

Annual reports from family practitioner committees

IN the happy days before April 1974, every local newspaper could guarantee a few hours' employment once a year to a junior reporter, who would be deputed to read the Medical Officer of Health's annual report and make from it an eye-catching story. Family practitioner committees are charged with a job just as important as the former MOH, but little is known, even to doctors, of what they do. The committees' title implies that their main concern is family doctoring, but they must provide all the people in their defined areas not only with doctors but also with dentists, chemists, and opticians. These workers have to be paid, provided with records and stationery, and any disputes must be settled. FPCs do all this with remarkable and unsung economy.

At a time when the administration of the NHS is being universally vilified for inefficiency and unjustified growth, we should applaud the quiet excellence which ensures that—almost always—our money arrives on time and in the right amount. Those doctors who take the trouble to remain on good terms with their FPC know that in any difficulty, the administration is at pains to be as helpful as it can in applying the rules sensibly.

Nevertheless, good government is open government, and there is little reason why the work of family practitioner services should be kept quiet. Every office has masses of figures, many of which have been kept since 1920, and some of which are collected for transmission to the statistics and research division of the DHSS, from which it is often impossible to retrieve them. Eager students of the Chief Medical Officer's report will not have missed the fact that since 1969 the ages of and reasons for general practitioners entering and leaving the NHS are no longer published even though FPCs still record them. Movements of patients within an area are naturally noted by the FPCs, and it is from them that

the national population figures are kept up to date between the decennial censuses.

We do not believe in the collection, and still less the publication, of figures that interest nobody, and we certainly do not want to suggest that FPCs should have to organize all this work around the annual report, as used to be said of the MOH's office. There is, however, some information which any area health authority and any lively community health council would wish to know with regard to: how many professionals are in contract each year, how many patients are registered with each and what their turnover is, how many items of service they perform (are some doctors failing to immunize the children whom they undertake to provide with medical care?), how many partnerships there are, what the trends are, the use of deputizing services, and the number and type of complaints patients make.

Since doctors and the other professionals are independently contracted to look after the patients who come to them, it has for a long time been a polite fiction to maintain that it is not the business of the administration to do more than administer. Included in the above list, however, are some directions in which the DHSS is delicately attempting to steer the independent contractors. A simple annual report, unaccompanied by a lengthy disquisition but giving facts and showing trends, would be a valuable administrative reform.

Addendum

Since this editorial was written we have been pleased to receive an annual report from the Avon Family Practitioner Committee, which we greatly welcome.

Reference

Avon Family Practitioner Committee (1976). *Report on the Administration of the Family Practitioner Services 1 April 1975 to 31 March 1976*. Bristol: Avon FPC.