General practitioners and social help for the handicapped

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SUMMARY. A study was undertaken by the Greater London Association for the Disabled in consultation with the Royal College of General Practitioners, to explore the depth of knowledge of the Chronically Sick and Disabled Persons Act and statutory and voluntary social provision, of 22 general practitioners in 16 practices served by one area social services office in a London borough.

The doctors were mainly middle-aged, of British or Irish birth and training and had no language barrier. The majority lived in or near their practices. Half the practices were groups or partnerships, half were singlehanded. Only in three groups was there any attached district nursing staff and in only one was there an attached health visitor. More than half the general practitioners had reception staff only during surgery hours. Four practices had no reception staff during National Health Service surgery hours, two of which had no reception staff at all. In no practice was there any privately employed nursing staff. All the practices had private patients.

Nine of the 22 doctors in the study had never heard of the Chronically Sick and Disabled Persons Act, and a further five had not mentioned the Act to their patients. Fifty per cent had no knowledge of the extent of functional disability in their practice. More than half the doctors knew no more of the social services than that home helps and meals-on-wheels were available, while six doctors knew of no provision at all. Knowledge and use of the voluntary services was almost non-existent. No meetings with team members were held, other than in the group practices with attached staff, and the team members were largely unknown to most of the doctors.

Attempts were made through various channels to extend the knowledge of the general practitioners of the services provided by both statutory and voluntary agencies, and to introduce them and their receptionists to their team, but little use was made of the opportunity.

Introduction

This paper reports a project undertaken by a voluntary organisation, the Greater London Association for the Disabled, in consultation with the Royal College of General Practitioners. A study was mounted by the Association among 22 general practitioners representing all the 16 practices served by one area social services office in a London borough, where a local authority survey had estimated that 27 per cent of the population as handicapped, impaired, or elderly and ' at risk '.

Aims

The aim was to explore the knowledge possessed by the general practitioners of the Chronically Sick and Disabled Persons Act (1970), and what was available from both statutory and voluntary sources for social aid, and to offer to extend that knowledge by whatever means requested. A further aim was to examine to what extent the general practitioners knew and worked with members of their team.

Journal of the Royal College of General Practitioners, 1975, **25**, 21–26.

Method

The method used was the placing, by the Greater London Association for the Disabled, of a project officer in the area for a year. A letter was sent to the 22 general practitioners acquainting them with the project. This was followed by an appointment at which the project was explained and a series of questions asked. These included the estimated number of patients suffering from some functional disability; for how many patients registration under the Chronically Sick and Disabled Persons Act had been suggested; how many statutory and voluntary organisations could be named, and whether the doctor would like one or separate telephone numbers for these.

Area

The practices were in a densely populated cosmopolitan part of London lacking many single dwellings. There were few children, but many young and elderly people. There were extremes of wealth and poverty, with demolition often causing rehousing. The population was expanded by tourists. Although the area was classified as restricted for general practice, indicating that the number of doctors was considered adequate for the population, social workers reported great difficulty in placing the handicapped and elderly on a doctor's list.

The practices

The practices consisted of four group practices, four partnerships and eight single-handed practices. All except two of the 22 doctors were British or Irish born and all but one educated at a British or Irish university. Six were members of the Royal College of General Practitioners, one of whom was also a member of the Balint Society. One doctor volunteered the information that he was approved for taking trainees in general practice. The majority were in the 45 to 55 age group, though six were under 45, two well under. Four were between 56 and 65 and two were over 65.

This contrasts with the findings of Professor Jefferys and her colleagues (Sidel *et al.*, 1972) in the London Borough of Camden, where she found " The predominant picture of ageing, single-handed doctors, many of them trained in central European or Mediterranean countries, working in isolation from inadequate premises." Although the practices to a large extent were single-handed and therefore could be isolated, the doctors were neither ageing nor foreign.

Eleven doctors lived in the practice area—four of them above their surgery. A further five lived near their practices. All the general practitioners had medical commitments other than National Health Service general practice, and all but the two women in the survey had private patients, albeit some only a few.

There was attached district nursing staff in three of the group practices, in one of which there was also an attached health visitor. In no other practice was there any other attached staff, nor did any practice employ its own nursing staff. The attachment of only one health visitor in 16 practices was well below the 1972 level of national attachment of 70·4 per cent, and that in Greater London of 40·6 per cent and could be significant to the findings.

The employment of receptionists was also below the two full-time staff for whom reimbursement up to 70 per cent of the salaries may be claimed, for working with National Health patients. There was less than one full-time receptionist per doctor in all the practices.

In the majority, part-time receptionists were employed. In four practices there was no reception staff during National Health Service surgery hours, in two of which no receptionist was employed at all.

Findings

Eleven, or half the general practitioners in the survey, had no idea of the extent of handicap in their practices, and as many as 14 had no idea how many, if any, of their patients might be eligible for registration under the Chronically Sick and Disabled Persons Act. One general practitioner thought, at first, that he did not have any patients with functional disability or who might be eligible for registration. Another thought he might have about six in both categories. One doctor enquired whether the Act meant the Employment Act (1944) and another said he felt that all such problems should be dealt with by the orthopaedic department of the hospital, while another said that since the emphasis was on economy, he was unwilling to suggest registration and its benefits.

