4.5.10 Only 49 per cent of the users replied positively about knowledge of their right to information (Appendix B table 5). 517 users (51%) stated that they were unaware about information issues.
- 4.5.11 The survey sought to evaluate the usefulness or otherwise of printed information at health centres. 31.5 per cent of participants did not offer any opinion. On the other hand, the 727 participants (68.5%), on average, ranked the usefulness of printed information as good on a scale ranging from 'very poor' to 'very good' (Appendix B table 9). The result should be considered as a positive indicator of the potential contribution of printed information to increase effectiveness of the primary health care function.
- 4.5.12 Although a substantial percentage of participants ranked such information highly, concerns arise over the 31.5 per

cent of users who did not offer an opinion to this section of the questionnaire. This data indicates that a significant percentage of users are not being effectively targeted by such publications. Two reasons that may explain such a scenario, are that:

- Users are not interested in such information; and
- Users may have reading difficulties.

- 4.5.13 The foregoing may indicate that Primary Health Care is not using an adequate medium to make information available to these categories.
- 4.5.14 *Services provided by health centres:* – Despite the foregoing over 80 per cent of participants in the questionnaire stated that they are aware of other services offered by the health centres (Appendix B table 10). This statistic indicates that, at least amongst users, information on health centre services provided is generally effective. The 20 per cent of users who responded negatively to this section of the questionnaire were mostly in the older age bracket. The survey, however, indicated that 37 per cent of users at the Cospicua health centre stated that they were not aware of the services available (Appendix C table 10).
- 4.5.15 *Addressing Complaints:* – Quality Service Charters in place provide information related to the addressing of complaints. It is indicated that users are to address their complaints to Customer Care Service²¹. Furthermore, all clinics had posters indicating to whom users can submit their grievances.
- 4.5.16 Despite these initiatives only 27 per cent of users stated that they are aware to whom they should address their

²¹ Ministry of Health, Quality Service Charters, p25.

complaint (Appendix B table 8). 66 per cent of these pertained to the over 40 years of age bracket. This scenario may indicate that either Primary Health Care is portraying such information in an ineffective manner or users feel that this information is irrelevant since their level of service satisfaction is adequate and complaints are therefore unnecessary.

4.6 Health Centre environment

- 4.6.1 Most of the users - 94 per cent - stated that they are satisfied with the health centre environment (Appendix B table 7). This result is in direct contradiction with the opinions expressed during interviews by staff of health centres at Rabat, Gzira and Paola. The staff's concerns relating to the health centre environment is understandable since these three centres are still to undergo refurbishment as has recently been the case in Cospicua, Qormi, and Floriana. Lm100,000²² have been voted from this year's capital allocation for the refurbishment of the Paola health centre and a number of local clinics.

²² Estimates 2000, p319.

Part 5 - Conclusions

- 5.1.1 Primary Health Care aims to ensure the availability to all citizens of a comprehensive health care system, offering continuity of care on a personalised basis with an emphasis on health promotion and illness prevention rather than cure. Such objectives are conducive to a better quality of life as well as contributing to a holistic state-funded health service. In addition, the effectiveness of primary health care eases the user load of other health care institutions. Such an approach is also intended to promote economies in the provision of health services.
- 5.1.2 During 1999, Primary Health Care was funded through a Lm3.7 million allocation equivalent to 0.7 per cent of Government's total expenditure. Although the concept of primary health care is considered to have increasing importance, budget allocations towards it have been increasing minimally in nominal terms.
- 5.1.3 This audit mainly focused on the service provided by General Practitioners through health centres. A high level of satisfaction was expressed by users regarding the quality of service received when visiting the GP at the health centres.
- 5.1.4 The level of efficiency and effectiveness in the provision of the service is impaired through staff shortages and fluctuating demand in different times of the day which is not adequately addressed by management.
- 5.1.5 Although users seem satisfied with the service its effectiveness is diminished as the service is not considered a personalised one. Most users of the GP service did not know the name of the doctor who they had just visited. The filing system to document users'

medical history further limits the attainment of the personalised service concept. In many instances, medical records are either not updated, more than one personal file may exist for the same user or a file may be nonexistent. Moreover, the use of information technology is only marginally utilised for such an aim.

- 5.1.6 Many users also opined that an increase in staff levels would contribute towards providing a better service. While appreciating that the staff levels is a serious problem and cannot be rectified in the short-term, the addressing of issues relating to the management of health centres could contribute to increased efficiency and effectiveness in the provision of this service.
- 5.1.7 Average costs of GP services provided by health centres, in particular for home visits, seem higher than average fees charged by private practitioners. However, costs and fees are not strictly comparable. Costs incurred by health centres are bound to rise if they were to be adjusted to meet the private practice environment.
- 5.1.8 The Department's comments on this audit were considered when concluding this report.

Part 6 - Recommendations

6.1 Management Issues

- 6.1.1 A financial management structure should be established at the Department of Primary Health Care to manage and address cost efficiency indices for its centres. Cost centres to account for individual health centres should be introduced. Business planning, monitoring and performance evaluation would be facilitated. The structure would provide further decentralisation of authority as well as increased departmental accountability.
- 6.1.2 Health centre staff allocation should be rationalised by taking into consideration user/staff ratios. The exercise may also entail that certain catchment areas of particular health centres be reviewed to enable a more even distribution of users thereby optimising the efficiency and effectiveness of services provided.
- 6.1.3 Feasibility studies are to be undertaken prior to extending further the services provided by health centres. Human resources considerations are to be taken into account when performing such studies.
- 6.1.4 Quality Service Charters should be introduced in all centres. Performance indicators on output and costs should be introduced as a management control tool in order to identify and enforce best practices.

6.2 Operational and Efficiency Issues

- 6.2.1 Adopting an appointment system for frequent users of the GP service should be considered. Such a system would address issues related to customer-care.

- 6.2.2 Users' needs for prescription renewals at health centres and local clinics/bereg should be analysed. This analysis should address economic aspects of the service.
- 6.2.3 Information technology in health centres is to be increasingly utilised to collate and retrieve data more efficiently. The IT system can be utilised for generating management reports and the scheduling of appointments.
- 6.2.4 Consideration is to be given to restructure the system pertaining to users' medical files through information technology. Benefits derived from such restructuring relate to personalising further health centre services. Moreover, the restructuring of the current system enables the provision of a more qualitative health service.
- 6.2.5 The quality of information and data collected at the Reception level can be improved upon and utilised.

6.3 User Awareness

- 6.3.1 The opportunity exists to provide users waiting at health centres with health education and awareness material. The installation and use of monitors in health centres should be introduced. The use of video material is seen as complementary to health centre publications and also ensures that broader categories of health centre users are targeted with primary health care information.
- 6.3.2 Information campaigns are to be extended to promote awareness relating to the proper use of health centre services. The initiative would not only enhance customer care and address quality of services issues but would also increase health centre effectiveness.

6.4 Customer Care / Environment Issues

- 6.4.1 Health centres should ensure that their premises are easily accessible by the installation of lifts where necessary. Refurbishing and upgrading are to be undertaken at some health centres as required.

6.5 General

- 6.5.1 The electronic data collected from the survey will be made available to the Ministry of Health. Further analysis of the data is recommended so that best practices are identified and applied where appropriate.

