

C3 Information from general practice

Continuous Morbidity Recording (CMR) is a system that collects general medical practitioner (GP) morbidity data from general medical practices in Scotland. Data are collected in a number of practices covering six per cent of the Scottish population from every face-to-face doctor-patient consultation. This sample is broadly representative of the Scottish population in terms of age, sex, deprivation and urban/rural mix.

Key Points

Overview from general practice

- In 2003, of the 1 165 013 consultations (face-to-face contacts) between patient and GP, 11 471 (1%) related to drug misuse. (Table C3.1)
- Of the 2 469 patients with a diagnosis of drug misuse, 27 per cent (676 patients) had a 'first' diagnosis of drug misuse i.e. it was the first time they had seen the GP for that particular drug problem. (Table C3.1)
- The average number of GP consultations per year for all patients attending is 3.7. For those with a diagnosis of drug misuse, the average number of drug misuse GP consultations per year is 4.6. (Table C3.1)
- The average number of drug misuse GP consultations and non-drug misuse GP consultations are broadly similar for females (4.5 compared to 4.1) but wider differences can be seen for males (4.7 to 3.3). (Table C3.2)
- More males than females consult their GP for drug related problems (nearing 2:1). (Table C3.2)
- For both men and women, aged 15 – 44 years, with a drug misuse diagnosis, depression and anxiety disorders were the top two most common co-morbidities. It is also interesting to see the comparison with non-drug misuse patients concerning 'Mental & behavioural disorders due to use of alcohol'. Among males, drug misusers are almost six times more likely than non-drug misuse patients to have a diagnosis of alcohol misuse. (Table C3.3)
- The drug misuse GP consultation rate increases as deprivation increases. The GP consultation rate per 1 000 practice population in deprivation category five (most deprived) was almost six times greater than that of category one (least deprived), 59.6 GP consultations per 1 000 practice population compared to 10.2 per 1 000 practice population. (Table C3.4)

5 year trends - 1999 to 2003

- The rate of patients attending a GP in General Practice with a diagnosis of drug misuse has increased slightly from 6.2 per 1 000 patients attending in 1999 to 7.9 per 1 000 patients attending in 2003. (Table C3.1)
- The rate of drug misuse GP consultations per 1 000 GP consultations has remained relatively stable over the past five years 9.2 per 1 000 consultations in 1999 to 9.8 per 1 000 consultations in 2003. (Table C3.1)

Background information

The CMR data set includes:

Patient Identifier	Generated by GPASS ¹ and practice specific
Date of Birth	
Sex	
Postcode	
Diagnosis	Up to ten diagnoses can be recorded for each contact. Coded using the Read coding system
Modifier	Describes whether it is the first time the problem has occurred, a recurrence of a previous problem or a persistent problem. This is attached to each diagnosis.
Date of Consultation	

Type of Encounter	Face-to-face patient/GP consultations. Telephone consultations are not included in any analysis.
Clinician	Allows the identification of each GP. Contacts are recorded by every doctor (including locums)

1. General Practice Administration System for Scotland)

Each practice receives feedback on its data together with national comparisons via quarterly and annual reports. An ad hoc service is also provided by ISD Scotland to these practices and to the NHS Scotland in general.

Developments to Primary Care Information

Although the analysis in this publication is only based on work carried out by General Practitioners (GPs), CMR practices are now involved in the collection and analysis of information from other members of the primary care team, e.g. practice nurses, health visitors and district nurses. From April 2003 CMR became Practice Team Information (PTI), which will enable a much wider, more accurate, picture of the activity in general practice. Data from this extended data collection will be available from November 2004.

The collection of Practice Team Information is a very practical way of establishing an electronic patient record held within the general practice. The recording of contacts by different members of the practice team allows sharing of information for those providing care for an individual patient. It will also allow more complete and accurate estimates of the incidence and prevalence of conditions presenting in general practice, providing means for population based analysis of prevalence of illness.

Analysis & Definitions

The following analysis is based on data from the sample of practices in each individual year for which complete data were available, for the years 1999 to 2003.

It is important to note that the information presented in this section of the publication does not give a measure of how prevalent drugs misuse is in the community. It does, however, give an insight into some of the characteristics of those who misuse drugs and present to a GP.

For CMR, the diagnosis of drug misuse has been identified using the following set of Read codes:

E02	Drug Psychoses
E24	Drug Dependence (excluding Nicotine Withdrawal)
E25	Non-dependent Abuse of Drugs
Eu1	Mental and Behavioural Disorder Due to Psychoactive Substances (excluding Eu17 use of Tobacco)
SL96	Hallucinogen Poisoning
SL97	Psycho-stimulants Poisoning
SL9y	Other Psychotropic Poisoning
SL9z	Psychotropic Agent Poisoning not otherwise specified.

The above codes represent a range of problems defined as drug misuse. When a patient presents with one of those specific problems for the first time, this will be recorded as 'first'. 'First' diagnosis may include patients who have had a previous, but different, drug misuse problem recorded.

Interpretation of trend data

Caution must be exercised in interpreting data on trends. Although CMR is generally representative in terms of age, sex, deprivation and urban/rural mix, it may not be as representative in terms of numbers of patients with drug misuse. This is because there can be wide variation in numbers of drug misusing patients in different practices.