HEALTH CENTRES

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As defined by the Dawson Committee[1] in 1921 a Health Centre is "an institution wherein are brought together various medical services, preventive and curative so as to form one organization". Unfortunately, although the committee made detailed recommendations as requested by the Government they were, like so many other medical pioneers, in advance of their time and no action was taken.

Interest in health centres was revived in the years following by various study groups such as the B.M.A. 1930-38,[2] the Medical Planning Commission 1942,[3] the *Lancet* 1947,[4] the B.M.A. 1949,[5] and the Cohen Committee 1954.[6] In his book, *The Advance to Social Medicine*, Professor Rene Sand points out that medical thinking in other countries was proceeding along similar lines and it is made quite clear that the health centre idea is not derived from a few cranks and idealists but is a development in medical thought throughout the world. In 1944 a B.M.A. questionnaire showed that 60 per cent of the participating doctors were in favour of health centres as described by the Medical Planning Commission and undoubtedly many of us were induced to join in the National Health Service in 1948 because of the promise embodied in Section 2 of the Act.[7] Yet despite all this official encouragement the number built since the appointed day is very small.

There is no simple explanation for this but most of the reasons emerged in the course of my recent survey.[8] All the study groups mentioned above were agreed on the importance of health centres and considered them the best way of organizing the family doctor services under modern conditions and they laid down certain criteria which they thought essential. Where these have been applied as in the most favourable circumstances at Stranraer and, in the face of numerous difficulties at Manchester, the centres are functioning successfully. In many of the others the unsatisfactory state of affairs is due mainly to the fact that, for various reasons, well known and fully discussed by the Cohen Committee it was not

possible to apply these conditions. Under the circumstances lack of success was in a way inevitable.

Another difficulty resulted from the financial restrictions imposed by the Ministry of Health circular of 1948 which asked local authorities to postpone for the time being their plans for health centres. This put a serious check on their development and was a great blow to many of the schemes which had been prepared and which were now put into cold storage where most of them still are. As an alternative the Government set up the Group Practices Loan Fund in 1954. Although this is of some help it puts the financial responsibility ultimately on the doctors themselves. Some general practitioners accept this and would prefer to own their practice premises insisting that if they did not, then their professional freedom would be restricted. Yet the survey showed clearly that even in those centres where relationships were very bad there was no attempt at interference in any way. Hospital consultants do not pay anything for the facilities they require for their work and they do not feel hampered in any way on that account. As a member of a hospital medical advisory committee I am most impressed by their constant endeavours to improve their services.

General practitioners ought to have all the facilities they need for their work paid for in the same way out of central funds and should not have to pay for them themselves. At most the loan fund provides only half the necessary capital so that the heavy financial outlay will act as a disincentive and will impose a serious burden on new entrants to group practices which have been set up in this way. This will bring about a return of one of the major drawbacks the Act intended to abolish.

Essentially however, it is the framework of our medical services which is at fault and for this the tripartite system is mainly responsible. There is too much overlapping, too many agencies are doing the same work and even now there is very little co-operation between the three branches of the health service. The lack of success of the health centres is due mainly to the difficulty of putting into effect an entirely new concept of medical care without at the same time modifying the basic structure of our health services. Yet the fundamental principles of the Medical Planning Commission are quite clear on this point.

" Each family or individual should be under the care of a medical practitioner who shall be concerned not only with diagnosis and treatment but also the prevention of disease. It involves integration of the preventive and personal health services, it also involves radical changes in the country's administrative machinery and in the training of medical students. It assumes that fusion of public health and other forms of practice will result in practitioners in every field working in close contact and accord not only with each other but also with dentists, nurses, midwives, and other auxiliaries ".[9]

It is necessary to restate these principles because unfortunately a good many general practitioners today are unaware of them and of the true function and purpose of health centres. These were never meant to be simply bigger and better surgeries but were to provide a comprehensive family doctor service. This was the main purpose of the National Health Act itself. As *The Lancet*[10] observed:

"... the new National Health Service must not be considered just another method of payment for the general practitioner's services. It must give him new advantages, enlarge his capabilities and restore some of the opportunities which general practice has—with the advance of medicine—been lately in danger of losing. To do this it will be necessary to explore to the full the conception of group practice in health centres."

Not an end in themselves but the means, the best method of providing good medical care for the people of this country.

This raises the question: "What is good medical care? What makes a good doctor?" Is he one who surrenders to every whim and fancy of his patient without question or investigation? Or he who treats them on the basis of what Dr Balint[11] calls the "apostolic function" with certain fixed ideas as to how sick persons should behave? Or is it one who regards every patient as an individual problem and will take the time and trouble to listen rather than dismiss him quickly with the inevitable E.C.10?

There are two schools of thought concerning the role of the general practitioner in the National Health Service in our so called Welfare State. Some hold that with the rapid advances in medicine over the past decade or so it is impossible for any one doctor to deal adequately with all the problems which arise in a patient and his family. They suggest that the family doctor should treat only minor conditions himself and refer all those requiring even simple investigations to the appropriate outpatients department. In this way the general practitioner could be responsible for many more than the official maximum of 3,500 whilst treatment for the most part would be based on hospitals and consultants. The surveys of general practice by Collings,[12] Hadfield,[13] and Taylor[14], revealed that there were some general practitioners who were content to receive their capitation fees for being what could be called "basic doctors" or signposts to the nearest hospitals. Also the recent Nuffield[15] survey showed that a good deal of work which ought to be done by general practitioners was finding its way to hospital casualty departments.