Appendix B - Survey Results on a National Basis

<i>Description</i>	<i>Count</i>	<i>Ratio</i>	<i>Deciles</i>	<i>National Average</i>	<i>Std. Dev.</i>
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Table 1 - Sex of participant

P1	<i>Non Participants</i>	1				
	Male	444	41.8%			
	Female	617	58.2%			
	Participants	1061				

Table 2 - Age of participant

P2	<i>Non Participants</i>	3				
	0 - 9	36	3.4%			
	10 - 19	62	5.9%			
	20 - 29	93	8.8%			
	30 - 39	139	13.1%			
	40 - 49	186	17.6%			
	50 - 59	219	20.7%			
	60 - 69	200	18.9%			
	70 - 79	109	10.3%			
	80 - 89	15	1.4%			
	Participants	1059			47.74	

Table 3 - Occupation

P3b	Dependants	772	73.2%			
	Unskilled	101	9.6%			
	Skilled	115	10.9%			
	Administrative	31	2.9%			
	Professionals	35	3.3%			
	<i>Unclassified</i>	8				
	Participants	1054			1.5351	1.0212

Table 4 - Aim of visit

P4	<i>Non Participants</i>	6				
	Certifikat tal-Mard	75	6.5%			
	Preskrizzjoni tat-Tabib	309	26.8%			
	Ohrajn	771	66.8%			
	Responses	1155				

Table 5 - Right to information

P5	<i>Non Participants</i>	43				
	Iva	502	49.3%			
	Le	517	50.7%			
	Participants	1019			0.51	0.50
	Degree Of Precision	0.03				
		6%				

Description **Count** **Ratio** **Deciles** **National Average** **Std. Dev.**

Table 6 - Frequency of visit

P6	<i>Non Participants</i>	21					
				1	0 - 1		
				2	1 - 2		
				3	2 - 3		
				4	3 - 4		
				5	4 - 6		
				6	6 - 6		
				7	6 - 10		
				8	10 - 12		
				9	12 - 15		
				10	15 - 730	10.930	36.803
	Median	6					
	Mode (6)	167					
	Mode Percentage	16.04%					
	Participants	1041					
	Degree Of Precision	0.26					
		2%					

Table 7 - Environment of health centre

AD7	<i>Non Participants</i>	24					
	Iva	974	93.8%				
	Le	64	6.2%				
	Participants	1038				0.062	0.241
	Degree Of Precision	0.01					
		24%					

Table 8 - Whom to address in case of complaint

CS8	<i>Non Participants</i>	16					
	Iva	282	27.0%				
	Le	764	73.0%				
	Participants	1046				0.7304	0.4440
	Degree Of Precision	0.03					
		4%					

Table 9 - Suitability of leaflets

CS9	<i>Non Participants</i>	335					
	Hazin Hafna	4	0.6%				
	Hazin	18	2.5%				
	Mhux Hazin	73	10.0%				
	Tajjeb	523	71.9%				
	Tajjeb Hafna	109	15.0%				
	Participants	727				3.9855	0.6318
	Degree Of Precision	0.04					
		1%					

Description *Count* *Ratio* *Deciles* *National Average* *Std. Dev.*

Table 10 - Awareness of other services offered

CS10	<i>Non Participants</i>	9					
	Iva	844	80.2%				
	Le	209	19.8%				
	Participants	1053				0.1985	0.3990
	Degree Of Precision	0.02					
		12%					

Table 11 - Time waited for GP visit

G11	<i>Non Participants</i>	6					
				1	0 - 5	(Minutes)	
				2	5 - 10		
				3	10 - 15		
				4	15 - 20		
				5	20 - 30		
				6	30 - 30		
				7	30 - 45		
				8	45 - 60		
				9	60 - 90		
				10	90 - 180		
	Median	30 mins					
	Mode (30mins)	164					
	Percentage Waiting >30 mins.	36%					
	Percentage Waiting > 60 mins	15%					
	Participants	1056					
	Degree Of Precision	0.24					
		1%					

Table 12 - How acceptable is waiting time

G12	<i>Non Participants</i>	28					
	Hazin Hafna	58	5.6%				
	Hazin	157	15.2%				
	Mhux Hazin	232	22.4%				
	Tajjeb	388	37.5%				
	Tajjeb Hafna	199	19.2%				
	Participants	1034				3.4961	1.1298
	Degree Of Precision	0.05					
		1%					

Table 13 - The level of service by GPs

G13a	<i>Non Participants</i>	83					
	Hazin Hafna	5	0.5%				
	Hazin	16	1.6%				
	Mhux Hazin	38	3.9%				
	Tajjeb	645	65.9%				
	Tajjeb Hafna	275	28.1%				
	Participants	979				4.19	0.6275
	Degree Of Precision	0.04					
		1%					

Primary Health Care - The General Practitioners Function within Health Centres

Description	Count	Ratio	Deciles	National Average	Std. Dev.
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Table 14 - Need to ask questions to GP

G13b	Non Participants	28				
	Iva	688	66.5%			
	Le	346	33.5%			
	Participants	1034			0.3346	0.4721
	Degree Of Precision	0.03				
		9%				

Table 15 - Reply received from GP

G14	Non Participants	338				
	Hazin Hafna	6	0.8%			
	Hazin	12	1.7%			
	Mhux Hazin	24	3.3%			
	Tajjeb	488	67.4%			
	Tajjeb Hafna	194	26.8%			
	Participants	724			4.18	0.6413
	Degree Of Precision	0.04				
		1%				

Table 16 - Doctor's approach towards participants

G15	Non Participants	8				
	Hazin Hafna	3	0.3%			
	Hazin	5	0.5%			
	Mhux Hazin	17	1.6%			
	Tajjeb	663	62.9%			
	Tajjeb Hafna	366	34.7%			
	Participants	1054			4.31	0.557
	Degree Of Precision	0.03				
		1%				

Table 17 - Need to visit private GP after health centre GP visit

G16	Non Participants	37				
	Iva	121	11.8%			
	Le	904	88.2%			
	Participants	1025			0.882	0.3228
	Degree Of Precision	0.02				
		2%				

Table 18 - Knowledge of GP name

G17	Non Participants	8				
	Iva	192	18.2%			
	Le	862	81.8%			
	Participants	1054			0.8178	0.3862
	Degree Of Precision	0.02				
		3%				

Description *Count* *Ratio* *Deciles* *National Average* *Std. Dev.*

Table 19 - Need to speak to health centre GP through phone

G18	<i>Non Participants</i>	619					
	Hazin Hafna	12	2.7%				
	Hazin	28	6.3%				
	Mhux Hazin	48	10.8%				
	Tajjeb	288	65.0%				
	Tajjeb Hafna	67	15.1%				
	Participants	443				3.84	0.8548
	Degree Of Precision	0.07					
		2%					

Table 20 - Preferred time to visit

G19	<i>Non Participants</i>	142					
	AM	390	42.4%				
	PM	430	46.7%				
	Tard PM	100	10.9%				
	Participants	920				1.68	0.6586
	Degree Of Precision	0.04					
		2%					

Table 21 - Will patient come again to health centre

O20	<i>Non Participants</i>	22					
	Iva	981	94.3%				
	Le	59	5.7%				
	Participants	1040				0.06	0.2314
	Degree Of Precision	0.01					
		23%					

Table 22 - What should change for a better service

O21	<i>Non Participants</i>	276					
	Tinbidel il-lokalita' tac-Centru	23	2.5%				
	Jigi rrangat ic-Centru	55	5.9%				
	Jizdiedu s-servizzi offruti	30	3.2%				
	Jizdied l-istaff	447	48.2%				
	Ohrajn	373	40.2%				
	Responses	928					

Appendix C - Survey Results on a Health Centre Basis

<i>Description</i>	<i>Centre 1 Cospicua</i>	<i>Centre 2 Floriana</i>	<i>Centre 3 Victoria</i>	<i>Centre 4 Gzira</i>	<i>Centre 5 Mosta</i>	<i>Centre 6 Paola</i>	<i>Centre 7 Qormi</i>	<i>Centre 8 Rabat</i>
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Table 1 - Sex of participant

P1	Non-Participants			1													
	Male	26	31%	62	42%	50	52%	45	40%	59	37%	110	48%	46	34%	46	48%
	Female	57	69%	87	58%	47	48%	67	60%	102	63%	118	52%	89	66%	50	52%
		83		149		97		112		161		228		135		96	

Table 2 - Age of participant

P2	Non Participants					1		1		1							
	0 - 9	1	1%	0	0%	3	3%	5	5%	13	8%	8	4%	3	2%	3	3%
	10 - 19	2	2%	3	2%	14	15%	8	7%	8	5%	17	7%	6	4%	4	4%
	20 - 29	12	14%	10	7%	15	16%	8	7%	17	11%	18	8%	5	4%	8	8%
	30 - 39	12	14%	23	15%	12	13%	8	7%	13	8%	32	14%	24	18%	15	16%
	40 - 49	13	16%	30	20%	22	23%	14	13%	26	16%	38	17%	26	19%	17	18%
	50 - 59	17	20%	28	19%	10	10%	27	24%	39	24%	44	19%	32	24%	22	23%
	60 - 69	20	24%	33	22%	17	18%	24	22%	29	18%	37	16%	23	17%	17	18%
	70 - 79	4	5%	20	13%	3	3%	14	13%	14	9%	30	13%	14	10%	10	10%
	80 - 89	2	2%	3	2%	0	0%	3	3%	1	1%	4	2%	2	1%	0	0%

