Editorials

TOMORROW'S CHILD HEALTH SERVICES

THE health and welfare of children is a complex affair, involving parents, doctors, paramedical and other professionals as well as many institutions, statutory and voluntary. The family doctor has long played an important role, the size of which was further increased with the National Health Service in 1948.

This contribution from general practice is not easily assessed, and it is only in recent years that the crude measures of workload and morbidity patterns have become available. The first United Kingdom National Morbidity Survey (Logan and Cushion, 1958) showed that in a year a general practitioner was concerned with 3,145 consultations per thousand population aged 0–14 years. The 1970–71 second National Morbidity Study showed that 50,136 of 196,292 patients consulting (from a total population of approximately one quarter of a million) concerned children under 15 years of age. It is estimated that well over 85 per cent of the episodes for which the children consulted were handled entirely at primary care level: about one in five of the patients consulted with " non-disease " situations.

Nobody would argue against the possibility that the child health services, having developed piecemeal, could be improved and, in England, the Court committee is currently conducting a critical review with this objective. The Scottish Home and Health Department has already published a report *Towards an Integrated Child Health Service* (1973), which deals with improving further the health services for children, and by implication, the health of the child population.

If this thesis is accepted (and it could be argued that several factors other than ' medical ' are now seen to be increasingly important variables in the health equation), it would seem logical to base developments of the provision of child health care firmly on family practice. The Scottish Report, however, does no such thing, preferring to view the future largely in terms of specialist paediatrics. According to this Report, child care, about one quarter of the general practitioner's work, now becomes primarily the concern of the hospital *specialist*, metamorphosed to assume a community as well as a hospital role, working with groups of general practitioners one of whose members will have a *special* interest in paediatrics. The local authority doctors will gradually

disappear, but in the meantime they may become " area paediatricians ", or community physicians.

The report, having made this fundamental change in orientation, develops the concept in a series of recommendations concerning training and organisation of medical, dental, nursing, social, and other staff. While some of the changes will be welcome, it is the validity of the basic concept which must be questioned by all in general practice. The principle thus ennunciated makes complete nonsense of the deployment of medical manpower and resources: a quarter of the general practitioners' work will be re-allocated to a specialty which by its own account is under-manned.

The overlap of medical care for children is also likely to confuse parents, who may come to believe that their children's problems are to be solved only by hospitals and specialists. It is not simply the effrontery of a concept which assumes that the paediatric consultant can do better the job of the family doctor—and that, apparently, without formal training in medicine in the community and in the face of our developing vocational training. The principle itself is likely to be counter-productive in the long term: the specialist orientation of the report might almost have been specially calculated to educate the medical student *away* from child care.

Most undergraduates become general practitioners, but the student (as well as the parents) will see child health as a job for the specialist. After graduation the intending general practitioner may carry into his vocational training an attitude towards the subject which will inhibit learning. Such implications might be countered by a vast increase in paediatricians in the community, but this is manifestly an uneconomical deployment of scarce resources, nor could it be done overnight.

We hope the Court committee will avoid this misguided approach and that their report will be founded on a firmer mutual respect of the potential of both general practitioners and hospital paediatricians. Such a united basis for the integration of services surely offers the best opportunity of improving the health of children.

REFERENES

Logan, W. D. P. & Cushion, A. A. (1958). *National morbidity study*. London: H.M.S.O.

Office of Population Studies and Censuses and the Royal College of General Practitioners (1974). *Second National Morbidity Survey*. London: H.M.S.O.

Scottish Home and Health Department (1973). *Towards an integrated child health service*. Edinburgh: S.H.H.D.