On the other hand there are those who reject this concept utterly. They contend that modern methods of diagnosis and treatment present a challenge to the doctor to exploit to the full the skills in which he was trained and so enable him to fulfil his true function and satisfy his sense of vocation. New drugs and procedures,

health visitors, district nurses, home helps, and other ancillary workers enable him to treat at home or in his surgery many cases formerly sent to hospital. Preventive medicine can no longer be separated from curative and the general practitioner should ultimately be responsible for most if not all of the clinical work at present coming within the scope of the local health authority. He cannot do everything himself but, as patients come to him first, he would be the co-ordinator of all those services and his would be the ultimate responsibility. His spheres of activity would increase rather than diminish and with the lessening incidence of many infectious diseases there will be more time to devote to the increasing problems of our day which are grouped very loosely as " psychosomatic " disease. All this is what I understand by good medical care and I am sure that most of my fellow practitioners would belong to this second group if our working conditions made it possible. This is the crux of the whole matter.

The three surveys of general practice mentioned above compelled recognition that standards were not as high as they ought to be. A discussion of the reasons for this is outside the scope of this paper but two contributory factors are generally recognized. Firstly, the absence until recently of any instruction in general practice in the medical curriculum and secondly the unsatisfactory working conditions of a good many family doctors. Undoubtedly there have been considerable improvements since the Collings report, due in some measure to increased remuneration but more to the stimulating effect of the College of General Practitioners. Much however still remains to be done. Some hospitals are still reluctant to offer full direct diagnostic facilities to general practitioners, and it is disquieting to read through the massive Younghusband[16] report on the social services and find scant reference to the general practitioner in their proposals for the future.

On the educational side there is great need for the establishment of general-practitioner teaching units at all our medical schools after the style of those at Manchester and Edinburgh. They would be staffed by general practitioners and here the medical students would gain an insight into general practice in its widest aspects. In addition to its clinical side they would learn that nowadays it is essentially team work in co-operation with the various preventive medical and social agencies organized by local authorities and other bodies. This should educate them towards a proper appreciation of these agencies and do much to remove the ill-feeling and lack of co-operation which still exists between the general practitioners and the local health authority.

As for general practice itself I see little prospect of much further

raising of standards except through health centres or some such organization. Despite the rather disappointing results of my survey, the main principles of health centres are still valid today and offer the best method of changing for the better our present system.

Most of us who enter general practice do so fairly soon after qualifying, retaining the ideals with which we began our studies and which were reinforced by our teachers and the experiences of our student years. Unfortunately, in the course of time and sometimes quite soon in the case of a young doctor who rapidly finds himself with a full list, these ideals tend to become somewhat blurred. This is because many become submerged as it were by the pressure of adverse working conditions, large numbers in their waiting rooms, and the competitive element in general practice. The best type of doctor needs no encouragement; he will give of his best under any circumstances and the poor sort will be only slightly affected by improved conditions. It is the remainder who constitute the majority of general practitioners who would respond to the challenge of health centres. These would provide better facilities for patients, secretarial and nursing help which by relieving him of non-medical work would buy time which he could more usefully devote to his patients. They would provide the opportunity for co-operating with the local authority workers and the close association with his fellow practitioners would have a stimulating effect on his standards of service.

The mistakes of the past must not be repeated. Any future health centres should only be established under conditions which will give them every opportunity of fulfilling their true function and I consider the following absolutely essential.

1. The general practitioners must join the centre voluntarily.
2. They must practice solely from the centre.
3. They must have full protection in moving their practices into the centre.
4. They must be given every opportunity and encouragement to play their full part in the preventive medical service.
5. The rent should be nominal. I personally feel they should pay no rent at all.
6. The centre must be small, for four doctors as optimum and six as maximum.
7. It should be built and run as a single unit with no division into general practice and local health authority sections.

All this would require some reorganization of our medical services, and the first step is to relieve local authorities of the responsibility for providing the centres. This could easily be done by a simple amendment to section 21 of the Act, and they could then be planned on a much wider regional basis linked up with the hospitals in a unified medical service for the nation.

The immediate task is to try to improve the unsatisfactory position

at some of the health centres but I am afraid that matters will be allowed to drift unless there is a strong lead from the Ministry. The difficulties did not strike me as being unsurmountable but they were aggravated by a lack of mutual confidence and sparsity of communication between the doctors and the local health authority.

If it has not been done already I suggest that meetings be held of all interested parties under the chairmanship of an outside mediator. The points of disagreement could then be fully stated and openly discussed; this would certainly be a first step to dealing with the problem.

As for health centres generally, the Ministry ought to return to its former policy of encouragement. The brave words of the White Paper of February 1944,[17] which inspired many of us, make wry reading today. Yet they are still applicable, even more so in face of the advances since that time and the failure of the Willink Committee[18] to assess properly our future man power requirements; this will face us with a shortage of doctors in the near future. By concentrating all the family doctor services in health centres the best use would be made of our resources and in the process there would be considerable saving of public money.

Unfortunately the profession itself is unlikely to do very much because with the recent pay award most general practitioners are reasonably content with things as they are. The same thing happened after the Danckwerts award but there is an important addition this time in the £1,000,000 which has been kept aside to be used for improvements in general practice. There is also the £500,000 for the so called " merit award ". So far no one has produced any satisfactory suggestion as to what should be done with this money. Quite a few health centres could be built each year with £1,500,000!

As I remarked at the beginning of this article the originators of the health centre idea were in advance of their time, and maybe it is something that a few have been built at all. That they have not all come up to expectations is certainly not attributable to the centres themselves because for the most part they were established without certain essential conditions being fulfilled.

There has been no failure of health centres, the truth is quite simple; they have not had a fair chance to prove their worth.

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