Primary Health Care - The General Practitioners Function within Health Centres

		83		150		96		111		160		228		135		96
	<i>Description</i>	<i>Centre 1 Cospicua</i>	<i>Centre 2 Floriana</i>	<i>Centre 3 Victoria</i>	<i>Centre 4 Gzira</i>	<i>Centre 5 Mosta</i>	<i>Centre 6 Paola</i>	<i>Centre 7 Qormi</i>	<i>Centre 8 Rabat</i>							

Table 3 - Occupation

P3b	Unclassified	0		1		1		1		4		1		0		0	
	Dependants	67	81%	106	71%	72	75%	86	77%	117	75%	157	69%	101	75%	66	69%
	Unskilled	10	12%	11	7%	9	9%	10	9%	8	5%	27	12%	16	12%	10	10%
	Skilled	5	6%	20	13%	8	8%	9	8%	18	11%	32	14%	15	11%	8	8%
	Administrative	0	0%	3	2%	1	1%	3	3%	6	4%	9	4%	3	2%	6	6%
	Professionals	1	1%	9	6%	6	6%	3	3%	8	5%	2	1%	0	0%	6	6%
		83		149		96		111		157		227		135		96	
	Average	1.29		1.64		1.54		1.44		1.60		1.56		1.41		1.71	
	Std. Dev.	0.69		1.16		1.11		0.95		1.15		0.94		0.78		1.23	

Table 4 - Aim of visit

P4	Non Participants	71		134		95		102		151		211		117		88	
	Certifikat tal-Mard	5	5%	5	3%	16	16%	7	6%	12	7%	12	5%	6	4%	12	12%
	Preskrizzjoni tat-Tabib	26	28%	47	28%	31	31%	33	27%	35	20%	65	27%	45	29%	25	24%
	Ohrajn	63	67%	114	69%	52	53%	82	67%	124	73%	167	68%	102	67%	67	64%
		94		166		99		122		171		244		153		104	

Table 5 - Right to self information

P5	Non Participants	5		3		12		3		9		6		2		3	
	Iva	55	71%	63	43%	29	34%	47	43%	93	61%	109	49%	44	33%	62	67%
	Le	23	29%	84	57%	56	66%	62	57%	59	39%	113	51%	89	67%	31	33%
		78		147		85		109		152		222		133		93	
	Average	0.29		0.57		0.66		0.57		0.39		0.51		0.67		0.33	
	Std. Dev.	0.46		0.50		0.48		0.50		0.49		0.50		0.47		0.47	

Primary Health Care - The General Practitioners Function within Health Centres

Degree of Precision	0.10	0.08	0.10	0.09	0.08	0.07	0.08	0.10
	35%	14%	15%	16%	20%	13%	12%	29%

<i>Description</i>	<i>Centre 1 Cospicua</i>	<i>Centre 2 Floriana</i>	<i>Centre 3 Victoria</i>	<i>Centre 4 Gzira</i>	<i>Centre 5 Mosta</i>	<i>Centre 6 Paola</i>	<i>Centre 7 Qormi</i>	<i>Centre 8 Rabat</i>
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Table 6 - Frequency of visit to health centre

P6 Non Participants	1	1	1	3	9	5	1	0
	1 1-1	1 0-0	1 1-2	1 1-1	1 1-2	1 0-2	1 0-2	1 1-1
	2 1-2	2 1-2	2 2-2	2 1-2	2 2-3	2 2-2	2 2-2	2 1-2
	3 2-2	3 2-3	3 2-3	3 2-3	3 3-3	3 2-3	3 3-3	3 2-3
	4 2-3	4 3-4	4 3-4	4 3-4	4 3-4	4 3-4	4 3-4	4 3-4
	5 3-5	5 4-6	5 4-6	5 4-6	5 4-6	5 4-6	5 4-6	5 4-4
	6 6-6	6 6-6	6 6-6	6 6-9	6 6-6	6 6-6	6 6-7	6 5-6
	7 7-12	7 6-8	7 6-10	7 9-12	7 6-7	7 6-8	7 7-10	7 6-6
	8 12-12	8 8-12	8 10-12	8 12-12	8 8-12	8 8-12	8 10-12	8 6-10
	9 12-15	9 12-20	9 12-12	9 12-20	9 12-12	9 12-12	9 12-16	9 10-18
	10 18-60	10 24-730	10 13-52	10 20-120	10 12-365	10 15-365	10 16-365	10 18-365
	82	149	96	109	152	223	134	96
Median	6	6	6	6	6	6	6	4
Mode	17 Recs	30 Recs	6 Recs	22 Recs	30 Recs	36 Recs	21 Recs	18 Recs
Average	8.35	12.26	7.32	10.9	12.01	9.48	11.33	15.84
Std. Dev.	10.16	59.76	6.79	17.37	41.58	25.94	33.38	53.42
Degree of precision	1.56	6.81	0.97	2.33	4.75	2.42	4.01	7.58
	18.74%	55.53%	13.19%	21.35%	39.54%	25.56%	35.40%	47.83%

Description	Centre 1 Cospicua	Centre 2 Floriana	Centre 3 Victoria	Centre 4 Gzira	Centre 5 Mosta	Centre 6 Paola	Centre 7 Qormi	Centre 8 Rabat
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Table 7 - Environment of health centre

AD7	Non Participants	1		3		0		5		4		6		0		5	
	Iva	82	100%	144	98%	91	94%	98	92%	152	97%	185	83%	134	99%	88	97%
	Le	0	0%	3	2%	6	6%	9	8%	5	3%	37	17%	1	1%	3	3%
		82		147		97		107		157		222		135		91	
	Average	0.00		0.02		0.06		0.08		0.03		0.17		0.01		0.03	
	Std. Dev.	0.00		0.14		0.24		0.28		0.18		0.37		0.09		0.18	
	Degree of Precision	0.00		0.02		0.05		0.05		0.03		0.05		0.02		0.04	
				113%		80%		66%		94%		29%		152%		123%	

Table 8 - Whom to address in case of complaint

CS8	Non Participants	0		3		2		3		3		2		2		1	
	Iva	20	24%	43	29%	19	20%	19	17%	63	40%	69	31%	27	20%	22	23%
	Le	63	76%	104	71%	76	80%	90	83%	95	60%	157	69%	106	80%	73	77%
		83		147		95		109		158		226		133		95	
	Average	0.76		0.71		0.80		0.83		0.60		0.69		0.80		0.77	
	Std. Dev.	0.43		0.46		0.40		0.38		0.49		0.46		0.40		0.42	

Primary Health Care - The General Practitioners Function within Health Centres

	Degree of Precision	0.09		0.07		0.08		0.07		0.08		0.06		0.07		0.08
		12%		10%		10%		9%		13%		9%		8%		11%

<i>Description</i>	<i>Centre 1 Cospicua</i>	<i>Centre 2 Floriana</i>	<i>Centre 3 Victoria</i>	<i>Centre 4 Gzira</i>	<i>Centre 5 Mosta</i>	<i>Centre 6 Paola</i>	<i>Centre 7 Qormi</i>	<i>Centre 8 Rabat</i>
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Table 9 - Suitability of leaflets

CS9	Non Participants	16		41		38		27		62		73		48		30	
	Hazin Hafna	0	0%	0	0%	0	0%	2	2%	0	0%	0	0%	0	0%	2	3%
	Hazin	1	1%	7	6%	1	2%	2	2%	0	0%	2	1%	2	2%	3	5%
	Mhux Hazin	3	4%	16	15%	3	5%	7	8%	7	7%	18	12%	4	5%	15	23%
	Tajjeb	51	76%	67	61%	46	78%	65	76%	73	74%	114	74%	69	79%	38	58%
	Tajjeb Hafna	12	18%	19	17%	9	15%	9	11%	19	19%	21	14%	12	14%	8	12%
		67		109		59		85		99		155		87		66	
	Average	4.09		3.83		4.05		3.88		4.12		3.98		4.02		3.67	
	Std. Dev.	1.70		1.86		2.04		1.79		2.05		1.92		1.99		1.87	
	Degree of Precision	0.30		0.27		0.41		0.29		0.32		0.23		0.33		0.35	
		7%		7%		10%		7%		8%		6%		8%		10%	

