

Report from Council

The fourth meeting of the 1985 Council took place on Saturday, 8 June 1985 under the chairmanship of Dr Donald Irvine.

Quality initiative

Dr Ian McNamara, Council Quality Initiative Convenor, reported that he had received submissions from 25 members of Council on the projects they were undertaking in their practices as part of the quality initiative. These are to be combined into a comprehensive report which will be discussed at a study day to be held on 27 September 1985. Members of the Patients' Liaison Group have also been invited to this study day.

Responsible prescribing

Dr John Hasler reported on the progress of the College's strategy on responsible prescribing. A meeting had taken place on 30 May 1985 with representatives from six faculties, and discussions had centred round what type of information should be sought from the faculties and what methods should be used to obtain it. It was felt to be very important that faculties should inform central College about their local activities. A list of the Family Practitioner Committees (FPCs) which have computerized prescribing analyses will be distributed to faculties. Concern was expressed that many FPCs were not being asked to produce analyses of PD8 forms, and Dr Hasler asked faculty representatives to encourage their local members to seek more information about their own prescribing.

National counselling and welfare service for sick doctors

College support for this service had been requested in the form of a network of advisers in the faculties. Some concern was expressed that such a service seemed to undermine the role of a doctor's own general practitioner, and the Honorary Secretary was asked to state this reservation when replying to the request. During the debate it was pointed out that difficulties arose when a general practitioner was registered with one of his or her own partners, and it was believed that this situation should not be encouraged. This is also the view of the General Medical Services Committee.

Diabetic care

Following the joint report from the Royal College of Physicians and the British Diabetic Association on the provision of medical care for diabetic patients, the College has received a request from a group of doctors that a register of general practitioners with an interest in this field be compiled whose aim would be to set a high standard of diabetic care. There was much support for the idea of improving the quality of care of diabetics, as it was seen as being in line with the aims of the quality initiative, but it was generally believed that this would not best be achieved through a register. Greater involvement by general practitioners in the treatment of diabetics was desirable, but it was thought that all general practitioners should have this aim, not only those with a special interest in diabetes. It was agreed that the Council should begin to explore how the care of diabetics could be improved, in consultation with people (including those doctors who had written to the College) and organizations with a special interest in the subject.

The list of drugs prescribable under the NHS: override procedure

The Chairman brought Council members up to date with the meeting which had been held with the Minister for Health, Mr Kenneth Clarke, and representatives from the BMA. The Chair-

man had written to Mr Clarke on 31 March 1985 to say that, in the College's view, a decision about an override procedure should be based on evidence of need revealed through an analysis of cases. There was no such evidence at the time of writing. There was a strong possibility, furthermore, that some difficulties which patients might complain about could indicate the need for an expansion of the limited list by adding drugs which were obviously missed.

Affiliation

The Chairman reported on the debate which had taken place on this question at the spring general meeting. He recognized that affiliation was a contentious issue with the membership, and said that he was not prepared to see the College split over this matter. He suggested that Council take no further action on the constitutional aspects of the proposal but that it should continue to give practical help and support to non-medical members of the practice team whenever possible. This recommendation was fully accepted by the Council.

Towards quality in general practice

The Chairman opened debate on the document *Towards quality in general practice* with the reminder that it had grown out of the launch of the quality initiative in June 1983. A study day held the previous day had examined the document in depth. Its general structure had been supported, but following lengthy debate certain areas were to be strengthened. The paper will be sent out to all members, with an invitation to comment directly with central College or through the faculties. It was suggested that special meetings could be organized at faculty level to discuss the paper.

Finances of faculties and regional councils

The Honorary Treasurer reported that Finance Committee were recommending certain changes in the by-laws in order to bring them into line with current practices in the faculties. These recommendations will be put before the annual general meeting in November.

