

Sir,

The editorial in the February *Journal* admirably describes the present problem. Children and their families need general and specialist medical and nursing care provided by a single service, a service which works closely with many other professions and agencies.

Whatever recommendations the Court Committee may make, now is the time for general practitioners, paediatricians, and community physicians, to consider and decide what will best serve the interests of children without asking for non-existent additional resources.

After more than 20 years in general practice, and five years in social paediatrics, I have inherited in Hampshire Ivor MacDougall's desire that his local authority community services should give to general practices the support required to enable them to extend their community functions. I commend to your readers the article entitled *Liaison of a Child Health Department Medical Officer with a Group of General Practitioners in Hampshire*, (*British Medical Journal*, 19 September 1970), by Alun Lloyd-James and Patricia Lambert. It describes our first experiment in this direction. Similar schemes, with modifications, have developed and shown that the arrangement works well.

Educational medicine, developmental and social paediatrics do seem to me to amount to specialised medical care of children which ought to be seen as a part of the specialty of paediatrics. On the other hand, it is undoubtedly a community service. What better places can there be to base this service than in general-practice surgeries and health centres? These are the natural sources of medical and nursing care for people in their homes, at school, and at work, from the cradle to the grave.

Problems of communication, mutual trust, or the integration of child health records, will not disappear if all child health services are centred on general practices or in hospitals, but they do become capable of resolution. Nor can preventive child health services flourish without more understanding of the work of health visitors and a real increase in their numbers. Their life can be made much easier if they have less "division of loyalties".

None of us is ever likely to feel that child health (or any other) services are adequate, in the sense that all demands are being met: but needs can be met much more efficiently by this kind of redeployment of existing resources. I find the prospect exciting.

Whatever career requirements and expectations may prove necessary for doctors who work mainly in the social field of paediatrics, there need be no delay in providing better services, if we have the interests of children at heart and are prepared to enter into the necessary discussions and decisions. There can be no common pattern for this redeployment, but if the basic principles are accepted local arrangements can be made

without great difficulty. This will vary according to circumstances. For instance, some general practitioners with special experience prefer to give a good deal of their own time to this work.

Finally, we all need more knowledge of general paediatrics, whether we are general practitioners or some kind of specialist. This is more difficult than the redeployment which I have described. University departments of child health will have to look to all our activities for their teaching resources.

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Sir,

The editorial, *Tomorrow's Child Health Services* in the February *Journal* cannot be allowed to pass without comment. You (and we hope that it represents only one man's view) have clearly misunderstood the Scottish Home and Health Department report (1973) *Towards an Integrated Child Health Service*.

The editorial comment—"According to this report, child care, about one quarter of the general practitioner's work, now becomes primarily the concern of the hospital specialist" is, to say the least, misleading when one of the main recommendations stated by the Scottish Home and Health Department was, "General practitioners will continue to provide primary medical care for children, but will become increasingly involved in preventive paediatrics." Nowhere in the editorial is there any discussion of the suggested methods of incorporating general practitioners in developmental screening programmes, school health, and in the continuing care of the handicapped, and vulnerable child.

The Scottish Home and Health Department report goes on to say, "The development of group/health-centre practices will make it possible for at least one member of the group to take a special interest in child health." There is an increasing number of group practices where this concept is being developed and found acceptable to both doctors and patients. In these practices, the general practitioners with additional paediatric commitments are not assuming total responsibility for child care, but work in conjunction with both general practitioner and specialist colleagues to co-ordinate child health for a defined population.

A criticism which could be levelled at the Scottish Home and Health Department report is that it did not contain a chapter specific to general practice. It does, however, set out in a systematic way to suggest how the many components of general and specialist services can be better organised. The general practitioner's role is continually referred to throughout, and is not minimised to the extent described.

It is disappointing that an editorial of the *Journal of the Royal College of General Practitioners*