Table 10 - Awareness of other services offered

CS10	Non Participants	0		0		1		1		3		4		0		0	
	Iva	52	63%	105	70%	85	89%	93	84%	138	87%	172	77%	121	90%	77	80%
	Le	31	37%	45	30%	11	11%	18	16%	20	13%	52	23%	14	10%	19	20%
		83		150		96		111		158		224		135		96	
	Average	0.37		0.30		0.12		0.16		0.13		0.25		0.10		0.20	
	Std Dev	0.49		0.46		0.32		0.37		0.33		0.26		0.31		0.40	

Primary Health Care - The General Practitioners Function within Health Centres

Degree of Precision	0.11	0.07	0.06	0.07	0.05	0.03	0.05	0.08
	28%	25%	53%	43%	40%	14%	52%	40%

<i>Description</i>	<i>Centre 1 Cospicua</i>	<i>Centre 2 Floriana</i>	<i>Centre 3 Victoria</i>	<i>Centre 4 Gzira</i>	<i>Centre 5 Mosta</i>	<i>Centre 6 Paola</i>	<i>Centre 7 Qormi</i>	<i>Centre 8 Rabat</i>
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Table 11 - Time waited for GP visit

G11	Non Participants																
	Deciles - (10% range)	1	0-10	1	0-2	1	0-0	1	0-5	1	0-5	1	0-5	1	0-5		
		2	10-15	2	2-5	2	0-5	2	8-15	2	5-10	2	5-10	2	5-10		
		3	15-20	3	5-10	3	5-5	3	15-20	3	10-20	3	10-15	3	10-15		
		4	20-30	4	10-15	4	5-10	4	30-30	4	20-30	4	15-20	4	15-15		
		5	30-45	5	15-15	5	15-15	5	30-40	5	30-40	5	20-30	5	15-15		
		6	45-60	6	15-20	6	15-20	6	45-45	6	45-45	6	30-30	6	15-30		
		7	60-75	7	20-30	7	20-30	7	45-60	7	50-60	7	30-45	7	30-30		
		8	75-90	8	30-30	8	30-30	8	60-60	8	60-75	8	45-45	8	30-45		
		9	90-110	9	30-60	9	30-45	9	75-90	9	75-90	9	45-75	9	45-60		
		10	115-150	10	60-90	10	45-105	10	90-140	10	90-150	10	75-150	10	60-90		
		83		150		97		111		158.00		226.00		135.00			
	Median		45		15		5-3		40		40		30		20		
	Mode	13 Recs	15	30 Recs	15	14 Recs	15	17 Recs	30	23 Recs	30	43 Recs	30	27 Recs	30	18 Recs	15
	Average		55.48		21.93		19.57		43.90		45.18		34.24		26.28		37.74
	Std. Dev.	40		19.98		18.36		32.06		35.48		27.97		22.22		35.57	
	Degree of precision	6.17		2.26		2.59		4.24		3.94		2.59		2.66		5.04	

Primary Health Care - The General Practitioners Function within Health Centres

		15%		11%		14%		13%		11%		9%		12%		14%
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<i>Description</i>	<i>Centre 1 Cospicua</i>	<i>Centre 2 Floriana</i>	<i>Centre 3 Victoria</i>	<i>Centre 4 Gzira</i>	<i>Centre 5 Mosta</i>	<i>Centre 6 Paola</i>	<i>Centre 7 Qormi</i>	<i>Centre 8 Rabat</i>
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Table 12 - How acceptable is waiting time

G12	Non Participants	4		3		0		7		8		5				1	
	Hazin Hafna	5	6%	2	1%	2	2%	6	6%	16	10%	18	8%			9	9%
	Hazin	28	35%	14	10%	4	4%	25	24%	39	25%	21	9%	14	10%	12	13%
	Mhux Hazin	13	16%	28	19%	26	27%	21	20%	26	17%	66	30%	32	24%	20	21%
	Tajjeb	30	38%	63	43%	43	44%	35	33%	38	25%	66	30%	67	50%	46	48%
	Tajjeb Hafna	3	4%	40	27%	22	23%	18	17%	34	22%	52	23%	22	16%	8	8%
		79		147		97		105		153		223		135		95	
	Average	2.97		3.85		3.81		3.32		3.23		3.51		3.72		3.34	
	Std Dev	1.07		0.97		0.91		1.18		1.33		1.18		0.96		1.11	
	Degree of Precision	0.17		0.11		0.13		0.16		0.15		0.11		0.11		0.16	
		6%		3%		3%		5%		5%		3%		3%		5%	

Table 13 - Doctor's visit

G13a	Non Participants	1		4		13		17		16		18		7		7	
	Hazin Hafna	0	0%	0	0%	0	0%	0	0%	2	1%	2	1%	0	0%	1	1%
	Hazin	1	1%	1	1%	2	2%	1	1%	3	2%	4	2%	2	2%	2	2%
	Mhux Hazin	2	2%	8	5%	4	5%	3	3%	7	5%	6	3%	3	2%	5	6%
	Tajjeb	53	65%	91	62%	64	76%	58	61%	102	70%	143	68%	93	73%	41	46%
	Tajjeb Hafna	26	32%	46	32%	14	17%	33	35%	31	21%	55	26%	30	23%	40	45%
		82		146		84		95		145		210		128		89	
	Average	4.27		4.25		4.07		4.29		4.08		4.17		4.18		4.31	

Primary Health Care - The General Practitioners Function within Health Centres

	Std Dev	0.57	0.58	0.56	0.58	0.68	0.65	0.84	0.78
	Degree of Precision	0.09	0.07	0.09	0.09	0.08	0.06	0.10	0.12
		2%	2%	2%	2%	2%	2%	2%	3%

<i>Description</i>	<i>Centre 1 Cospicua</i>	<i>Centre 2 Floriana</i>	<i>Centre 3 Victoria</i>	<i>Centre 4 Gzira</i>	<i>Centre 5 Mosta</i>	<i>Centre 6 Paola</i>	<i>Centre 7 Qormi</i>	<i>Centre 8 Rabat</i>
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Table 14 - Need to ask questions to GP

G13b	Non Participants	4	0	1	7	7	4	5	0								
	Iva	56	71%	93	62%	59	61%	63	60%	124	81%	124	55%	101	78%	68	71%
	Le	23	29%	57	38%	37	39%	42	40%	30	19%	100	45%	29	22%	28	29%
		79		150		96		105		154		224		130		96	
	Average	0.29		0.38		0.39		0.40		0.19		0.45		0.22		0.29	
	Std Dev	0.46		0.49		0.49		0.49		0.40		0.50		0.42		0.46	
	Degree of Precision	0.10		0.08		0.10		0.09		0.06		0.07		0.07		0.09	
		35%		21%		25%		24%		33%		15%		32%		31%	

Table 15 - Reply received from GP

G14	Non Participants	26		39		38		46		36		102		24		27	
	Hazin Hafna	0	0%	0	0%	0	0%	0	0%	0	0%	3	2%	1	1%	2	3%
	Hazin	0	0%	2	2%	1	2%	2	3%	3	2%	2	2%	1	1%	1	1%
	Mhux Hazin	0	0%	5	5%	2	3%	1	2%	8	6%	3	2%	2	2%	3	4%
	Tajjeb	47	82%	74	67%	44	75%	48	73%	74	59%	83	66%	83	75%	35	51%
	Tajjeb Hafna	10	18%	30	27%	12	20%	15	23%	40	32%	35	28%	24	22%	28	41%
		57		111		59		66		125		126		111		69	
	Average	4.18		4.19		4.14		4.15		4.21		4.15		4.15		4.25	

Primary Health Care - The General Practitioners Function within Health Centres

	Std Dev	0.38		0.60		0.54		0.59		0.66		0.75		0.58		0.85
	Degree of Precision	0.08		0.08		0.11		0.11		0.09		0.11		0.08		0.15
		2%		2%		3%		3%		2%		3%		2%		4%