Annual subscription rates

Further changes in the by-laws have been recommended by Finance Committee in order to clarify the situation of life membership and reductions in the annual subscription rate. Finance Committee further recommended that there be a rise in subscription rates to £110 per annum. These recommendations will be debated at the annual general meeting.

Chairmen of the divisions

The Chairman reminded Council that members would need to elect new chairmen for both the Education Division and the Research Division at the first meeting of the 1986 Council following the annual general meeting in November.

RCGP/Association of General Practitioner Hospitals

The first meeting of this liaison group took place on 16 May 1985 and Dr N.D. Jarvie, the College's representative, was elected chairman. The liaison group is not intended to be a permanent body, but met to discuss a variety of issues which are of concern to both organizations. One particular item of interest is the desire for vocational trainees to have some training in community hospitals.

An informal study day for Council members took place on the preceding day to discuss the document *Towards quality in general practice*. The study day provided Council members with

an opportunity to take stock of the profession, particularly in the light of the Government's forthcoming Green Paper on contractor services in the National Health Service. Discussion focussed around the five main areas which are covered by the document: professional development, practice management and teamwork, quality assessment, contracts, and incentives and resources. Council members believed that the College was making a positive statement through this document about the direction of general practice in the next five to 10 years. Support was given to the necessity for establishing high academic standards before and during a doctor's career as a principal and through linking a doctor's performance to remuneration. Such a move should help to eliminate sub-standard care. The debate clearly demonstrated that there were many strengths in general practice on which it was important to build and to develop. However, it also indicated that much work has yet to be done. Nevertheless, anyone attending the debate would have been left in no doubt about the resolve of the Council to see standards improved.

Computer appreciation course

SANDRA KILBY
Information Officer, Association of Health Centre and Practice Administrators

The College recognizes the growing interest in microcomputing from the point of view of practice management, and has devised a course designed to benefit both doctors and practice managers. A number of practice managers were invited to join selected College officers and staff on a pilot course held at the College on 21 and 22 March, and tutored by John Roberts and John Ashton from the Centre for Health Services Management at Leicester Polytechnic.

It was certainly refreshing to be taught the principles and language of computing in lay terms and without the use of jargon; by the end of the first morning not only were we familiar with ROM, RAM and bits and bytes, but we also knew how a computer worked. A practical 'hands on' session allowed everyone to use a computer and gain experience in writing a simple program in BASIC. The practical sessions were thought by all participants to be particularly informative and useful. As well as hands-on sessions, there were demonstrations of dedicated general practice systems. Dr Norman Stoddart, the ICI Computer Fellow, discussed the successful introduction of a computer system into the practice, and demonstrated the system used in his own practice.

The course concluded with an evaluation session. Without exception, course members found the content informative, useful and easy to understand. We also felt that the mix of doctors and practice managers was an essential component for the success of the course, and we learned a great deal from each other about the roles that we have to play in the introduction and use of a computer in the practice. We left the College considerably wiser than we arrived, and doubtless we shall benefit in future from the excellent course manual provided by the tutors.

Details of future courses can be obtained from the Information Technology Manager at the College.

Community nursing review

Kenneth Clarke, Minister for Health, has announced that a review team is being established to advise the Secretary of State for Social Services on ways in which community nursing services within the NHS can best be improved to meet the needs of different groups of patients within the community.

Mr Clarke said that in recent years, there have been changes in the organization of the NHS and shifts in patterns of care which have led to increasing demands on nursing services provided for the community. The Government has decided that the

time has come to take a fresh look at important questions about the role of nurses, midwives and health visitors working as part of primary health care teams and in different community health programmes. They are concerned about the extent to which different services may overlap, whether there are gaps, whether the training provided is well matched to the tasks community nursing staff now face, and whether the services are cost effective.

A Community Nursing Review Team is to be set up with the following terms of reference: 'To study the nursing services provided outside hospitals by health authorities, and to report to the Secretary of State on how resources can be used more effectively, so as to improve the services available to client groups. The input from nurses employed by general practitioners will be taken into account.'