Three general practitioners thought they might have up to 60 patients with functional disability, a large proportion of whom might be eligible for registration. Six thought they might have up to 200 patients with some functional disability, while one gave as high a figure as 500. Nine general practitioners, of the 22 questioned, asked the interviewer what the Chronically Sick and Disabled Persons Act was, as they could not recall having heard of it. Two thirds of the doctors had never mentioned registration under the Act to their patients. Significantly, all the general practitioners in the group with an attached health visitor knew of the Act, and had recommended registration to their patients.

Of all the statutory services available, as many as 14 doctors could name only home helps and meals-on-wheels, six of these knew of no provision at all. One doctor reported that although he had been practising in the area for over a decade, he had never known of the social services department, and it could be said that he was not alone in this. Seven, including the group with an attached health visitor, had a reasonably wide knowledge of the service, while one of the two women in the project had visited the department and met the staff.

These findings are similar to those of Anderson and Warren (1966), who found a marked difference in answers given by general practitioners within the same area, and postulated that general practitioners have a more adequate knowledge of services provided by hospitals than those provided by local authorities, due, not necessarily to dissemination of information, but to demand for services from patients.

As many as 14 doctors—two thirds of those involved in the study—could not name a single voluntary organisation concerned with handicap, although several of the organisations had their headquarters in the area, and a local group concerned with mentally handicapped children was extremely active among patients in the practices. The usual confusion between voluntary organisations and organisations providing voluntary helpers was noted, and five doctors gave the Red Cross, Task Force and social workers out-of-hours as the only voluntary organisations of which they knew, concerned with handicap. Only three doctors named any patients' associations such as the Multiple Sclerosis Association, the British Diabetic Association or the British Rheumatism and Arthritis Association. No organisations concerned with the blind, deaf or mentally handicapped were mentioned.

It was obvious that the pattern of routine visiting of handicapped patients had changed since Sally Sainsbury undertook her survey in 1965 in parts of London, Essex, and Middlesex. At that time, almost a quarter of the patients questioned reported being seen regularly by their general practitioner. In the survey under review, only three doctors reported regular visits to handicapped patients.

All but one of the doctors said they would prefer one telephone number for contacting both statutory and voluntary organisations. This, however, was not borne out during the year. It was interesting to note that some doctors rang the project officer, while others who had previously used the social services department regularly continued

to ring them direct. Few general practitioners understood the system of the social services department, by which it was necessary first to speak with the duty officer if unaware which social worker was working with a particular patient, nor were some doctors sympathetic with the pressures under which the department worked.

One general practitioner asked the project officer to visit four of his handicapped patients, for three of whom additional help was able to be given, but requests for help were few. Harwin and his colleagues found a similar lack of interest in social agencies. In an article in the *Lancet* (1970) he reported interviewing 123 general practitioners in a London borough, few of whom had regular or frequent contact with any social agencies, nor were local voluntary bodies being used as an alternative. " Family doctors make little use of existing social agencies, and indeed are often unclear as to the functions of the services ", he reported. Ratoff (1973), visiting 27 social services departments in 1970 found that " General practitioners seem to have little understanding of the functions of the social services department themselves, and little knowledge of their statutory duties, which extend far beyond the confines of medico-social collaboration."

Teamwork

In recent years, the Royal College of General Practitioners has placed great emphasis on teamwork. The book *The Future general practitioner—Learning and teaching* (1972) stated that the use of the domiciliary health team, including the health visitor and sometimes the social worker, was the means by which the doctor could influence the environment of the patient.

The report *Present state and future needs of general practice*, Royal College of General Practitioners (1973) stated: " Even if he is in single-handed practice, he will work in a team and delegate where necessary." Yet there was little evidence, except in the practices with attached staff, of any teamwork. Meetings with health visitors or social workers were never held, while doctors in only five practices could recall ever having known a social worker's name. Early in the year, the health visitors, concerned at the complete lack of contact with the general practitioners, had written to them all, to ask if they could visit them to discuss a closer working relationship. Forty per cent of the doctors did not reply to the letter. Of those who did and were visited, some co-operation with one doctor was achieved, but little follow-up was reported.

The problem posed was that of providing information about social services to the doctors, who, it had to be supposed, had little available time and except in one group practice, had no contact with health visitors or social workers.

First, two three-paragraph leaflets were provided, called, respectively *What do health visitors do?* and *What is the social services department, and what does it do?* and these were given to the doctors and their receptionists. At the same time, a list of about half-a-dozen voluntary organisations who were keen to co-operate was also provided.

For the waiting-room walls, a list of all the services provided by the health and social services departments, with the respective addresses and telephone numbers was produced. Only four practices displayed this notice. Eight surgeries had no notices. Five had the ' Help the doctor to help you ' type of notice. Two had a few helpful notices, and one had an abundance of useful information.

