CORRESPONDENCE

MEDICAL COMPUTING

Sir,

It is most encouraging to see the controversial subject of medical computing being raised in the July *Journal*. Drs Crombie and Pinsent are surely absolutely correct in emphasising the overriding importance of the doctor/patient relationship, which no amount of computation can displace. Not all computer technicians have appreciated the overwhelming significance of this point (Johnson, 1974).

Computer technology is expanding at a rate so prodigious, it is difficult to envisage. *The Economist* (1976) suggests that circuits have fallen in price by 40 per cent every year for the past 20 years. A magnetic disk can now store general practice records at a cost of 16 pence a week for each doctor. What will the next few years bring?

Drs Crombie and Pinsent mention the problem of dealing with items that arise *de novo* during the consultation. Technology may be of assistance here too: 'real time' systems may be used, whose response time is so rapid that the information displayed can influence the practical situation as it proceeds. The prime need for this, of course, is the distribution of drug information.

The main problem with medical computing naturally enough is professional inertia, for which there are excellent reasons and precedents. However, change is already upon us, since one can now buy for £5 in a supermarket a calculator that ten years ago would have cost £500. Today a complete computer can be bought off the shelf for £5,000: in five or ten years that will be £500 or even £50.

It is therefore very important that the medical profession, and especially general practice (Ockenden and Bodenham, 1970) become more aware of the powerful nature of these "mechanical auxilliaries". It is in this spirit that your Editorial (July *Journal*) and the article referred to, deserve such a warm welcome.

ROBERT JOHNSON

16c Clough Lane,
Grasscroft,
Oldham, OL4 4EW.

REFERENCES

Crombie, D. & Pinsent, R. J. F. H. (1976). *Journal of the Royal College of General Practitioners*, **26**, 502–6.

Johnson, R. A. (1974). *Lancet*, **ii**, 1152.

Ockenden, J. M. & Bodenham, K. E. (1970). p. 26. *Focus on Medical Computer Development*. Oxford: Oxford University Press.

The Economist (1976). p. 53. 7 August. *Journal of the Royal College of General Practitioners* (1976). Editorial, **26**, 473.

SOCIAL WORKERS IN GENERAL PRACTICE

Sir,

I am sure Dr Paine is right (September *Journal*) when he contends that the sum of the four part-time social workers in his practice is far greater than the hypothetical whole-time equivalent that they represent. Both in terms of the four different personalities with their own individual expertise and professional networks, as well as the provision of satisfying part-time work for married social workers, the advantages are indisputable.

However, Dr Paine does not tell us where his part-time social work team is based. Are they in fact employed by the practice and thus working as freelance social workers, or are they as I suspect, employed either by a university department, a local authority Social Services Department or some other professional social work agency, and then seconded to the practice? This is a point of some importance because social workers see themselves as autonomous and independent professionals, and most certainly not as medical ancillaries. At the same time, because of the very nature of the social work profession, its practitioners usually need to be members of a larger professional organisation like a social security department from which they derive both their authority and the resources necessary for the proper fulfilment of their professional role.

If social workers are to be based in general practice and are to make a real contribution to primary care, (not primary *medical* care alone) then it is essential for them to be based squarely in the local social services area team and attached to general practice, just as the hospital social workers are currently based in the social service departments and attached to the hospitals. Social workers in general practice should be able to carry out the statutory duties of a local authority social worker and have all the powers and resources of their colleagues in the social services departments. It seems in Dr Paine's case that his social work team provide only a counselling and casework service, while what might be termed "routine" social work to the social service department.

Dr Paine is wrong in assuming that a social worker can be employed in general practice in the same way as a practice nurse or receptionist and then 70 per cent of their salary reimbursed by the Family Practitioner Committee. Other general practitioners have already explored this avenue with the Department of Health and Social Security and the suggestion has been rejected. The role of the social worker would be as partners in primary care, not employed staff, and it is obviously administratively easier for them to be employed by