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**Table 1**

	Number of doctors in general practice in Devon and Cornwall
Full time partners	723
Part time partners	102
Trainees	82
Other doctors	47
<b>TOTAL</b>	<b>954</b>

**Table 2****Types of non-clerical staff working on practice premises**

Number of practices (n=245)	Number of practices (n=245)
Practice nurse	226
Health visitor	91
Behaviour therapist	28
Physiotherapist	33
Speech therapist	43
Child psychiatrist	4
Chest physician	1
Audiologist	2
Community nurse	122
Midwife	201
Counsellor	31
Chiropodist	66
Social worker	16
Psychiatrist	15
Orthoptist	4
Dietician	4

**Table 3****Type of surgeries**

	Number of practices (n=245)
Appointments only	154
Mixed	73
Non appointment	18

**Table 4****Type of list**

	Number of practices (n=211)
Personal list with:	
(a) patient having to see own doctor	51
(b) facility to consult others	117
No personal list	43
(Not all respondents answered this question)	

**Table 5****Skills**

The following skills were offered:

	Number of practices (n=245)
Minor operations	196
Joint injections	201
Manipulations	75
Homeopathy	24
Acupuncture	12
Hypnosis	15

# An Audit of the use of Barium Meal Examinations in General Practice

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An audit of the use of barium meal examinations in a six month period by two local practice surgeries (Table 1) was performed as a retrospective study based on the original requests, the findings of the examination and interviews with the general practitioners several months after the examinations were performed.

32 requests were made and 31 examinations undertaken. One patient was asymptomatic on attendance and the meal was not performed.

**RESULTS**

The findings were classified into major abnormalities (i.e. those requiring specific treatment, such as ulceration) and minor abnormalities (i.e. those for which no specific treatment was required, such as minor oesophageal motility disorders) [Conry, McLean et al]. (Table 2). Major and minor abnormalities were found in 18 and 2 patients respectively and 11 patients had no abnormality.

The diagnosis made by the general practitioner was correct in a minority of cases (7 out of 19) in which a specific provisional diagnosis had been made. (Tables 3, 4 and 5).

The investigation was normal in 6 of 11 patients of those with epigastric pain but no specific provisional diagnosis. A variety of major abnormalities was demonstrated in the remainder. (Table 6).

The management of 20 of the patients was altered by the findings of the investigation. (Table 7).

The general practitioners found the results unhelpful in only two cases. In one, the report was difficult to interpret and in the other, a normal examination failed to reassure the patient.

**DISCUSSION**

Barium meal examination continues to be useful in general practice, demonstrating a significant number of major abnormalities and affecting the management in the majority of cases. This study raised a number of questions.

- It was difficult to know what provisional diagnosis had been made in some cases. (Table 6).
- The classification of findings into major and minor abnormalities is debatable. For example, gastro-oesophageal reflux is classified as a major abnormality but can be an asymptomatic finding.
- The reports were not always specific in distinguishing between acute and chronic and duodenal ulceration, when possible. Reports will be made as specific as possible in the future.
- The retrospective analysis made it difficult to determine the true effect of the examination on the patient's management in some cases. A prospective study is necessary to answer some of these questions and this will be carried out as a future study.

**REFERENCE**

CONRY B. G., MCLEAN A. M., FARTHING M. J. G. Diagnostic and therapeutic efficacy of barium meal examination: A prospective evaluation in general practice. *British Medical Journal* 1989; **299**: 1443-5.

**Table 1**  
**An Audit of the use of Barium Meal Examinations by two local Practice Surgeries**

The findings are based on a retrospective analysis of the results of all barium meal examinations (BAM) performed on patients referred from two local general practice surgeries from January to June 1990 inclusive.

**Patients details**

Number of patients	Surgery A	18
„ „	Surgery B	14
Ages of patients (years)	50	16
„ „	50	16
Sex of patients	Male	13
„ „	Female	19

**Table 2**  
**BAM findings in 32 patients**

	Total	Normal	Major Abnormality	Minor Abnormality
Patients aged 50	16	4	10	2
Patients aged 50	16*	7	8	0
Patients taking H2 receptor antagonists	12	4	8	0

\*included one on whom a BAM was not performed as the patient was asymptomatic at the time of the appointment.

**Major abnormalities** were assessed as those probably requiring specific medical treatment (for example ulcer, reflux, oesophagitis and erosions) or a surgical or endoscopic intervention (for example stricture, polyps) and minor abnormalities as incidental findings (for example uncomplicated small hiatus hernia and minor oesophageal motility disorder).

**Table 3**  
**Indications for BAM**

**Provisional diagnosis based on clinical symptoms and signs**

Gastro-oesophageal reflux (GOR)/oesophagitis	3
Oesophageal obstruction	1
Hiatus hernia (HH)	1
Ulcer — specified	9
Carcinoma	3
Mass	2
“Epigastric pain”	11
Reassurance	4
Unclear/unstated	2

**Table 4:**  
**Findings of Barium Meal Examinations**

GOR/Oesophagitis	...	...	...	...	...	...	6
Oesophageal obstruction	...	...	...	...	...	...	0
HH	...	...	...	...	...	...	2
Impaired oesophageal motility	...	...	...	...	...	...	1
Ulcer	...	...	...	...	...	...	7
Duodenitis	...	...	...	...	...	...	1
Carcinoma	...	...	...	...	...	...	0
Mass	...	...	...	...	...	...	0
Polyps	...	...	...	...	...	...	2
Normal	...	...	...	...	...	...	12
Not Examined	...	...	...	...	...	...	1
						<b>TOTAL</b>	<b>32</b>

**Table 5**  
**The Accuracy of the Clinical Diagnosis**

Provisional diagnosis made by GP	Accuracy			BAM findings in incorrect diagnosis
	Total	Correct	Incorrect	
GOR/Oesophagitis	3	1	2	1 normal 1 gastric polyp
Oesophageal Obstruction	1	0	1	1 GOR
HH	1	1	0	
Ulcer	9	5	4	4 normal
Carcinoma	3	0	3	2 normal 1 HH
Mass	2	0	2	1 normal 1 HH

**Table 6:**  
**The findings of BAM with Epigastric Pain and no specific provisional diagnosis**

Normal	6
GOR	2
HH	1
Gastric Polyps	1
Duodenitis	1
<b>TOTAL</b>	<b>11</b>

**Table 7:**  
**Effect of Barium Meal findings on Patients' Treatment**

Changed	...	...	...	...	...	...	...	...	14
Unchanged	...	...	...	...	...	...	...	...	10
Treatment stopped	...	...	...	...	...	...	...	...	2
Gastroscopy	...	...	...	...	...	...	...	...	4
Unknown	...	...	...	...	...	...	...	...	1
Not Examined	...	...	...	...	...	...	...	...	1