EDITORIALS

General Practitioner Hospitals

GENERAL Practitioner Hospitals, the latest Occasional Paper, is the report of a working party appointed by the Council of the Royal College of General Practitioners. It brings together a number of leading members of the Association of General Practitioner Hospitals, the Honorary Secretary of Council of the Royal College of General Practitioners, and an observer from the Royal College of Physicians.

The document opens with an interesting history of general practitioner hospitals, emphasizing their dramatic success in the second half of the nineteenth century when they were called 'cottage hospitals' and tracing the complex and confusing attitudes to them in the twentieth century.

The Ministry of Health's 1962 Hospital Plan for England and Wales, produced in an era of tower-block flats and multiple corporate mergers, reflected the thinking of the day and directly challenged the existence of small, apparently atypical and essentially local hospitals. Just as the threat to general practice itself from the Collings report in 1950 was one of the stimuli to the then College of General Practitioners, so the 1962 Hospital Plan can be seen as one of the stimulants to forming the Association of General Practitioner Hospitals in 1969. In the same year, the then Oxford Regional Hospital Board, guided by Dr Rosemary Rue, now Regional Medical Officer of the Oxford Regional Health Authority and an Honorary Fellow of the College, produced a different model and not only actively encouraged the existence and development of community hospitals but pioneered a serious study of their evaluation. Within 10 years the Department of Health and Social Security had changed its mind and the 1974 circular on community hospitals accepted them in principle although it still sought to impose a standard central pattern.

A pioneering paper by Cavenagh is heavily quoted in this Occasional Paper, and rightly so. It was his study that began to open people's eyes to the quantity of work being done, its range, and therefore its significance for local communities. A service including 350 hospitals, providing care for over two million patients, and involving about one in six of all British general practitioners, has received curiously little recognition over the years. For example, surgery is probably a form of care least welcomed by central authorities, yet over 70,000 operations are performed in England and Wales in general practitioner hospitals each year, a third of which are still done by general practitioners themselves.

An important aspect of this paper is the emphasis it lays on relationships with colleagues in health care, especially with nurses both in the hospital itself and in the community, and also with occupational therapists and physiotherapists, who provide about a million treatments a year in these hospitals in England and Wales.

In spite of the enormous amount of work that has already been done on this subject, it is clear from this report that still more needs to be done. Many questions remain to be answered, notably on the issues of costs and standards. What do general practitioner hospitals really cost and how are these costs to be related to other forms of hospital care? How are clinical standards to be defined and maintained? It was hardly the fault of this working party that these questions were not answered, but answered they will have to be. It must be now for the Association of General Practitioner Hospitals and the bodies which support it, which surely includes the Royal College of General Practitioners itself and some Community Health Councils, to take these questions further. After all, it has been local communities themselves who have often been most ferocious in preserving their local hospitals when these have been threatened with extinction from the planners. It is obviously clear that the Association of General Practitioner Hospitals is an extremely important organization and deserves to receive more support from the rest of the profession than has happened in the past. The College in particular must ask itself seriously whether it cannot do more, although publication of this document by the College is one step in this direction.

The general feeling can perhaps be best summed up in Churchill's famous words that this is not the end, it is not even the beginning of the end, but it is perhaps the end of the beginning.

General Practitioner Hospitals, Occasional Paper 23, can be obtained from the Publications Sales Office, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE. Price £3.00 including postage; payment should be made with order.

References