<i>Description</i>	<i>Centre 1 Cospicua</i>	<i>Centre 2 Floriana</i>	<i>Centre 3 Victoria</i>	<i>Centre 4 Gzira</i>	<i>Centre 5 Mosta</i>	<i>Centre 6 Paola</i>	<i>Centre 7 Qormi</i>	<i>Centre 8 Rabat</i>
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Table 16 - Doctors's approach towards participant

G15	Non Participants	1		0		0		1		3		1		2		0	
	Hazin Hafna	2	2%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%	0	0%
	Hazin	0	0%	1	1%	0	0%	0	0%	1	1%	1	0%	1	1%	1	1%
	Mhux Hazin	0	0%	2	1%	0	0%	4	4%	3	2%	5	2%	1	1%	2	2%
	Tajjeb	56	68%	90	60%	64	66%	64	58%	99	63%	152	67%	90	68%	48	50%
	Tajjeb Hafna	24	29%	57	38%	33	34%	43	39%	55	35%	68	30%	41	31%	45	47%
		82		150		97		111		158		227		133		96	
	Average	4.22		4.35		4.34		4.35		4.32		4.26		4.29		4.43	
	Std Dev	0.69		0.55		0.48		0.55		0.54		0.56		0.52		0.59	
	Degree of Precision	0.11		0.06		0.07		0.07		0.06		0.05		0.06		0.08	
		3%		1%		2%		2%		1%		1%		1%		2%	

Table 17 - Need to visit private GP after health centre GP visit

G16	Non Participants	7		4		3		4		9		8		1		1	
	Iva	10	13%	18	12%	15	16%	8	7%	24	16%	26	12%	10	7%	10	11%
	Le	66	87%	128	88%	79	84%	100	93%	128	84%	194	88%	124	93%	85	89%
		76		146		94		108		152		220		134		95	
	Average	0.87		0.88		0.84		0.93		0.84		0.88		0.93		0.89	

Primary Health Care - The General Practitioners Function within Health Centres

	Std Dev	0.34		0.33		0.37		0.26		0.37		0.26		0.26		0.31
	Degree of Precision	0.08		0.05		0.07		0.05		0.06		0.03		0.04		0.06
		9%		6%		9%		5%		7%		4%		5%		7%

<i>Description</i>	<i>Centre 1 Cospicua</i>	<i>Centre 2 Floriana</i>	<i>Centre 3 Victoria</i>	<i>Centre 4 Gzira</i>	<i>Centre 5 Mosta</i>	<i>Centre 6 Paola</i>	<i>Centre 7 Qormi</i>	<i>Centre 8 Rabat</i>
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Table 18 - Knowledge of GP name

G17	Non Participants	0		0		1		1		2		3		1		0	
	Iva	13	16%	29	19%	41	43%	22	20%	31	19%	23	10%	11	8%	22	23%
	Le	70	84%	121	81%	55	57%	89	80%	128	81%	202	90%	123	92%	74	77%
		83		150		96		111		159		225		134		96	
	Average	0.84		0.81		0.57		0.80		0.81		0.90		0.92		0.77	
	Std Dev	0.37		0.40		0.50		0.40		0.40		0.30		0.27		0.42	
	Degree of Precision	0.08		0.06		0.10		0.07		0.06		0.04		0.05		0.08	
		9%		8%		17%		9%		8%		4%		5%		11%	

Table 19 - Need to speak to health centre GP through phone

G18	Non Participants	52		74		87		54		98		126		78		50	
	Hazin Hafna	1	3%	2	3%	0	0%	3	5%	0	0%	3	3%	1	2%	2	4%
	Hazin	3	10%	2	3%	0	0%	7	12%	3	5%	5	5%	1	2%	7	15%
	Mhux Hazin	3	10%	13	17%	2	20%	4	7%	4	6%	14	14%	7	12%	1	2%
	Tajjeb	23	74%	43	57%	7	70%	36	62%	40	63%	68	67%	44	77%	27	59%
	Tajjeb Hafna	1	3%	16	21%	1	10%	8	14%	16	25%	12	12%	4	7%	9	20%
		31		76		10		58		63		102		57		46	
	Average	3.65		3.91		3.90		3.67		4.10		3.79		3.86		3.74	

Primary Health Care - The General Practitioners Function within Health Centres

Std. Dev.	0.84	0.85	0.57	1.03	0.71	0.82	0.64	1.08
Degree of Precision	0.25	0.16	0.34	0.22	0.15	0.13	0.14	0.26
	7%	4%	9%	6%	4%	4%	4%	7%

<i>Description</i>	<i>Centre 1 Cospicua</i>	<i>Centre 2 Floriana</i>	<i>Centre 3 Victoria</i>	<i>Centre 4 Gzira</i>	<i>Centre 5 Mosta</i>	<i>Centre 6 Paola</i>	<i>Centre 7 Qormi</i>	<i>Centre 8 Rabat</i>
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Table 20 - Preferred time of visit

G19	Non Participants	11	26	15	15	24	26	9	16								
	AM	32	44%	58	47%	24	29%	37	38%	62	45%	92	46%	56	44%	29	36%
	PM	38	53%	45	36%	45	55%	48	49%	62	45%	83	41%	61	48%	48	60%
		72	124	82	97	137	202	126	80								
	Average	1.58	1.70	1.87	1.74	1.64	1.68	1.63	1.68								
	Std. Dev.	0.55	0.74	0.66	0.67	0.65	0.70	0.62	0.55								
	Degree of Precision	0.13	0.13	0.14	0.13	0.11	0.10	0.11	0.12								
		8%	8%	8%	8%	7%	6%	7%	7%								

Table 21 - Will patient come again to health centre

O20	Non Participants	2	2	1	4	6	5	1	1								
	Iva	80	99%	146	99%	86	90%	100	93%	145	94%	208	93%	126	94%	90	95%
	Le	1	1%	2	1%	10	10%	8	7%	10	6%	15	7%	8	6%	5	5%
		81	148	96	108	155	223	134	95								
	Average	0.01	0.01	0.10	0.07	0.06	0.07	0.06	0.05								
	Std Dev	0.11	0.12	0.30	0.26	0.25	0.25	0.24	0.22								
	Degree of Precision	0.02	0.02	0.06	0.05	0.04	0.03	0.04	0.05								
		194%	137%	58%	66%	60%	49%	67%	86%								

<i>Description</i>	<i>Centre 1 Cospicua</i>	<i>Centre 2 Floriana</i>	<i>Centre 3 Victoria</i>	<i>Centre 4 Gzira</i>	<i>Centre 5 Mosta</i>	<i>Centre 6 Paola</i>	<i>Centre 7 Qormi</i>	<i>Centre 8 Rabat</i>
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Table 22 - What should change for a better service

O21	Non Participants	74		139		91		95		145		170		120		86	
	Tinbidel il-lokalita' tac-Centru	0	0%	1	1%	1	2%	4	4%	3	2%	9	4%	9	4%	3	4%
	Jigi rrangat ic-Centru	1	1%	200%	2%	3	6%	8	8%	3	2%	26	11%	26	11%	12	14%
	Jizdiedu s-servizzi offruti	4	5%	7	6%	0	0%	2	2%	0	0%	0	0%	0	0%	14	17%
	Jizdied l-istaff	43	59%	46	39%	27	52%	35	34%	69	48%	113	47%	113	47%	39	47%
	Ohrajn	25	34%	63	53%	21	40%	53	52%	69	48%	90	38%	90	38%	15	18%
		73	100%	119	100%	52	100%	102	100%	144	100%	238	100%	238	100%	83	100%

Appendix D - Survey Results by User Category

Dependants Unskilled Skilled Administrative Professionals

Table 1 - Sex of participant

P1	Non-Participants	1									
	Male	244	31.6%	71	70.3%	87	75.7%	23	74.2%	14	40.0%
	Female	527	68.4%	30	29.7%	28	24.3%	8	25.8%	21	13.0%
		771		101		115		31		35	