General Practitioner Research Club

ROGER JONES
Secretary, General Practitioner Research Club

A meeting of the General Practitioner Research Club took place at the University of Warwick on 4 May 1985. The morning session concentrated mainly on aspects of child health. Margaret Stacey, Professor of Sociology at Warwick, presented a challenging review of research in general practice on child health care, emphasizing the importance of a multi-disciplinary approach in evaluating the delivery of medical care to children. Dr Paul Hooper, from the Isle of Wight and Dr Graham Curtis Jenkins from Middlesex, presented some of their findings from a critical study of traditional developmental tests used in paediatric surveillance. Dr John Wilmot, University of Warwick, contributed a joint general practice and hospital follow-up study of children with otitis media, concentrating on longer-term outcomes related to the presence of middle ear effusions and hearing loss. Dr Peter Croft, University of Keele, presented his proposals for a study of the relations between patients' health beliefs and the management of their hypertension.

In the afternoon, the use of time and the workload of general practitioners were the main topics. Dr Robin Hull, University of Birmingham and the Free University of Amsterdam, reviewed the way that doctors spend their time both in and out of the surgery. His data questioned traditional views about the length of the consultation in this country and raised important issues about the outcome measures that we might use to assess the adequacy of the time we give to our patients. Dr Peter Davis, Leamington Spa, described a number of changes in his own practice which had resulted in a considerable reduction in consultation rate, including change of premises, introduction of an appointment system, review of repeat prescribing, increased practice nurse activity and critical review of the need for home visiting by the practice. Dr Ronald Law, London, described the influence of ethnicity on consulting behaviour in his multi-ethnic practice in Brent, emphasizing the importance of understanding the particular problems and needs of racial groups. Finally, Dr Michael Varnam, Ilkeston, who has been involved in the development of primary care in Sri Lanka over the last five years, discussed general practitioners' reactions to the Alma-Ata proposals on primary care, describing the reactions of the heterogeneous practitioners working in Sri Lanka and speculating on the way in which the proposals may be regarded by doctors in European countries with more developed systems of primary care.

In the course of the meeting Dr Derek Gay, Colchester, gave an impromptu and stimulating description of a study that he has undertaken on the clinical antecedents of multiple sclerosis, the results of which are under consideration for publication.

The next meeting of the club will take place at York in September. Full details are available from the Secretary, Dr Roger Jones, Alder Moor Health Centre, Alder Moor Close, Southampton SO1 6ST.

Symposium on integration of patient care

M.A. HEASMAN

A symposium on 'Integration of patient care' was held in Edinburgh on 13 March 1985 and reported the results of the work of groups concerned with hypertension, child health surveillance, communication in drug therapy and genetic disease. An important message was the need for improved communication between doctors, between health professionals and between all health professionals and the patient and his or her family. There is also a need to expose all types of patient care to constructive criticism. The role that modern computer technology might play in achieving these objectives was discussed.

Dr M. Ryan and Dr A. Doig discussed the work of the Lothian Hypertension Study when, in addition to a study of clinicians' opinions on care of hypertension, a number of clinicians in general and in hospital practice allowed their records to be examined for their attitude towards treatment of the condition. Both groups showed that they were only achieving sub-optimal blood pressure control, and that there were inadequacies in clinical assessment with a tendency in general practice to commence drug therapy too soon. Too little attention was being paid to counselling of patients, particularly in relation to preventive aspects and to the need to continue therapy indefinitely. In an attempt to improve the quality of patient care the Lothian Hypertension Group have produced a booklet entitled *Guidelines in the management of hypertension in general practice*. This has been circulated widely within Lothian and other areas of Scotland and has been found highly acceptable, although admittedly the ultimate measure of success in reducing morbidity and mortality from hypertensive-related diseases remains difficult to assess.

