The number of attendances at surgery has fallen by 30 per cent while the number of visits, if one rules out the effect of a policy to reduce the amount of visiting to old people, remains the same.

Most of the fall in surgery attendances is accounted for by the fact that few patients now come to surgery simply to collect medicines. The bus collects them for them. The remainder is accounted for by such factors as the possession now of a haemoglobinometer, centrifuge and microscope which enable many clinical problems to be resolved without the need for a return to surgery by the patient.

The average distance I travel each year has fallen by roughly 6,000 miles. The fact that my home is now in the centre of the practice saves 3,000 miles. The rest is undoubtedly saved in not having to shuttle back and forth between surgeries.

The total time saved is difficult to estimate but having to do less motoring probably saves an hour each day and the reduced surgery attendances four hours each week.

The disadvantages to the patients of the bus service are, first, that they must wait in the surgery until all the others on the bus have been seen and, second, that they cannot come to surgery anonymously. No one seems to complain of the former unless the bus is late and people are kept waiting outside in the cold. There have been no complaints of the latter disadvantage.

There is no doubt that the replacement of branch surgeries by a bus service to a central surgery confers formidable advantages. Nor is there any doubt that it could be worked in other similar practices, but oddly enough the scheme for the repayment of surgery rent and rates will now weigh against their initiation for there is as yet no means of reclaiming the hire of a surgery bus. However, the advantages are so great that only rarely should they be outweighed by economic factors.

The Minister of Health would do well to consider including the hire of transport, where it replaces multiple surgeries, in the rent repayment scheme, for it is difficult in this situation to justify charging the patients a fare for their ride. After all, the bus replaces a waiting room and surgery which they previously used free of charge. It is somewhat ironical that in this way country patients are spared the expense of a bus fare while it would be unthinkable for a doctor to spare any patient this expense in the town.

HEALTH EDUCATION

Health education in general practice

Birmingham

The government has established a new central organization for health education named the Health Education Council. This council, under the chairmanship of the Baroness Serota, J.P., will take over and expand the functions of the Central Council of Health Education, and will organize the development of health education in England and Wales and Northern Ireland. In Scotland the Secretary of State for Scotland is establishing a health education unit in the Scottish Home and Health Department to stimulate health education in Scotland.

These developments come at a time when more and more thought is being given as to what part general practice has to play in health education. A working party on health education has been set up by the education committee of the College and, in an endeavour to find out how much health education was being carried out in this field, the members of the research
register were circulated and asked to complete a questionnaire. The questions asked required 'yes' or 'no' answers, and were coded so that the answers could be punch coded and analysed.

The questions asked were designed to find out which members of the research register carried out formal health education by means of holding lectures, using visual aids, etc., those who were interested in carrying out health education but were not using formal teaching and those who did not carry out health education.

Seven hundred and twenty questionnaires were sent out and 526 (73 per cent) were returned, evidence in itself that the subject was considered important enough by a large majority of the research register to merit reply to a long questionnaire. The research register is not, necessarily, a representative sample of members and associates of the College, let alone general practice as a whole, but analysis of the replies is helpful in determining the attitudes of this section of family doctors to health education. From the 526 replies, 16 were not classified because the doctor has retired or resigned from the register: 340 (66.6 per cent) were in partnership practice, 101 (19.8 per cent) were singlehanded, whereas 61 (12.0 per cent) did not give this information.

One hundred and sixteen (22.7 per cent) practised formal health education in their own practice, 153 (30 per cent) for other bodies, the antenatal clinics being the most constant place of instruction. Forty-two (8.2 per cent) doctors had formal lectures for their patients and up to 196 (38 per cent) had some planned procedures for high risk groups. Three hundred and thirty-nine (66.4 per cent) utilized the waiting room for health education, mainly by posters and literature, whereas there were 140 (27.4 per cent) doctors giving lectures for St John Ambulance, and 116 (22.7 per cent) for other organizations: 234 (45.9 per cent) replies showed that these doctors collaborated with local health authority workers, giving the latter access to the doctor's patients.

Although only indirectly relevant to health education, 231 (45.3 per cent) kept an age-sex register and 138 (27.0 per cent) colour tagged medical record envelopes to recognize vulnerable groups.

It would seem, therefore, that more health education in a formal way is being carried on in general practice than might be considered possible. From an analysis of the individual comment at the end of the form, 320 (62.7 per cent) indicated a preference for health education at the time of the consultation.

Endeavours in formal health education in general practice have been recorded and other studies are progressing in several practices. As in all health education, evaluation of the effort spent–results achieved ratio must be determined and reported so that guidance can be obtained by doctors wishing to carry out formal health education in general practice.

Family doctors can help to advance the general level of health education of the country by:
1. Individual health teaching at the time of the consultation
2. Holding formal lecture-discussions to groups of patients with special interests (diabetes, epileptics, mothers with infants, men approaching retirement, etc.)
3. Holding lectureships in health education; to teach health education in schools, colleges, teacher training colleges
4. Acting as a link between the mass media campaigns of the Health Education Council and the individual patient, explaining, interpreting and reiterating information given via the mass media.

The individual patient is more susceptible to health education dispensed by the family doctor than in any other way, and every opportunity should be taken to dispense it liberally in this way.

Acknowledgements

The questionnaire was designed by Dr Margaret Dudley Brown and Dr R. J. F. H. Pinsent and the returns analysed by Mrs P. J. Jones of the Records and Statistics Unit, Royal College of General Practitioners.

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