Table 2 - Age of participant

P2	Non Participants										
	0 - 9	34	4.4%	2	2.0%	0	0.0%	0	0.0%	0	0.0%
	10 - 19	48	6.2%	8	7.9%	6	5.2%	0	0.0%	0	0.0%
	20 - 29	31	4.0%	19	18.8%	29	25.2%	6	19.4%	8	22.9%
	30 - 39	82	10.6%	19	18.8%	25	21.7%	4	12.9%	9	25.7%
	40 - 49	115	14.9%	18	17.8%	30	26.1%	14	45.2%	5	14.3%
	50 - 59	145	18.8%	33	32.7%	25	21.7%	7	22.6%	9	25.7%
	60 - 69	194	25.1%	2	2.0%	0	0.0%	0	0.0%	3	8.6%
	70 - 79	108	14.0%	0	0.0%	0	0.0%	0	0.0%	1	2.9%
	80 - 89	15	1.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		772		101		115		31		35	

Dependants Unskilled Skilled Administrative Professionals

Table 3 - Aim of visit

P4	Non Participants										
	Certifikat tal-Mard	35	3.9%	13	14.8%	15	13.8%	4	11.8%	8	25.8%
	Preskrizzjoni tat-Tabib	303	34.1%	0	0.0%	0	0.0%	4	11.8%	0	0.0%
	Ohrajn	551	62.0%	75	85.2%	94	86.2%	26	76.5%	23	74.2%
		889		88		109		34		31	

Table 4 - Right to self information

P5	Non Participants	28		2		4		3		1	
	Unclassified Occupation										
	Iva	374	50.3%	43	43.4%	51	45.9%	16	57.1%	16	47.1%
	Le	370	49.7%	56	56.6%	60	54.1%	12	42.9%	18	52.9%
		744		99		111		28		34	
	Average	0.50		0.57		0.54		0.43		0.53	
	Std. Dev.	0.50		0.50		0.50		0.50		0.51	
	Degree of Precision	0.04		0.10		0.09		0.19		0.17	
		7%		17%		17%		44%		32%	

Dependants Unskilled Skilled Administrative Professionals

Table 5 - Frequency of visit to HC

P6	Non Participants	13	2	0	0	1					
		1	0-1	0-1	0-1	0-1					
		2	2-2	1-2	1-2	1-1					
		3	2-4	2-3	2-2	2-2					
		4	4-5	3-4	2-3	3-3					
		5	5-6	4-4	3-4	3-3					
		6	6-6	4-6	4-4	3-3					
		7	6-12	6-8	5-6	4-4					
		8	12-12	9-12	6-7	4-4					
		9	12-16	12-12	8-12	4-6					
		10	16-730	15-100	12-120	6-12					
	Median		6	4	4	3					
	Mode	135 recs	6	16 Recs	4	22 Recs	2	9 Recs	3	8 Recs	4
	Average	12.41		7.3		7.11		3.48		5.5	
	Participants	759		99		115		31		34	
	Std. Dev.	42.36		10.89		13.2		2.35		6.34	
	Degree of precision	2.14		1.53		1.71		0.59		1.53	
		17.25%		20.94%		24.05%		16.95%		27.80%	

Dependants Unskilled Skilled Administrative Professionals

Table 6 - Ambience of health centre

AD7	Non Participants	14		1		3		1		3	
	Unclassified										
	Iva	720	95.0%	94	94.0%	98	87.5%	26	86.7%	30	93.7%
	Le	38	5.0%	6	6.0%	14	12.5%	4	13.3%	2	6.3%
		758		100		112		30		32	
	Average	0.05		0.06		0.13		0.13		0.06	
	Std Dev	0.22		0.24		0.33		0.35		0.25	
	Degree of Precision	0.02		0.05		0.06		0.13		0.09	
		31%		78%		47%		96%		144%	

Table 7 - Whom to address in case of complaint

CS8	Non Participants	12				1		1		0	
	Unclassified										
	Iva	185	24.3%	29	28.7%	39	34.2%	10	33.3%	15	42.9%
	Le	575	75.7%	72	71.3%	75	65.8%	20	66.7%	20	57.1%
		760		101		114		30		35	
	Average	0.76		0.71		0.66		0.67		0.57	
	Std Dev	0.43		0.45		0.48		0.48		0.50	
	Degree of Precision	0.03		0.09		0.09		0.17		0.17	
		4%		12%		13%		26%		29%	

Dependants Unskilled Skilled Administrative Professionals

Table 8 - Suitability of leaflets

CS9	Non Participants	246		32		37		6		9	
	Unclassified										
	Hazin Hafna	3	0.6%	0	0.0%	1	1.3%	0	0.0%	0	0.0%
	Hazin	10	1.9%	2	2.9%	1	1.3%	2	8.0%	2	7.7%
	Mhux Hazin	47	8.9%	7	10.1%	12	15.4%	5	20.0%	2	7.7%
	Tajjeb	391	74.3%	52	75.4%	49	62.8%	13	52.0%	18	69.2%
	Tajjeb Hafna	75	14.3%	8	11.6%	15	19.2%	5	20.0%	4	15.4%
		526		69		78		25		26	
	Average	2.72		2.70		2.70		3.10		2.91	
	Std Dev	1.93		1.91		1.96		1.72		1.85	
	Degree of Precision	0.13		0.35		0.34		0.51		0.54	
		5%		13%		12%		16%		19%	

Table 9 - Awareness of other services offered

CS10	Non Participants	3		1		0		0		1	
	Iva	613	79.7%	81	81.0%	89	77.4%	25	80.6%	31	91.2%
	Le	156	20.3%	19	19.0%	26	22.6%	6	19.4%	3	8.8%
		769		100		115		31		34	
	Average	0.20		0.19		0.23		0.19		0.09	
	Std Dev	0.40		0.39		0.42		0.40		0.29	
	Degree of Precision	0.03		0.08		0.08		0.14		0.10	
		14%		40%		33%		74%		108%	

Dependants

Unskilled

Skilled

Administrative

Professionals

Table 10 - Time waited for GP visit

G11	Non Participants	2	1	0	1	0
	1 0-5	0-5	0-2	0-5	0-3	
	2 5-10	5-10	5-5	5-10	5-5	
	3 10-15	10-15	7-10	10-10	10-10	
	4 15-20	15-15	15-15	10-15	15-15	
	5 20-30	15-20	15-20	15-15	15-20	
	6 30-30	20-30	25-30	20-20	20-30	
	7 30-45	30-30	30-40	20-25	30-30	
	8 45-60	30-45	45-60	35-45	30-60	
	9 60-90	45-60	60-75	45-50	60-60	
	10 90-150	60-180	75-120	70-90	60-120	
	Median	30	20	25	15	25
	Mode	119 recs 30 mins	20 recs 15 mins	20 recs 30 mins	5 recs 10,15 mins	6 recs 15,30 mins
	Average	36	31	32	26	31
	Std Dev	31.69	29.6	29.3	24.16	28.15
	Participants	770	100	115	30	35.00
	Degree of precision	1.58	4.12	3.79	6.21	6.64
		5%	14%	13%	26%	24%

Primary Health Care - The General Practitioners Function within Health Centres

Dependants Unskilled Skilled Administrative Professionals

Table 11 - How acceptable is waiting time

G12	Unclassified (Occupation)	20		3				2			
	Non Participants										
	Hazin Hafna	41	5.5%	6	6.1%	6	5.2%	2	6.9%	2	5.7%
	Hazin	119	15.8%	15	15.3%	16	13.9%	2	6.9%	5	14.3%
	Mhux Hazin	163	21.7%	27	27.6%	28	24.3%	9	31.0%	5	14.3%
	Tajjeb	291	38.7%	34	34.7%	40	34.8%	6	20.7%	14	40.0%
	Tajjeb Hafna	138	18.4%	16	16.3%	25	21.7%	10	34.5%	9	25.7%
		752		98		115		29		35	
	Average	3.490		3.400		3.540		3.690		3.660	
	Std Dev	1.12		1.12		1.13		1.23		1.19	
	Degree of Precision	0.06		0.16		0.15		0.32		0.28	
		2%		5%		4%		9%		8%	

Table 12 - Doctor's visit

G13a	Non Participants	59		9		7		1		4	
	Unclassified										
	Hazin Hafna	3	0.4%	1	1.1%	0	0.0%	0	0.0%	1	3.2%
	Hazin	13	1.8%	1	1.1%	1	0.9%	1	3.3%	0	0.0%
	Mhux Hazin	29	4.1%	2	2.2%	5	4.6%	1	3.3%	1	3.2%
	Tajjeb	473	66.3%	65	70.7%	73	67.6%	15	50.0%	15	48.4%
	Tajjeb Hafna	195	27.3%	23	25.0%	29	26.9%	13	43.3%	14	45.2%
		713		92		108		30		31	
	Average	4.180		4.170		4.200		4.330		4.320	
	Std Dev	0.62		0.62		0.56		0.71		0.83	
	Degree of Precision	0.03		0.09		0.08		0.18		0.21	

