conference is that the personal doctor, as far as it is practicable, is the basis for group practice.

To avoid repitition most of the points debated have been incorporated in the principal speakers' papers. Thus with the exception of Dr Reedy's paper these chapters are based on the contribution by the named speakers in combination with points raised in discussion. The aim of this editorial policy was to produce a more readable but less verbatim report.

It is realized that in due course this report will become outdated. It is hoped that the discussion of reasons for and experiments with practice organization will allow future developments to mature and that that flexibility which alone makes successful teamwork will be widened by the increasing experience and training of all members of the team.

We are indebted to all those who contributed to this conference and record our special thanks to Dr Peter Higgins who acted as secretary.

FOREWORD

(from a wheelchair-bound patient)

AFTER 30 years of struggle to maintain oneself at home, avoiding the repeated banishment to institutions, any change in routine is always viewed with faint misgiving when you no longer have the confidence that a healthy and co-ordinated body gives, but within a few weeks all doubts are completely dispelled. It is reassuring to find that you still have your own doctor, and in my sixties, I am still convinced that there is nothing finer than a good family doctor. Should he not be available, another partner comes to your aid, pleasantly and not at all reluctantly, he seems to have seen your case notes, even if you have not seen him before.

The fringe benefits are many—you have the help of an excellently well-trained nursing staff who don't change constantly, your team, and here a quite new relationship is built up, based on a kind of mutual trust and understanding, the result being that any little problem can be talked over and dealt with. This, plus coping with requests for prescriptions, can save time for the doctors. Yet through the nurses I feel that I am constantly in touch with my doctor. As a housebound patient, you are freshened up, skin cared for, dressed, tucked into your wheelchair, left feeling settled and comfortable and not weighed down with that feeling of tremendous obligation you have even with the best of relatives, and who among the disabled haven't wilted under the slightly pained look on the faces of the former when help is unwittingly asked for at an inopportune moment—Damned few! Within this framework you get a wonderful feeling of security—you know that whatever crops up you will be cared for, even to the point of getting you ready for hospital when necessary, and all this is done in the pleasantest manner possible.

The ultimate benefit of a service like this is that you are still a person, not a blot on the landscape, and can still retain that little bit of human dignity, bereft of which you reach the uttermost depths. The members of

the medical profession who had the vision and foresight to plan for group practices are to be congratulated. All the thought and planning that went into the project has been well worth while. This is an excellent service to the community, run efficiently in the community, and with warmth and understanding.

INTRODUCTION

Dr J. S. Clark, M.B., B.S.

IN an introductory talk Dr J. S. Clark (Prospect House Medical Group, Newcastle upon Tyne) explained that he was a member of a group of eight doctors, with 17,500 patients, a staff of eight paid by the practice and five attached from the local authority. That the doctors were still together after 3½ years was some sort of indication of their success to date.

"I worry a lot about general practice, the future of general practice and the future of personal family medicine", said Dr Clark. "I was born and brought up in the house of a general practitioner of the old school and personal family medicine such as he practised is still very dear to my heart. I am sure there must always be a place for such medicine in the future, for single-handed general practitioners and for small practices. I do not think the larger groups can achieve that same degree of personal medicine. At the same time, I cannot see a multitude of small practices answering the voracious demands of the modern welfare state. To answer these demands we have to look elsewhere.

The National Health Service, is here to stay, and talk about resignations and a mass return to private practice sound less and less realistic now to me and my contemporaries and is positively meaningless to the present generation of medical students".

The kind of general practice which succeeded the second world war and ushered in the National Health Service was very much a cottage industry. It had highly uneven standards, it had a built-in inferiority complex, and was quite unfitted to exploit the tremendous advance in medical and business technology which had taken place over the last 10–15 years.

The package deal of three and a half years ago, whatever its motivation, was a genuine attempt to put right what was wrong in general practice and had already started something of a revolution.

If you accept these tenets and desire to benefit from the specific incentives offered by the package deal, and if you believe, as I do, that the National Health Service in concept is quite superb (it is only its feasibility that has ever been in doubt), then to make the thing practical you will have to look at group practice very hard and make it as efficient and humane as you possibly can.

The advantages of group practice are obvious. There must be some benefit accruing from a sharing of brains, talent, experience and resources coupling these with efficiency and productivity. Its disadvantages are equally obvious. There must be some sort of impairment of the personal