PRACTICE OBSERVED

Reflections on Practice

Reconstruction of general practice: failure of reform

Thanks to the protection provided by the National Health Service Britain has preserved its corps of general practitioners, and this is probably the main reason why its health costs are among the lowest in the world. But general practitioner are is offered within a restricted range of services, and the development of programmes that reach beyond the hospital tends to narrow it further. Many general practitioners think that the skills that they have acquired are not being fully used.

The BMA has devised a programme to reverse this, giving general practitioners the opportunity to perform clinical procedures that might bring them closer to the hospital world from which they are separated. The Royal College of General foroutioners the opportunity to perform clinical designed to keep general practitioners at work in the community focusing on prevention. Neither programme has made much progress because the government has failed to provide the financial inducements needed for success. In the present economic climate it appears that no change stands a chance of acceptance unless it holds out the prospect of lower costs or a more efficient service.

In this two part paper I argue that the way out of this moraus is by employing nurse practitioners. Nurse practitioners of routine work, enabling them to develop skills not fully used. In the process the quality of care might rise, and that would enable the profession to deal with a problem that it has been reluctant to tackle. There is every reason to expect the government or react frequently because the avings in costs generated by employing nurse practitioners could be used to finance inducements that are designed to extend the range of general practitioner care.

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General practitioners working in the National Health Service are independent contractors who rarely recognise that a reciprosate independent contractors who rarely recognise that a reciprosate in the property of the private private of the private of the private of the private private of the private private private private private private private of the private privat

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Few general practitioners seem concerned about this. Indeed, they appear to be less and less willing to deal with the social and emotional problems that lie at the heart of personal care—the most startling finding to emerge from Ann Cartwright's last survey of general practice in 1977." General practitioner lesders may be in danger of losing their sense of direction because the whole strategy since the royal college was formed to the startling of the startling o

Strategies for reform

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That strategy seems to have failed, but the general practitioner has nevertheless survived, thanks to the protection provided by the health service. Where does that leave general practice? Denis Pereira Gray, the enswhalle editor of the college's journal, hopes to reverse the tide. By emphasising the need for personal lists and home with the want with the wants with the want. The strates are also pelests. The tide is moving strongly in the direction of impersonal care, sweep by the general practitioner's understandable desire for a normal family life and a longer life expectancy. It makes more sense to accept general practice as it is sad mould it in the direction it wants to go.

The first point is that despite the incodes made on the range that the strategy of th

Minor surgery school

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Two rival schools of thought have emerged on the direction in which general practitioners should go. General practitioner leaders in the BMA want to reverse the inroads made by hospital medicine. In 1979 they produced a new charter that was designed to undo outreach programmes across a broad front: general practitioners were to be given financial incentives to undertake minor surgery, screening tests, and surveillance of chronic ailments. "They had much support while Dr Gerard Vaughan was in the Department of Health and Social Security, builded to arouse much enthusiam from the profession or backing from organisations outside it.

By having general practitioners undertake work that is now done in hospital costly services may be saved and patients spared long waits in outpatient departments." "There is every reason to encourage general practitioners to offer services that their counterparts in other countries provide, and which, indeed, some in Britain already perform. But from the patient's point of view the prospect is fraught with danger. Many doctors have forgotten the techniques: as one consultant so indicated by the "There is a service that it is not the propect of the propec

Marsh's comparative study of general practice supports this because he found that whereas 83% of general practitioners in Canada undertake suturing of simple lacerations, only 44% of general practitioners in Canada undertake suturing of simple lacerations, only 44% of general practitioners in Canada of so. **

Furthermore, many general practitioners do not have the facilities or equipment needed for the work, and it is doubtful if the surgeries of some doctors, particularly in inner cities, would meet the health standards required. To make a success of the surgeries of some doctors, particularly in inner cities, would meet the health standards required. To make a success of the surgeries of some doctors, particularly in make 2 success of the surgeries and surgery premises. In addition, Item of service payments not only require much paperwork but would probably have administrative controls to prevent abuse, like those now used to reduce excessive pre-scribing. How many general practitioners would be willing to accept such conditions? Perhaps that, together with a reluctance to use any sort of surgical instrument again, explains why the profession has failed to show much enhusiasm for the minor surgery tchool.

Same and the surgeries of the surge

The Royal College of General Practitioners hope to accuse the general practitioners's interest in prevention rather than outsure the general practitioners's interest in prevention rather than outsure the properties of the college proposals would ensure that they stay away from it. College leaders have issued paper after paper on prevention, and they have received much support outside—from the Socialist Health Association on the one hand and the College of Health on the other. The campaign has assumed the nature of a religious crusade reminiscent of the one and the college of Health on the other. The campaign has assumed the nature of a religious crusade reminiscent of the one and the college of the col

Britain manages to satisfy roughly 70% of patient demands in the community (90% is usually cited, but more and more people use the hospitals seab year). In America, on the other hand, not only do expensively trained specialists treat coughs and colds but too often they find a reason to admit patients to hospital beds. Thus, the American public is overtreated, overdrugged, overpampered, and—not least—overcharged.

Without the screening protection provided by general practice Britain's hospital admission rate would true, and with that might come circs to contain the costs incurred. The care to everyone. Something like the insurance system that existed between 1911 and 1948 might return, accompanied by a resurrection of insurance agencies akin to the approved societies that the profession so detested.