Dr H. Zealley and Dr D. Holton discussed child health surveillance in general practice. The text for this presentation was the report published by the Royal College of General Practitioners called *Healthier children — thinking prevention* and the related Policy Statement of the British Paediatric Association. To the team concerned with the integration of patient care in other contexts must be added the clinical medical officer and the health visitor, both of whom have an essential role in advising parents. Stress was laid on the need for further training of doctors in this aspect of medicine. Particular mention was made of the Diploma in Community Child Health organized by the Royal College of Physicians of Edinburgh, the Royal College of General Practitioners and the University of Edinburgh Faculty of Community Medicine and also of the training programmes for community child health which are being approved by regional committees for postgraduate medical education in Scotland. In these areas Scotland would appear to be several years ahead of England. Despite this emphasis on organization and educational matters great stress was laid on the need for sharing of information not only between the health professionals but also with parents and where relevant with other services concerned with the care of the child. It was hoped that the report of the Committee on Child Health Records shortly to be published in Scotland will also assist with communication and sharing of information using computer techniques.

Dr G. Tudhope again stressed the need for good communication in the discussion on drug therapy. This is essential, and yet too often missing when patients are transferred between general practice and hospital care. Treatment cards carried by the patient were mentioned as one way of overcoming this difficulty, which is particularly relevant when patients are admitted to hospital as an emergency. Patient compliance often fails because there is insufficient care taken over instructing patients in what can be quite complex therapeutic regimes. This is often not helped by inadequate instruction on the prescription, a point stressed

by Dr B. Furman. From the point of view of the pharmacist, Dr Furman stressed the need for communication between doctor and pharmacist to be clear and unambiguous. He mentioned several areas of difficulty — confusion between drug names that look or sound alike, between approved and proprietary names and between rapid acting and sustained release drugs. Reinforcing the need for communication with the patient, stress was laid on the role of the pharmacist in communicating with leaflets, additional labelling and where necessary by discussion with the patient. The multiplicity of information available to doctors about drugs and prescribing can often confuse rather than inform. The role of the computer is important for its ability to provide useful analysis of practice, to control repeat prescriptions and to provide up-to-date information on drugs and drug interactions.

The final session of the day was concerned with genetic disease and the family doctor. For the general practitioner's role to be effective there has to be particularly close liaison with the consultant so as to achieve shared care. Counselling is essentially communication and all concerned with the care of genetic disease should be kept informed so that there is not a multiplicity of conflicting and confusing information.

This symposium laid great emphasis on what we all know we should do but often fail to do well — share information with our patients and with each other. Further initiatives in integration could well concentrate on communication and how it can be improved.

Rudolf Friedlaender Memorial Fund

This fund was founded in 1968 to commemorate a well-known general practitioner in the Manchester area. Approximately £1500 is distributed annually. During the past 16 years annual awards have been granted to general practitioners covering research in many fields including social, medical and organizational problems confronted in general practice. The closing date for applications is 30 September each year, and further details may be obtained from Dr M.A. Casson, 599 Wilmslow Road, Didsbury, Manchester M20 9QT.

The Medical Disability Society

This society was formed in 1984 following the dissolution of the British Association for Rheumatology and Rehabilitation. The objectives of the society are to promote the understanding and management of the acute and chronic disabling diseases and their social consequences and to advance public education in these areas. Membership of the society is open to all registered medical practitioners interested in these objectives. Further information and membership forms can be obtained from the Administrative Secretary, Mary Marlborough Lodge, The Nuffield Orthopaedic Centre, Headington, Oxford OX3 7LD.

Family Practice

Family Practice, the international journal of general practice, published in association with the Royal College of General Practitioners, is pleased to announce that articles are to be indexed by the *Index Medicus*.

The Editor welcomes original articles, reviews and short reports of interest to those practising, teaching and researching in the fields of general practice and primary care in both developed and developing countries. Articles for consideration should be submitted to: Professor J.G.R. Howie, Department of General Practice, University of Edinburgh, 20 West Richmond Street, Edinburgh EH8 9DX.