intelligence, drive, and ability, this lesser system is surely much more likely to be of real value, if only because it stands a much greater chance of being introduced?

I submit, Sir, that once again Dr Stevens (1977) is right: "The excellent *is* the major enemy of the merely good".

R. J. L. DAVIS

The Health Centre
Dover Kent.

References

Stevens, J. (1977). Quality of care in general practice: can it be assessed? Butterworth Gold Medal Essay 1976. *Journal of the Royal College of General Practitioners,* 27, 455-466.

Tait, I. G. (1977). The Aldeburgh System. *British Medical Journal,* 27, 455-466.

Zander, L. I., Beresford, S. A. A. & Thomas, P. (1978). Medical records in general practice. *Occasional Paper 5.* London: *Journal of the Royal College of General Practitioners.*

RUBELLA SYNDROME

Sir,

I wonder if you would be kind enough to inform your readers that assistance can be given to any of their patients who have a child born handicapped as the result of the rubella epidemic. Our Association has information available to assist with communication, education, and social problems.

J. P. OWEN
General Secretary
National Association for Deaf,
Blind and Rubella Handicapped
164 Cromwell Lane
Coventry CV4 8AP.

GENERAL PRACTITIONER HOSPITALS

Sir,

Council has appointed a working party to examine the present state of general practitioner hospitals and to make recommendations regarding their future. Much information has been obtained from a recent paper by Cavenagh (1978) but if any doctor has further information or comments about the use of these hospitals and the problems which they face, I should be grateful if he would write to me at the address given below.

J. C. HASLER
Hon. Secretary of Council
Sonning Common Health Centre
Wood Lane
Sonning Common
Reading RG4 9SW.

Reference

Cavenagh, A. J. M. (1978). Contribution of general practitioner hospitals in England and Wales. *British Medical Journal* 2, 34-36.

PRIMARY CARE IN BIG CITIES

Sir,

We read with interest the recent article "The family doctor in Central London" (October *Journal,* p.606). In particular we were interested in the conclusion that "60 per cent of people registered with an NHS doctor were 'very' satisfied and a further 22 per cent 'fairly' satisfied". If this picture is correct then the NHS appears to be meeting most people's expectations. This conclusion, however, conflicts with research we are currently carrying out and may be more a reflection of the methodology employed than the reality explored. Unlike the Community Health Council (CHC) study which used a structural quantitive questionnaire, we have employed in-depth interviews using standard questions. This approach revealed that the whole concept and meaning of 'patient satisfaction' is so complex that to ask a patient "Are you satisfied?" is for all intents and purposes meaningless and certainly the wrong question to ask.

Like the CHC research we have found that a patient has a "low expectation of the NHS", "wishes that the doctor spent more time with the patient" and finds the relationship "impersonal and hurried". But unlike the CHC study we believe that these expectations mirror the patient's perception of a 'medical encounter' which is far from being a satisfactory experience. They also point to the existence of a hierarchy or a range of experiences which each contribute to the patient's overall satisfaction, rather than a single level of dimension of satisfaction. More importantly, they suggest that the 'level of satisfaction' currently experienced by the NHS patient is very low.

We are now extending our research study with a grant from the King's Fund, but we already have sufficient evidence available to indicate that 'patient satisfaction' is a concept which needs to be unravelled.

The phenomenology of the medical encounter is very complex and it would be unwise for anyone concerned with the NHS to become complacent about levels of satisfaction which seem more apparent than real.

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London NW10 7NS.

INFORMATION SYSTEMS

Sir,

As a corollary to the report by Dr Madeley and Dr Metcalfe on records in Derbyshire (November *Journal,* p.654) I thought that the results of a simple study which I did recently might be of interest to readers.

I wanted to see if general practitioners were satisfied with their records or would be prepared to contribute towards the cost of a new system (such as a computer). The results were as follows:

One hundred and four general practitioners within 20 miles of Exeter were circulated with an anonymous short questionnaire, of whom 88 replied. Of this number: 52 felt that their records were inadequate; 43 used some form of record summary; 80 said that they would be interested in a new form of record system; 22 were prepared to contribute towards this (£300 was mentioned) and a further 14 gave equivocal answers—usually a qualified "yes".

I feel that general practitioners are more interested in a satisfactory record system than some authorities would have us believe.

K. J. BOLDEN
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Barrack Road
Exeter EX2 5DW.

A DIPLOMA IN GENERAL PRACTICE?

Sir,

We welcome Dr S. Hall's suggestion that the College should institute a diploma examination for our hospital-based colleagues (September *Journal,* p. 572). Such a diploma would help finally to dispel the last remaining vestiges of the psychological barrier which has its roots in the awe with which apothecaries and barber surgeons used to look up to physicians. The younger generation of general practitioners certainly respect and even admire technical skill, but early clinical diagnosis is by far the most difficult