

PRIMARY CARE IN BIG CITIES

ORGANISING good, primary care in big cities is more difficult than arranging good specialist care. Difficulties arise all over the world, because of factors such as the high cost of urban land, overcrowding, poverty and a mobile population. Impersonal relationships are common and threaten general practice particularly. Doctors providing primary care in the community face great difficulties as do local governments, however organised.

The *Journal* this month contains two very different papers. Dr R. Law, in a Nuffield report on the inner part of the cities of New York and Washington, U.S.A., records his impressions, while V. W. Sidel *et alia*, in the supplement, provide one of the most detailed surveys of general practice so far recorded in London. On the whole both reports make depressing reading. The difficulties are dominant; the successes few.

Dr Law comments on an infant mortality rate of 42.5 in a ghetto population in Harlem compared with 18.6 in England and Wales. Such a figure compares with that of primitive societies and is one index of the "extraordinary mixture" of standards in the United States of America. While the versatility of the Americans is emphasised, this report suggests that primary care in America lags behind that in the United Kingdom.

Camden

However, the Camden report is also disturbing. If the United Kingdom has developed the most efficient method of primary medical care, this report shows that at least in one area of London, the system is under stress.

Big-city practices need to be identified and distinguished, as so often practices in these 'twilight areas' near the teaching hospitals act as the shop-window for general practice as a whole, both for teaching-hospital staff and students.

It is sad to read that the number with purpose-built surgeries is nil; that less than one third are on the obstetric list; and that more than a quarter of all the general practitioners in Camden are over the age of 65—when their hospital colleagues are compulsorily retired.

Many of the findings are analysed by age of doctor and those of 65 or over are said to have identifiable features. Only 12 per cent of them are reported taking cervical smears within the last two months, 29 per cent believed they had no access to hospital services that were available to them, 45 per cent had attended no postgraduate lectures or courses within the last five years. Membership of the Royal College of General Practitioners was only 19 per cent (compared with 50 per cent of those aged 44 or less) and as many as two thirds had not attended a professional meeting at all in the last three months.

The high number of doctors in single-handed practice is emphasised throughout, and only one third of these were considered by the interviewers to be 'happy', and less than a quarter considered the future of general practice encouraging.

Conclusions

It is interesting that both authors although working separately and thousands of miles apart, suggest some similar conclusions.

First, that the future provision of primary care in big cities lies in a generalist-based system with support from a health team. This team will need modern premises. The cost of land in big cities will often involve some form of government probably local

government, assistance. The pace of development of primary medical care may now depend more on the attitude of responsible local authorities to the provision of premises and staff than on any other single factor.

Providing help

In London it seems that the Camden doctors need help, as many are isolated and professionally lonely. Some resources may have to come from local government, but nevertheless what help can professional organisations offer?

Just as modern general practice recognises the concept of vulnerable groups needing special care, could it be that the College could come to recognise vulnerable areas, similarly needing special attention?

ANNUAL GENERAL MEETING

of the

ROYAL COLLEGE OF GENERAL PRACTITIONERS

The Annual General Meeting of the Royal College of General Practitioners will be held on Wednesday 1 November, 1972 at the Royal Geographical Society (Entrance Exhibition Road, about 400 yards from Princes Gate).

The meeting will begin at 1100 hours and the James Mackenzie Lecture on *The Foundation of a College* will be delivered by J. H. Hunt C.B.E., M.A., D.M., F.R.C.P., F.R.C.S., F.R.C.G.P., F.R.A.C.G.P., at 1415 hours. This will be followed by the installation of His Royal Highness the Prince Philip, Duke of Edinburgh, as President.