

PRACTICE OBSERVED

Overcoming Isolation

Fellowships in general practice in the St Thomas's district

MICHAEL J COURTENAY, DAVID C MORRELL, CHRISTOPHER J WATKINS

A survey of general practice in Lambeth in 1979 showed that many young general practitioners were isolated in a system of primary care that gave them little opportunity to review their work critically...

What we have learnt

Six places were available on the first course and eight on each of the subsequent courses. Thirty general practitioners applied for places. Most of these came from Lambeth or Battersea...

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practice for between three and eight years, but several doctors in their first year applied and four were appointed. It had been hoped that singlehanded doctors would be particularly interested...

Each course started with a residential weekend, designed to develop a group identity. In the first course this was followed by 12 weekly sessions designed to train the members in certain epidemiological principles and research methods...

The formal package of research methods was dropped from the second course when various experts were invited to contribute when individual projects were being discussed...

The courses were evaluated in four ways. At the residential weekends members completed a multiple choice questionnaire, designed to measure research concepts and methods in general practice...

The thematic differential test on attitudes showed a negative shift in all the courses away from epidemiology although knowledge of that subject improved in the multiple choice questionnaire...

logical research in general practice which were not appreciated at the outset. An important attitudinal change detected in the semantic differential test was the attitude to partners. This showed changes in both a positive and negative way which were interestingly reflected in other evidence provided by members during the course...

As a measure of success the projects in terms of a full report at the end of two years were disappointing, despite the fact that many members made important improvements in their practices. One complete report was provided by the members of the first course...

Some benefits are difficult to measure objectively. Those who have taken part in the course are unanimous in valuing the contributions that it has made to their professional development...

Implications for postgraduate education in general practice

The number of young principals who joined the fellowship course seems to suggest that the vocationally trained doctor, currently entering general practice, has been nurtured in an atmosphere of group support and peer reviewed development...

concept of the fellowship course might become a logical and necessary step towards personal professional development after vocational training has led to appointment as a principal in general practice...

The essential requirement for this type of course is a method of buying time to allow young doctors entering general practice an opportunity to stand back from their day to day work and think about it in a disciplined way. In these courses the method used was to appoint the doctors as clinical assistants to the department of general practice...

The trustees of St Thomas's Hospital made this experimental course possible. In the absence of more permanent funding the fellowship course has died. A fitting epitaph is 22 young doctors who took part in the course are now making important contributions to undergraduate teaching in general practice...

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Practice Research

Findings of a national survey of the role of general practitioners in the treatment of opiate misuse: dealing with the opiate misuser

ALAN GLANZ

Abstract

Because there has been a substantial increase in the scale of drug misuse general practitioners have become increasingly concerned in responding to this problem. Little is known, however, about how general practitioners manage drug misusers. The findings from a national survey carried out in mid-1985 of a 5% random sample of general practitioners in England and Wales show the extent to which various actions were undertaken by general practitioners who reported on the consultation with the opiate misuser whom they last attended...

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prescribed in nearly a third of cases. The rate of notification to the Home Office conforms with that in other studies and indicates a high degree of undernotification. More detailed study of general practitioners' activities in managing drug misusers is needed.

Introduction

The great increase in drug misuse in the past few years has brought general practitioners into the front line of response, both in terms of the demand for care by drug misusers and in terms of the government's emerging strategy to provide services for drug misusers. Some background to these developments and new data on the extent of the contact that general practitioners in England and Wales have with opiate misusers were described in a previous paper.

Concern has been expressed about the nature of general practitioners' treatment of drug misusers—that is, the wide differences in practice and limited awareness of the range of options for treatment that is available. The Department of Health and Social Security has recently issued Guidelines of Good Clinical Practice in the Treatment

of Drug Misuse. There is little information available on how general practitioners handle these patients, such as the use made of specialist medical services and social agencies for referral, the likelihood of prescribing opiates, and so on.

The findings presented here are from a national survey of general practitioners concerning their role in the treatment of opiate misuse and throw some light on these activities. The undernotification of addicts to the Home Office by general practitioners is also discussed.

Methods

Details of the methods have been published. A postal questionnaire was sent in mid-1985 to a 5% random sample of general practitioners in England and Wales, which was stratified by regional health authority. A further three waves of questionnaires were sent as reminders to non-respondents. The general practitioner was asked to recall the most recent attendance of an opiate misuser, and with reference to this case to indicate for how long the patient had been under the care of the general practitioner for this problem, how many times the patient had been seen, and whether or not any actions in a list provided had been taken to date in managing the patient.

Over the four response waves, 845 (72% of the 1166 general practitioners who were sent questionnaires returned usable questionnaires. The respondents resemble the national profile of general practitioners in terms of the average number of patients on their lists and the number of partners. Thirty one per cent of the respondents stated that they had "never" seen an opiate misuser, and the section of the questionnaire of concern here did not apply to these general practitioners or to reminders. 80% (384) completed the entire section, and the percentages in the text below are based on this group of respondents.