Primary Health Care - The General Practitioners Function within Health Centres

		1%		2%		2%		4%		5%	
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Dependants Unskilled Skilled Administrative Professionals

Table 13 - Need to ask questions to GP

G13b	Non Participants	19		4		1		1			
	Unclassified										
	Iva	489	64.9%	59	60.8%	85	74.6%	23	76.7%	28	80.0%
	Le	264	35.1%	38	39.2%	29	25.4%	7	23.3%	7	20.0%
		753		97		114		30		35	
	Average	0.35		0.39		0.25		0.23		0.20	
	Std Dev	0.48		0.49		0.44		0.43		0.41	
	Degree of Precision	0.03		0.10		0.08		0.15		0.14	
		10%		25%		32%		67%		68%	

Table 14 - Reply received from GP

G14	Non Participants	260		34		28		5		7	
	Hazin Hafna	3	0.6%	1	1.5%	0	0.0%	1	3.8%	1	3.6%
	Hazin	6	1.2%	1	1.5%	3	3.4%	1	3.8%	1	3.6%
	Mhux Hazin	18	3.5%	1	1.5%	4	4.6%	1	3.8%	0	0.0%
	Tajjeb	353	68.9%	48	71.6%	54	62.1%	12	46.2%	17	60.7%
	Tajjeb Hafna	132	25.8%	16	23.9%	26	29.9%	11	42.3%	9	32.1%
		512		67		87		26		28	
	Average	4.18		4.15		4.18		4.19		4.14	
	Std Dev	0.60		0.66		0.67		0.98		0.89	
	Degree of Precision	0.04		0.12		0.11		0.28		0.25	

Primary Health Care - The General Practitioners Function within Health Centres

		1%		3%		3%		7%		6%	
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Dependants

Unskilled

Skilled

Administrative

Professionals

Table 15 - Doctors approach towards participant

G15	Non Participants	4		1		0		0		0	
	Hazin Hafna	3	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Hazin	3	0.6%	2	3.0%	0	0.0%	0	0.0%	0	0.0%
	Mhux Hazin	13	2.5%	0	0.0%	2	2.3%	1	3.8%	1	3.6%
	Tajjeb	481	93.9%	71	106.0%	70	80.5%	16	61.5%	20	71.4%
	Tajjeb Hafna	268	52.3%	27	40.3%	43	49.4%	14	53.8%	14	50.0%
		768		100		115		31		35	
	Average	4.31		4.23		4.36		4.42		4.37	
	Std Dev	0.57		0.55		0.52		0.56		0.55	
	Degree of Precision	0.03		0.08		0.07		0.14		0.13	
		1%		2%		2%		3%		3%	

Table 16 - Need to visit private GP after health centre GP visit

G16	Non Participants	22		3		2		1		5	
	Iva	90	12.0%	9	9.2%	11	9.7%	7	23.3%	4	13.3%
	Le	660	88.0%	89	90.8%	102	90.3%	23	76.7%	26	86.7%
		750		98		113		30		30	
	Average	0.88		0.91		0.90		0.77		0.87	
	Std Dev	0.33		0.29		0.30		0.43		0.35	

Primary Health Care - The General Practitioners Function within Health Centres

	Degree of Precision	0.02		0.06		0.06		0.15		0.13
		3%		6%		6%		20%		14%

Dependants

Unskilled

Skilled

Administrative

Professionals

Table 17 - Knowledge of GP name

G17	Non Participants	3		1						0	
	Iva	135	17.6%	11	11.0%	19	16.5%	7	22.6%	19	54.3%
	Le	634	82.4%	89	89.0%	96	83.5%	24	77.4%	16	45.7%
		769		100		115		31		35	
	Average	0.82		0.89		0.83		0.77		0.46	
	Std Dev	0.38		0.31		0.37		0.43		0.51	
	Degree of Precision	0.03		0.06		0.07		0.15		0.17	
		3%		7%		8%		20%		37%	

Table 18 - Need to speak to health centre GP through phone

G18	Non Participants	441		63		70		22		17	
	Hazin Hafna	9	2.7%	2	5.3%	1	2.2%	0	0.0%	0	0.0%
	Hazin	25	7.6%	1	2.6%	1	2.2%	1	11.1%	0	0.0%
	Mhux Hazin	31	9.4%	4	10.5%	12	26.7%	1	11.1%	0	0.0%
	Tajjeb	220	66.5%	28	73.7%	23	51.1%	5	55.6%	10	55.6%
	Tajjeb Hafna	46	13.9%	3	7.9%	8	17.8%	2	22.2%	8	44.4%
		331		38		45		9		18	
	Average	3.81		3.76		3.80		3.89		4.44	

Primary Health Care - The General Practitioners Function within Health Centres

	Std Dev	0.86		0.86		0.84		0.93		0.51	
	Degree of Precision	0.08		0.23		0.21		0.54		0.19	
		2%		6%		5%		14%		4%	

Dependants Unskilled Skilled Administrative Professionals

Table 19 - Preferred time to visit

G19	Non Participants	86		20		21		5		6	
	AM	335	48.8%	21	25.9%	23	24.5%	4	15.4%	5	17.2%
	PM	287	41.8%	47	58.0%	54	57.4%	17	65.4%	24	82.8%
	Tard PM	64	9.3%	13	16.0%	17	18.1%	5	19.2%	0	0.0%
		686		81		94		26		29	
	Average	1.60		1.90		1.94		2.04		1.83	
	Std Dev	0.65		0.64		0.65		0.60		0.38	
	Degree of Precision	0.03		0.10		0.09		0.16		0.10	
		2%		5%		5%		8%		5%	

Table 20 - Will patient come again to health centre

O20	Non Participants	11		4		0		1		3	
	Iva	717	94.2%	92	94.8%	113	98.3%	27	90.0%	27	84.4%
	Le	44	5.8%	5	5.2%	2	1.7%	3	10.0%	5	15.6%
		761		97		115		30		32	
	Average	0.06		0.05		0.02		0.10		0.16	
	Std Dev	0.23		0.23		0.13		0.31		0.37	

Primary Health Care - The General Practitioners Function within Health Centres

	Degree of Precision	0.02		0.05		0.02		0.11		0.13	
		27%		92%		119%		111%		80%	

Dependants

Unskilled

Skilled

Administrative

Professionals

Table 21 - What should change for a better service

O21	Non Participants	899		105		119		25		37	
	Tinbidel il-lokalita' ta-Centru	16	2.5%	5	5.2%	0	0.0%	2	5.4%	0	0.0%
	Jigi rrangat ic-Centru	27	4.2%	8	8.2%	10	9.0%	6	16.2%	4	12.1%
	Jizdiedu s-servizzi offruti	25	3.9%	1	1.0%	1	0.9%	1	2.7%	2	6.1%
	Jizdied l-istaff	319	49.5%	44	45.4%	55	49.5%	12	32.4%	13	39.4%
	Ohrajn	258	40.0%	39	40.2%	45	40.5%	16	43.2%	14	42.4%
		645		97		111		37		33	

Appendix E - Costings - GP Services

1. The three services provided by GPs (at health centres, at home and at local clinics) were evaluated in financial terms. This exercise excludes costs and users relating to Gozo health centre and local dispensaries.
2. User data supplied by the Department of Primary Health Care indicates that during 1999, users of GP services accounted for 46.55 per cent of total users of health centres. These are represented by 27.93 per cent of GP clinics users, 2.66 per cent of home visits and 15.96 per cent of local clinic users. These percentage rates were used to apportion indirect costs of personal emoluments of senior medical officers and support staff (excluding other professional and nursing grades²³), operational and materials expenses, and programmes and initiatives (Table E1). Direct costs consist of GPs' emoluments and nurses giving service at local dispensaries.

