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Access for General Practitioners to X-ray Diagnostic Departments

Access for general practitioners to X-ray departments has now become an established fact in many general hospitals.

There are a number of reasons why these facilities have been so long denied to our colleagues. Most important are the inadequate facilities which are available in the majority of diagnostic departments in this country, both in space and staff. In many hospitals the facilities are barely adequate to cope with the demands for investigations which are not only increasing in number at a constant rate of about 10–15% per annum but also become more and more complex and time consuming. There has undoubtedly been a resistance to co-operate with general practitioners and this arose partly from ignorance of the problems involved and partly out of fear of being overwhelmed by outside demands. Lastly, there is the well-known attitude of 'laissez-faire'.

In a great number of departments the demands have to be restricted for two reasons – lack of space and staff, and the undesirability of making all facilities available in an X-ray department, particularly for more complex investigations. It must be remembered that a service such as diagnostic radiology can easily be abused by excessive ill-considered demands and an inadequate appreciation of the indications for such examinations. An understanding of the limitations of X-ray procedures must be fully appreciated by those who request them. Sometimes this can only be done by prior consultation and discussion, a facility which is not available to our colleagues outside the hospitals, due to the very different time schedule of work.

The old concept of the X-ray department has not yet died; we have gone a long way from the days when just a few pictures of bones, joints, lungs and stomach were taken. A modern X-ray department gives a diagnostic service of a most complex nature. Many difficult procedures and examinations are carried out by the radiologists and their team and in complexity differ little from those carried out in large medical and surgical units. One must appreciate that patients who require these difficult investigations would concern the general practitioner greatly and are of great interest to him. These are the patients who present with clinical problems requiring complex investigations and to obtain results constant consultation and discussion between the various specialists concerned are required. This is no longer a matter of single opinions, it is largely a team effort which leads to the correct diagnosis.

Even more important than these factors is the question of the written X-ray report. A simple report can be frankly misleading and induce overconfidence if too much reliance is based on its interpretation. Further consultation may be necessary between the radiologist and the attending doctor – again a problem of communications. In many circumstances the radiological diagnosis is too serious a matter to be handled entirely by written reports or correspondence.

In my own department we started a rather restricted service in January 1964. We have tried to develop a system which in a small measure should be of help to our general practitioner colleagues within the area of the hospital.

The requests for X-ray examinations were limited to: (1) Barium studies: 6 examinations a week including barium swallows, barium meals and barium enemas. (2) Chest X-rays. (3) Small bones and joints but excluding the spine and pelvis. (4) Accessory nasal sinuses.

All the practitioners in the district were circularized, the proposed X-ray service was explained in some detail and so was the necessity for the provision of an adequate history on the request forms. It was also pointed out that in certain circumstances the radiologist should have the right, in an urgent case, to refer the patient directly to a consultant in the hospital.

Of the 60 practitioners who could avail themselves of the service, 34 did so and 11 of those have not asked for more than 3 examinations in the ten months. The total number of examinations carried out from January to October was 673, and the distribution of these examinations over those months is shown in Fig 1.

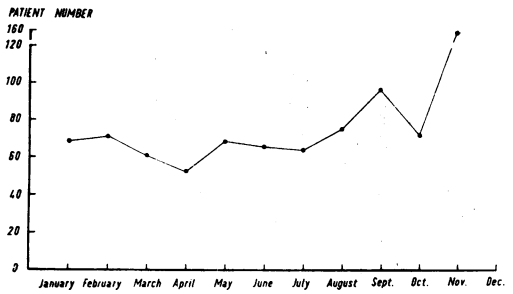

Fig 1 *Number of patients X-rayed in each month, January 1964–November 1964*

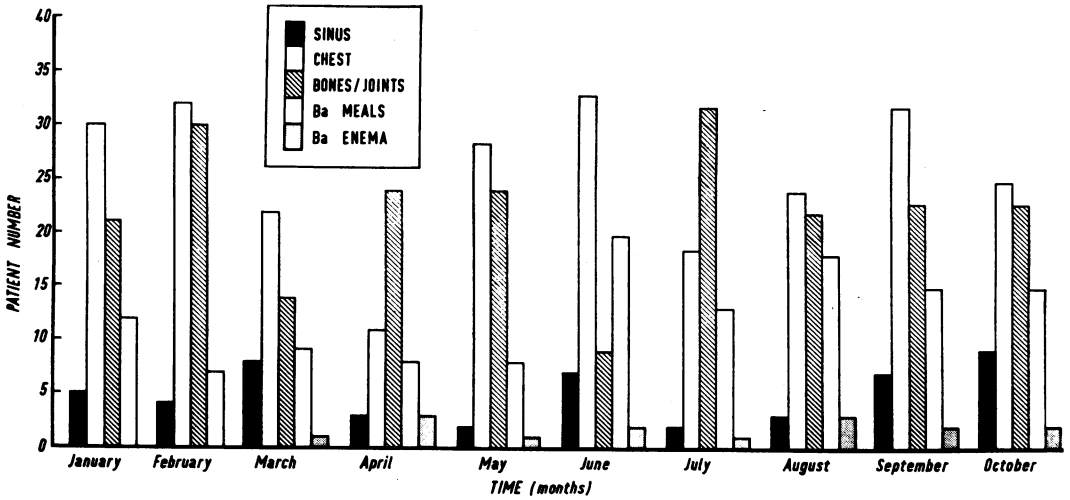

Fig 2 *Breakdown of the types and numbers of examinations carried out in each month, January 1964–October 1964*

The breakdown of the types of examinations requested each month is shown in Fig 2. In addition there were requests for other examinations between January and October, not normally available in the scheme, which were made up as follows: skull, 5 requests; renal areas, 4 requests; limbs and spine, 24 requests; hips and pelvis, 9 requests; miscellaneous, 21 requests.

Conclusion

There can be no doubt that open access for general practitioners to hospital X-ray departments is a step in the right direction. With time the service will probably expand and co-operation between hospital diagnostic service and practitioners will improve.

In many cases the service avoids delay. When patients are sent to out-patients for consultations some of the necessary X-ray examinations have already been carried out. In some instances the management of the patient is left entirely to the practitioner and hospital referrals are therefore not necessary. It therefore follows that the system is desirable from the patient's point of view both economically and personally.

I have tried to answer the question of how extensive open access should be. Should it be all embracing for all types of examination or should it be limited? I feel that it should be on a limited basis. There is still a lot of room for expansion but we do not want to overdo it. I would like to see the day when practitioners will come into the department as our consultant colleagues do and discuss the examinations and procedures, so that they can have the benefit of our advice and we can obtain the benefit of a better clinical background to some of the problems of their patients.

A satisfactory and economical radiological service can only be provided in general hospitals. Dispersal of such a service to outside clinics and health centres must be avoided in future planning. Only in this way can an economical use be made of an already hard-pressed organization with staff and space difficulties and the very high costs of equipment and materials. A second-rate service with inadequate facilities is not really in the patient's interest. So far as the patient's interests are concerned we should aim high to provide a comprehensive service for the future.

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The Pathological Laboratory

The background to our experience of providing an 'open access' service in clinical pathology in the National Health Service has been described on two occasions (Murray 1951, 1960). The service in Kingston has been steadily developing for twenty-five years. The principle has been the same throughout, although only the NHS made it obligatory, that every sick person must be able to have all available kinds of laboratory examinations made for the diagnosis and treatment of disease; and this availability must extend to their