Problems caused by the division in British medicine

Nevertheless, despite the savings in costs, this division in British medicine is becoming harder and harder to sustain. Its most obvious weakness is its failure to provide continuity of care, and this has implications for finance as well as for quality of care, Patients who enter hospital pass into the hands of a separate corps of doctors, who for the most part must rely on letters to learn what happened before. Too often this leads to needless duplication of work. But when the patient is sent home what happened before. Too often this leads to needless duplication of work. But when the patient is sent home what happened in hospital.

Advances in medical technology make it increasingly difficult to live with this communication gap. Patients who suffer from kidney disease may die because general practitioners are not aware of facilities in hospital for dialysis. Meanwhile, patients who manage to secure dialysis treatment whit endedless where the profession has always been less sharply divided, the problem has been recognized and a start has been made to close the gap. A few years ago a joint committee was formed by general practitioners and physicians to integrate patient care, and a group in Lothan has produced a blueprant for managing hyperreasion in general practice. The need is no less strong in England and West and edition of the profession in England and Was and edition. It is not less strong in England and Was and edition of the profession in England and Wales appears to grow wider and wider. Despite the recent attempt by leaders of the Royal College of General Practitioners on promote cooperation rather than practices as a specially on a par with hospital medicine. Meanwhile, consultants have become increasingly disturbed by the growing number of patients who turn up at accident and emergency departments with conditions that general practicioners could have treated. Together with hospital medicine. He managing hyperreases with hospital medicine. He managing hyperreases with conditions that general practic

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depleted corps of family doctors, has gone much further in this direction.¹¹ The attitudes of consultants appear to be largely responsible for the slower British advance because, as one general practitioner put it, "Most hospitals prefer to see day surgery as an extension of their role rather than as a 50-50 partnership with general practitioners."

Reaching beyond the hospital

Another disturbing development in attempting to overcome the handicap of their distance from and lack of confidence in general practitioners is that consultants reach out into the community and spawn their own network of facilities. This seems to have started with obstetricants (with community home nurse) and surgeons (stoma nurses). Nearly every specialty has joined in so that everything from "casualty to child guidance" is covered. "Diercet access clinics are particularly common for the treatment of asthma, diabetes, hypertension, cpilepsy, and arthritis.

Thus, there is a serious breakdown of the referral system, coming not from private practice (where it has always been violated) but from within the protective framework of the health service. No one knows how far the protective framework of the health service. No one knows how far to the Lamational Hospital Federation will be published thay year. It appears that it has progressed furthers in emergency care. Not only do patients of all ages in inner city areas resort more and more to accident and emergency departments, but hospitals in places such as Nottingham find that most of the children whom they treat for acute illness are brought directly by parents without contacting their general practitioners."

Erosion of general practitioner care

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The effect of all of this has been to remove more and more care from the general practitioner, which Dr. John Ball has spit more than the general practitioner, which Dr. John Ball has spit more than the general practitioner, which Dr. John Ball has spit more than the general practitioner, and the general practitioners and had to be derivated to specialists. This applied particularly to surgery, and no one in Britain wants to see major operations performed again by general practitioners. We need only look to America to be reminded on the general practitioners and this includes minor surgery as well. Few general practitioners now do very much with their hands as far as treatment is concerned. The major exception is midwifery, and that it disappearing rapidly from the general practitioners is surgery with the capability of British general practitioners is world; illustrated the problem with the routine care of hypertension and non-insulin dependent diabetes: "If we cannot measure, or organise dones to essential practitioners is surgery within the nature of these disorders in simple terms, or become proficient in the use of a limited range of useful drugs for their control what are we find for my more properties of the problem with the routine care of hypertension and non-insulin dependent diabetes: "If we cannot measure, or organise others to measure, blood pressure, look at fundi, test urine, detect early failure of organs and systems, explain the nature of these disorders in simple terms, or become proficient in the use of a limited range of useful drugs for their control what are we find for my."

Moreover, the personal element has the one ingredient of care that to one thought should go but changes in practice organisation, as well as the inclinations of general practitioner, have led to its recoion as well Many patients find their general practitioner is substitute if they need immediate attention.

of this school, acknowledges that it will take 30 years to make British general practitioners prevention minded," and the decline of the personal element in medical care will increasingly impede medical effectiveness. How can doctors hope to influence the unboking habits of people received and of the proposal proposal to the proposal proposal

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In the concluding half of this paper, I shall suggest a way out of this morass.

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100 YEARS AGO

The physiology of food has formed the subject of many a heared and shield ductors are disserrated by the control of the ductors are disserted by the control of the control of the control of the discourse ductors of the physiology of feeding. Passing over the singularly clever and clear pointee of known facts with regard to the general process of food eshing with which Dr. Brunton perfected in first locture, but which procession, we are analysed to the control of the control of the control of the discourse which treats especially of the physiology—we might say the philosophy—of disning. It is refreshing, in these depts of a rangeant prohibitory policy in matters detectic, to find a physiologist no well-informed commend inself to the common sense of the profession and the public, but actually making a candid evowal that life, as it is, is real and exercit; and that the nethod of the majority in relation to the principal metal of the day is not either both in neid or in urgent need, perhaps not reas requely, and the pro-tact and the control of the day is not carried of the faithful and the freedom of the city of London. Indeed, we almost tremble as we contemplate the near future in the lecture? I and proof civic companies will assuredly we wish each other in heaping upon hims? The story, chough not in such coloning language as that in which Dr. Bruston himself tells it, is as follows. He remembers to have partaken of a