Table E1: Basis of apportionment of indirect costs of the GP Service

	Number of GP users	% of health centre users
GP Clinic	436.234	27.93%
Local Dispensaries	249.240	15.96%
Home Visits	41.547	2.66%
Total GP users (excluding Gozo)	727,021	46.55%

Source: Primary Health Care

3. When taking into account the above considerations, the average cost per user of all GP service amounted to Lm1.94 in 1999 (Table E2).

²³ These grades were not taken into account since they do not directly, or indirectly, contribute to GP service.

Table E2: Average cost of GP Service User

	<i>Lm</i>	<i>Lm</i>
Direct Costs:		
GP's (total emoluments)	682,851	
Nurses	<u>70,516</u>	
		753,367
Indirect Costs:		
Personal Emoluments (others)	369,487	
Operational and Maintenance	248,757	
Programmes and Initiatives	13,258	
Transport and Fuel	<u>25,307</u>	
		<u>656,810</u>
Total Cost (GP)		<u><u>1,410,177</u></u>
GP Service users : 727,021		
Cost per GP user		1.94

Source: NAO Working Papers

Notes to Table E2:

- i. Treasury records indicate that total personal emoluments for GPs employed in health centres totalled Lm682,851. Consequently, the rate per GP hour has been established at Lm3.60 [total GP cost (Lm682,851) divided by total doctor hours available (189,670)].
- ii. Personal emoluments considered as indirect costs are based on an apportionment of 46.55% of total Departmental costs amounting to Lm793,743 incurred in respect of personnel performing administrative and support services duties.
- iii. Operational and maintenance costs are based on an apportionment of 46.55% of total expenditure incurred by the Department of Primary Health Care amounting to Lm534,387. This amount includes
 - estimated costs incurred by the Department in respect of electricity and water supply (Lm20,000) as well as telephone charges (Lm30,000). These estimates are based on funds allocated to the Department in Estimates 1999.
 - only 20 per cent of departmental expenditure in respect of Transport (Lm6326.81) is included in the item operational and maintenance since such costs contribute towards the administration of the Department.
 - The remaining 80% of transport costs (Lm25,307.34) are allocated in full to GP functions since such expenditure relates to transport reimbursements to GPs performing dispensary duties and home visits.
- iv. Administrative costs incurred by the Ministry of Health have not been taken into consideration.

Cost of a visit to a GP clinic at health centres

4. GP clinics are generally the initial point of reference of those seeking medical care. During 1999 users of GP clinics amounted to 436,234 or 27.93 per cent of total health centre users. These clinics are open on a 24-hour basis however, since May 2000 opening hours of health centres have been revised.

5. For this costing exercise, the user percentage ratio of 27.93 was taken in respect of indirect costs covering operational and materials expenses, and programmes and initiatives in Cost Centre 12. These amounted to Lm149,254 and Lm7,955 respectively. Indirect salaries of administrative and support staff were also allocated at this percentage rate and amounted to Lm221,693. Other Professional and nursing grades were not taken into account since these do not directly, or indirectly, contribute to the GP clinic service. No transport costs were apportioned on the GP clinics.

Table E3: Average Cost of GP Clinic User

	<i>Lm</i>	<i>Lm</i>
Direct Costs:		
GP personal emoluments		545,058
Indirect Costs:		
Personal emoluments	221,692	
Operational and Maintenance	149,254	
Programmes and Initiatives	7,955	
		378,902
Total Cost Dispensary		923,960
No of users: 436,234		
Cost per Dispensary user		2.12

Source: NAO Working Papers

6. As for direct costs, the GP emoluments relating to GP clinics in health centres is being taken as the residual of total GP emoluments less salary costs apportioned to home visits and dispensaries. GP emoluments are calculated on GP hours multiplied by an hourly rate of Lm3.60 (Note (i) for Table E2). The GP hours relating to GP clinics in health centres include slack GP hours allotted for home visits by management. On this basis GP emoluments for GP clinics amount to Lm545,058.

7. Given the above, the average cost of servicing a user at GP clinics was Lm2.12 in 1999 (Table E3).

The Cost of home visits

Table E4: Average Cost of a Home Visit

	<i>Lm</i>	<i>Lm</i>
<u>Direct Costs:</u>		
GPs (emoluments) Lm 3.6 hourly rate multiplied by 50% of home visits		74,789
<u>Indirect Costs:</u>		
Personal Emoluments (others)	21,114	
Operational and Maintenance	14,215	
Programmes and Initiatives	758	
Transport and Fuel	<u>18,980</u>	
		55,066
Total Cost (GP)		129,855
No of home visits: 41,547		
Cost per home Visit		3.13

Source: NAO Working Papers

Notes to Table E4:

- i. Direct costs in respect of home visits were established on the basis of departmental practice to assume that GPs make two home visits per hour. Consequently the 41,457 home visits performed represent 20,773.5 doctor hours which at the rate of Lm3.60 per hour amount to Lm74,789.
- ii. According to the Department of Primary Health Care, GPs report back to health centres when the scheduled home visits are completed.
- iii. Indirect costs were apportioned in accordance with criteria established in paragraph 2 of this Appendix; that is in accordance with user ratios. Home visits totalled 2.66% of total health centres users.
- iv. In the absence of detailed information, 75 per cent of the transport costs (Lm25,307.34) referred to in notes to Table E2 - Note (iii) (third bullet) have been allocated for the home visits function.

- 8.** Home visits are performed on a 24-hour basis although visits at night are limited to urgent cases. GPs made a total of 41,547 home visits during 1999. The average cost of a home visit amounted to Lm3.13. Table E4 and notes to the same table explain how this average cost was calculated.

Cost of local clinic/dispensary visits (Bereg)

- 9.** 40 local dispensaries (Bereg) in Malta are opened regularly during the mornings in most localities according to specific schedules. However, opening hours may vary considerably primarily due to the population of a particular locality. Although the aim of the dispensary is that of a local clinic to provide community based assistance, the services provided at these peripheral clinics are mainly the renewal of prescriptions, the postal drug distribution service and basic medical care. Most of these dispensaries have very limited equipment and a number are in dire need of extensive refurbishment.
- 10.** Direct costs include the personal emoluments of GPs and nurses operating the dispensaries. GPs spend on average 8 per cent of working hours on dispensary duty and

twelve nurses were also assigned exclusively to these peripheral clinics. Indirect costs were apportioned on the basis of users which accounted for 15.96 per cent of all primary care users in Malta. During 1999, 249,240 persons made use of the services provided in local clinics. (Table E1 refers).

11. According to considerations presented in table E5 and notes attached to it, the average cost of dispensary user in 1999 was Lm 1.43.

Table E5: Average Cost of Local Clinic/Dispensary User

	<i>Lm</i>	<i>Lm</i>
Direct Costs:		
GP hours	63,004	
Nurses	70,516	
		133,520
Indirect Costs:		
Other staff	126,681	
Operational and Maintenance	85,288	
Transport and Fuel	6,327	
Programmes and Initiatives	4,546	
		222,842
Total Cost Dispensary		356,362
No of users: 249,240		
Cost per Dispensary user		1.43

Source: NAO Working Papers

Notes to Table E5:

- i. Direct costs in respect of GPs were established on the basis of health centre rosters, which indicate that a daily average of 14 doctors provide services through dispensaries for five hours daily (excluding weekends and public holidays). GP costs approximate Lm63,004 (14 doctors x 5 hrs x 250 days x Lm3.60 GP rate per hour).

- ii. There were 12 nurses deployed in dispensary duties and whose costs relating to personal emoluments (Lm70,516) were taken into consideration.
- iii. Indirect costs were apportioned in accordance with criteria established in paragraph 2 of this Appendix; that is in accordance with user ratios. Dispensary users totalled 15.96 percent of total health centres users.
- iv. In the absence of detailed information, 25 per cent of the transport costs (Lm25,307) referred to in notes to Table E2 - Note (iii) (third bullet) have been allocated for the dispensary function.

Concluding Remarks

- 12.** Although NAO endeavoured to give a realistic cost of each service by the GP, certain constraints impinged on this costing exercise. User data as provided by the Department contains virtual users utilising the service. Furthermore, other duties carried out by GPs, namely their contribution in the Treatment Room and the Diabetic Clinic, could not be taken into account, as these were difficult to ascertain in definite terms.
- 13.** Despite these qualifications, the above amounts are still indicative of the cost of providing these services.