One doctor said that he had patients spread throughout Greater London, and that he would require addresses in all London boroughs to use the social services. The area offices in the 32 boroughs were listed for him and a map provided for identification.

Three luncheon meetings were arranged at the social services area office and a health visitors' clinic, to enable receptionists to meet the team members. Although well

attended by local authority staff, attendance by the receptionists was sparse. Domestic reasons were given for their absence.

A visit was arranged for all the general practitioners, accompanied by two team members from their social services department, to the Disabled Living Foundation, commended by the late Lord Rosenheim (1973) at a general practice section meeting of the Royal Society of Medicine as being outstanding for its display of aids and information. Four men and both women doctors accepted the invitation to attend. However, only two doctors arrived, one of whom was a woman, the other woman in the project having rung to say she had had an emergency call.

Later in the year, a luncheon was arranged at the social services area office for the general practitioners to meet the Director of Social Services, the Medical Officer of Health and members of the social work and health visiting team. Six weeks prior notice of the luncheon was given to the doctors, but when a follow-up telephone call was made to the letter of invitation, it was found that eight doctors had lost the letter.

Thirteen of the doctors accepted; four of whom did not arrive. Nine doctors including the two women, were present. Eight doctors met the Director for the first time, although one had previously written to him, and six were meeting a social worker for the first time.

During the year, booklets listing about 80 national and local voluntary organisations concerned with handicap, were given to the practices. A front page was included on which to indicate if the booklet was used by the doctor or receptionist. It was also asked that any organisation which was recommended should be ticked, and comments were requested for criticism, alterations or additions. Eighteen of the 22 booklets were collected at the end of a ten-week period, unmarked. Of the remaining four, one doctor had recommended no organisation, but had re-paged the booklet to his way of thinking, thus indicating his interest in the subject. The health visitor in the group practice had suggested two additions, and criticised two helping organisations for not producing volunteers when asked. A general practitioner in another group had ticked three organisations, said the practice referred to the booklet frequently and later referred to its usefulness at a luncheon meeting. Finally, a receptionist in a single-handed practice, where the general practitioner had always used the social services widely, had recommended eight organisations. In the main, though, voluntary organisations were barely considered.

Conclusion

This paper concerns a small pilot study in a selected area, and as such, the findings are unlikely to be generally representative. Only the general practitioners' knowledge and use of statutory and voluntary social services were studied, and therefore only their attitude in this sphere is reflected. Nevertheless, the conclusion must be drawn that, in considering all the practices served by one area social services office, an extensive lack of knowledge of the Chronically Sick and Disabled Persons Act and the provisions available from statutory services under the Act was found. Nor was use being made of voluntary organisations.

The majority of general practitioners lived in or near the locality of their practices and the social services department, and had no language barriers to overcome, but communication with the social work team was negligible. A lack of appreciation of the extent of disability was noted, and dependence, in some quarters, on the hospitals to provide social care was evident. It was noticeable that the practice with an attached health visitor had a far greater awareness of the extent of disability and the provision of social aid. The level of attachment of only one health visitor in 16 practices was markedly low, even for London, where the level of attachment in 1972 was 40·6 per

cent. Attachment could benefit patients in many ways, but the problems of attachment must remain great, while doctors accept patients spread over a wide geographical area.

Streamlining, by the social services department of the method of communicating with a particular social worker concerned with a patient, seems to be indicated, if general practitioners are to be encouraged to use the services more widely than at present. Greater understanding on the part of the general practitioners of the work of the department and the pressures under which it works also seem indicated.

As time was the factor given by some doctors, which militated against extending their knowledge on the social front, employment of their own nursing staff or expansion of their reception staff to the number suggested by family practitioner services could be considered.

Acknowledgements

Sincere thanks are extended to all the general practitioners who took part in the project, also to their receptionists, the social workers, health visitors and others encountered in the course of the year. Thanks are also extended to Miss Sally Sainsbury for invaluable help in the preparation of the questionnaire and the presentation of this paper.

REFERENCES

Anderson, J. A. D. & Warren, Elizabeth A. (1966). *Medical Officer*, **116**, 333–337.
Harwin, B. G., Cooper, B., Eastwood, M. R., & Goldberg, D. P. (1970). *Lancet*, **2**, 559–561.
Rosenheim, Lord (1973). *Proceedings of the Royal Society of Medicine*, **66**, 131–132.
Ratoff, L. (1973). *Journal of the Royal College of General Practitioners*, **23**, 736–742.
Royal College of General Practitioners (1972). *The Future general practitioner—Learning and teaching*. London: British Medical Journal.
Royal College of General Practitioners (1973). *Present state and future needs of general practice*. Reports from General Practice, 16. London: *Journal of the Royal College of General Practitioners*.
Sainsbury, Sally (1970). *Registered as Disabled*. Occasional Papers on Social Administration 35. London: G. Bell.
Sidel, V. W., Jefferys, M. & Mansfield, P. J. (1972). *General Practice in the London Borough of Camden*. *Journal of the Royal College of General Practitioners*, supplement 3, **22**.