

by general practitioners in urban areas, it contains several disquieting features.

First, the rural practitioner who already looks after his own patients in his local cottage hospital will view with misgiving the statement (paragraph 28) that "many existing hospital . . . will be surplus to the total hospital needs of the district." The opposition to the closure of cottage hospitals mentioned in your editorial was not *political*, but because threatened hospitals served, and were supported by, their local *communities*.

Secondly, there is rejection of surgery and maternity units anywhere other than in the district hospital. This appears to be a policy decision which ignores all the published evidence of the worth of these units for selected cases.

Thirdly, in our area at least, the estimated number of beds needed for the different categories of patient is sadly astray.

Fourthly, much of the thinking behind the memorandum appears to be muddled, and even political: for example, in paragraph 17 it is suggested that the development of health centres will prevent unnecessary admission to hospitals. With adequate support, is a single-handed general practitioner or a group practice less able to look after patients at home?

In discussions of this memorandum I think it will be accepted that urban community hospitals would fulfil a definite need. But the scheme as it applies to rural areas needs considerable more knowledge of *fact* before any discussions could properly be made either overall or locally.

It would be nice to think that general practitioners who already have access to hospital beds could be stimulated to analyse their use, so that when decisions are taken they could be taken on a factual basis rather than on general impressions.

R. V. H. JONES

Senior Lecturer in General Practice

Department of General Practice,
Postgraduate Medical Institute,
Barrack Road,
Exeter, EX2 5DW.

REFERENCES

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Sir,

I was somewhat surprised at the enthusiasm with which your editorial greeted The Department of Health and Social Security's document on the development of community hospitals (December *Journal*). Whilst it is easy to appreciate that this is a step forward in areas where general practitioners have not been able to use a cottage hospital, I

think that it represents a step backwards for those of us who are able to use the facilities available at a good cottage hospital.

As you point out, with emphasis, the community hospital is a new concept and not simply cottage hospitals under a new name and they are to be ideally an extension of primary care rather than as at present containing a considerable amount of true hospital care. For the doctor who at some time has developed obstetric, anaesthetic, or surgical skills these will atrophy if he is unable to use them, and it may well be that his other commitments and geographical location will not allow him to pursue these interests at a more distant district hospital. I think that all the reports on the causes of emigration stress the lack of hospital facilities for general practitioners and these facilities are the type that are now enjoyed in cottage hospitals and not those that will be present in a community hospital. One other great advantage of a cottage hospital which has consultants visiting is the improved communication which occurs between the practitioners and the consultants.

The documents from the Department in its forward by the Secretary of State puts forward the reasons why cottage hospitals have always been, and are very popular with the patients. "The document states that cottage hospitals often seem less formal and forbidding than larger hospitals. They are also more convenient for patients, visitors, and staff. Wherever possible people prefer to be looked after in hospitals close to where they live."

However, after these statements the document appears to lose sight of the patient's wishes and in no way gives reasons why the facilities now enjoyed in cottage hospitals should be reduced and replaced by those restricted services which might be available in a community hospital. Already the difficulties of local transport in rural areas are considerable and there is no reason to suppose that these will improve in any way.

The waiting lists in the larger hospitals are usually much greater than those in the smaller hospitals and particularly with the radiological services there is often a considerable delay in the investigation of patients' problems. This radiological service which is now available in some cottage hospitals is to be removed.

I see no advantage in the replacement of cottage hospitals by community hospitals and the reading of the Department's documents and your editorial do nothing to make me think differently. I think that the *Journal* and the College should press for the development of local hospitals on the lines in which larger local hospitals, such as Evesham General Hospital, at present work to be the pattern for the future.

M. J. Cox

88 High Street,
Evesham,
Worcs.