Results

The evidence from the responses of this sample of general practitioners suggests that many are treating opiate misusers and that this may extend over a substantial period of time. One fifth of respondents reported one contact only with the last patient attended, a further 30% had seen the patient two or three times, and 29% reported at least 10 attendances so far. The median number of attendances was four. The median duration of care to date in these cases was six months, with 31% of the general practitioners treating the opiate misuser for under one month, a further 24% for at least one month and up to six months, and 55% for at least six months.

The table gives the actions listed in the questionnaire and the proportion of general practitioners who reported having taken each action in dealing with the opiate misuser whom they most recently attended. Clearly, these actions are not mutually exclusive, and several actions will have been taken over the period of care. Eighteen per cent of the general practitioners had taken one action only, and most often this was an assessment of the patient by an interview and taking a case history (10%).

REFERRAL AND PRESCRIBING

Beyond assessing the patient, the findings suggest that the most common response of general practitioners in dealing with opiate misusers is to refer them to specialist hospital drug dependence clinics or to general psychiatric services (table). Two thirds of the general practitioners made such a referral, including a few who referred the patient to both services.

Proportion of general practitioners who took an action in dealing with the patient whom they most recently attended for opiate misuse

Table with 2 columns: Action, Percentage who took action (n=384)

recently described by Teeling Smith, where he cites drug abuse along with cancer as cases for the specialist: "The general practitioner cannot be a jack of all trades... Only the most cavalier of general practitioners would expect to handle such cases on their own."

On the other hand, a substantial number of general practitioners prescribe opiate drugs, and the extent to which this is done independently of specialist advice is unknown. Thus the DHEW guidelines might be of considerable value in defining good practice in this respect. Also, given the finding of the rather narrow referral activity, it may be useful to give general practitioners information about the range of services available to deal with drug misusers.

This provides only initial descriptive information on the pattern of general practitioners' activity in responding to opiate misusers. In the light of the scale of the contact that general practitioners have with these patients and the policy of the government in encouraging such contact further investigation is required into the quality and outcome of general practitioners' management of opiate misusers.

I thank Professor Brian Jarman, St Mary's Hospital Medical School, and Dr Paul Williams, Institute of Psychiatry, for valuable discussion during the planning of the study. Professor Griffith Edwards, Colin Taylor, Betsy

Etter, and other colleagues at the Addiction Research Unit for their help throughout the project, and Jean Howard for secretarial help.

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This is the second of three papers

Audit Report

Factors influencing the routine recording of blood pressure

The records of 100 men and 100 women over the age of 40, selected at random from each of the 14 training practices in a vocational training scheme, were examined by the trainees to see whether the practices had recorded the blood pressure in the previous five years. Patients who registered during the study period and those with conditions that required that their blood pressure was taken regularly were excluded.

Altogether, 89.2% of the patients had been seen during the five years, with 24% having attended five to nine times and 40.4% 10 times or more. Half of the records of those seen contained blood pressure recordings and the practices in that time. The frequency of its being recorded rose from 30.5% in patients seen on average once a year to 65.1% in those seen twice a year or more (p=0.001). When examined as a group there was a significant difference (p=0.0019) in the way the practices performed: best 65%, worst 34%, although there was no significant difference in the attendance rates. The list size of the principals (average 1600 patients) did not influence their

performance significantly. Unexpectedly, the five practices without their own nurse recorded a similar percentage (49.5%) to the nine practices employing one (50.3%).

Although the most striking feature of this study was the participation of all the practices in a training scheme, the most important finding must be the apparent failure of the practices to delegate to the practice nurses the recording of blood pressure. In an Israeli study of 100 000 patients there was a marked improvement in detection and a massive improvement in the management of hypertension when nurses worked in the programme. Why are we not using the skills of our own nurses more fully?—PHILIP GORRY, general practitioner, MEDWYN WILLIAMS, trainee, 23 Castle Street, Conwy, Gwynedd, and the Gwynedd Vocational Training Scheme. Accepted 16 July 1986

100 YEARS AGO

The ill-effects of the excitement and turmoil of a general election are not, by any means, confined to fluctuations in the stocks, or a temporary lull in trade, or the curtailment of the London season. The extra strain thrown on to the shoulders of a number of individuals, many of whom are well past their prime, inevitably results in the collapse of a certain number, whose embedded heart or brittle arteries are not equal to the extra heat. Already we hear from different localities of the deaths of several persons, many of whom, it would be members, or their more energetic partisans; and, before calm is re-established, others will doubtless succumb. It would be interesting to tabulate the deaths attributable to political excitement, and, as the week unfolds, not altogether an easy one, to offer a good field for work in individuals gifted, or plagued, with the "bump" of statistical inquiry. One might suppose, a priori, that the more acute methods of living of the candidates with more advanced views would secure them a certain immunity

from mishap. Figures alone can tell us whether this assumption has any foundation in fact. Certain it is that the combat materially influences the chances of individuals in the matter of longevity, even when no physical violence is factor not to be overlooked at political meetings' interweaves to complicate the risks. So far as the latter contingency is concerned, the spectators, or rather auditors, are not at least an equal chance with the candidate and his supporters. An indefinite number of the professions was enabled to corroborate this statement, at a meeting last week, when it was his ill fortune to be belaboured with the leg of a chair, while endeavouring to salute to Mr. Richard Chamberlain—... a substantial member of the profession, when skillfully worked, as it appears to have been on this occasion. 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