LETTERS TO THE EDITOR

THE COST OF CARE

Sir,

Dr C. W. Richards is to be congratulated on his paper (November *Journal*). Unfortunately, neither his figure of £25,000, nor the £43,000 quoted by Dr Owen for the total annual expenditure initiated by each general practitioner, should be considered without reference to the social costs incurred or saved by their actions.

Hospital costs are easily reduced by closing wards, reducing staff, or prolonging waiting lists. I calculated the cost of a manual worker waiting two years for a hernia repair at a local district general hospital as being in excess of £6,000—this included the cost of his replacement by his employer. By referring him to our local general practitioner hospital, he returned to work after eight weeks at a cost of about £500.

Social service departments can save money by delaying admission to old people's homes (cost £40 per week) from hospital beds (cost £100 to £200 per week).

The DHSS wastes money with inflexible bureaucracy. My favourite example concerned an elderly patient who was advised to apply for an attendance allowance for herself, even though she was able to look after her husband, who was already receiving an allowance. I was informed that, as an application had been made, I must complete the form and claim my fee!

If general practitioners were circulated with the cost of investigations, certain unnecessary procedures might be reduced. An investigation performed by a family doctor with open access to pathological and radiological services, can save time, worry, money, and unnecessary referral to hospital.

Many drugs are either not used, misused or not clearly indicated. About ten per cent of hospital admissions are iatrogenic. Occasionally, the expensive drug will prevent a hospital admission or absence from work. The cheap foreign imitation of standard proprietary drugs may disintegrate on the shelf, have variable absorption rates, or be poorly standardized.

The patient instigates most expenditure. Though charges for consultation and drugs might deter the genuine sick, there is a strong case for increasing prescription charges. When 'simple remedies' cost more than the prescription charge, consultations appear to increase. Health education might reduce costs, but on the other hand it may increase the patient's awareness and expectations of good health.

Apart from the professional satisfaction, there is no incentive for a doctor to investigate and treat his patients in properly equipped modern premises. Perhaps an item of service fee would end the penalization of doctors who attempt to practise modern family medicine.

The actual cost of a general practitioner is not relevant if it can be proved that his actions are cost effective. The cost of each part of the welfare state should not be considered in isolation. Unfortunately, the accountants in the various Government agencies only consider expenditure incurred within the narrow confines of their own departments. They should remember that sometimes, to save money, some money has to be spent.

K. C. HARVEY

Medical Centre
Talgarth
Brecon.

References

Harvey, K. C. (1973). *British Medical Journal*, **1**, 615.
Harvey, K. C. (1976). *British Medical Journal*, **2**, 370.
Owen, D. (1976). Speech as Minister of State. April.
Richards, C. W. (1976). *Journal of the Royal College of General Practitioners*, **26**, 823-827.

Sir,

I read with interest the article by Dr Richards on the cost of a general practitioner in the NHS. While it contains much food for thought I would suggest that his costing is not yet complete. For example, one would expect that a general practitioner will help at least some of his patients. He may not save their lives but could conceivably reduce their period of incapacity. One would also expect that a general practitioner would, in a percentage of cases, so affect the progress of an illness to forestall admission to hospital. This must result in some saving to the community, and the sums which are saved in this way together with any increase in the patients economic productivity should be subtracted from the estimated figure of £43,000.

It should be remembered that the general practitioner, as an independent contractor, must make his own capital outlay in financing the supply of laboratory, diagnostic and office equipment which he requires to do his work. This should be included in the cost of a general practitioner's service and in so far as it is provided by the practitioner himself out of his earned income it represents a direct subsidy to the state.

One should also take into account the work performed by the members of the practitioner's family in providing back-up services for the running of his practice for 24 hours a day. This work is not normally financed by the exchequer but should be included in any costing exercise. One accepts, of course, that some of this is included in the basic practice allowance which was included in Dr Richards's original calculation, but the basic practice allowance has never been broken down into these various fractions, and one suspects that in many ways it does not represent the real cost of providing care.

One should also remember such items as the cost of petrol. Again, this will be included in the calculation for the basic practice allowance. However, since about 50 per cent of the cost of petrol is taxation, that particular fraction of the money oscillates between the exchequer and the profession and, in a sense, is money which is never spent.

Dr Richards includes the cost of sickness benefit with the cost of medical care. I would submit that this is an error. This is part of the social security service and it is not the doctor who authorizes the payment. In essence, the doctor's certificate functions as a check on the patient's good faith and nothing more.

With these additions and subtractions it would seem that the total annual cost of an average general practitioner in the British NHS is likely to be less rather than more than the £43,000 that Dr Richards suggests.

A total figure is in itself misleading since such a figure is bound to be large. If one takes £43,000 as the baseline and if one assumes that the average list size is 2,000 patients, each receiving on average four items of service a year, and if one assumes further that on average there are three items of service to each episode, the total cost of treating an episode of illness would be slightly more than £16. By comparison the annual cost of insuring a washing machine for repairs is £17, so that it appears that it is