LETTERS TO THE EDITOR

GENERAL-PRACTITIONER OBSTETRICS

Sir,

We report the outcome of admissions to the City of Gloucester general-practitioner maternity unit during the last ten years (Table 1).

Our annual perinatal mortality rate for the years 1967 to 1976 inclusive has thus varied from a minimum of nil to a maximum of 10·13 with an average of 4·37 over the whole period.

Our results have been more fully reported in the *South-West England Faculty Newsletter.*

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Reference

South-West England Faculty Newsletter (1977). April.

Table 1. Outcome of admissions to the City of Gloucester maternity unit from 1967 to 1976.

	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976
Total cases	99	795	963	983	1,086	847	803	757	755	697
Delivered in gp unit	83	685	809	819	861	751	600	566	559	543
Transferred to consultant unit	16	110	154	164	225	196	203	194	196	154
Perinatal deaths	0	0	1	8	11	5	1	4	3	1
Perinatal mortality rate	0	0	1.04	8.14	10.13	5.90	1.25	5.28	3.97	1.43
Home deliveries	448	310	109	69	41	23	12	7	7	1
Total cases in the five other general-practitioner units	—	—	—	1,511	1,566	1,470	1,277	1,216	—	—
Total cases in consultant unit	2,236	2,258	2,325	2,184	2,376	2,202	2,226	2,191	2,058	2,029

COURT COMMITTEE

Sir,

At a recent meeting in Wessex, a group of general practitioners considered the recommendations of the Court Report as they applied to general practice. They presented the following comments and we would like, as fellows of the College, to associate ourselves unequivocally with them:

1. We were unanimous in that we deplored the emotional gut reaction of the profession, perhaps without the full knowledge of the facts, certainly without reading the full Report, and probably without reading the summary. We deplored the dramatic report in the popular medical press on the deliberations of the General Medical Services Committee and the Royal College of General Practitioners, and we consider that these august bodies are somewhat out of touch with the profession and have some doubt as to their recent experiences in developmental paediatrics. You can criticize someone without shooting him.

2. We agreed unequivocally that the curative, preventive, and surveillance services should be merged in the interest of the child and the family. It makes clinical and economic sense and is the best way to use scarce resources.

3. We considered it a pity that the label 'general-practitioner paediatrician' was invented and in this our member of the Court Committee agreed. We thought that he should be called a "general practitioner with a special interest in paediatrics". Group practice has been developing in recent years with many members having a special interest and skill in paediatrics. We consider that 30 per cent of our workload is, at the moment, taken up with children. The 70 per cent figure mentioned in the Report is a bone of contention and should have been left open and negotiable. At the moment 50 per cent of general practitioners are doing sessional work, 50 per cent are doing their own developmental paediatrics, and 75 per cent state that they would be interested in more paediatric involvement. We consider that all general practitioners should be involved in paediatric care, but at present training is inadequate. The school medical service has routine work that might well be taken over by general practitioners. Education and advice is a more difficult matter and should perhaps be dealt with by one who has a special interest and training. The problem is more simple in rural than in urban areas.

4. We think the present primary health care team should include, as well as nurses and health visitors, a psychologist and a nominated social worker, with a special interest in children. Where a general practitioner does not wish to take special responsibility, or does not have the experience to do so or thinks he has not the experience to do so, then a clinical medical officer could move in. This is not the level of the community paediatrician. We appreciate that this is in the experimental stage; we must see which development is best.

Furthermore, we deplore the failure of the College Council, in preparing its response to the Court Report, to consult the growing number of members around the country who have done much original research into the kind of primary care surveillance which Court recommends and whose known views have been studiously neglected.

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Cowes, IW.
PAUL HOOPER
Newport, IW.
GORDON STARTE
Guildford, Surrey.
JOHN TURNER
Leytonstone, Essex.

Reference

Committee on Child Health Services (1976). Court Committee Report. Cmnd 6684. *Fit for the Future.* London: HMSO.

PRACTICE ORGANIZATION COMMITTEE

Sir,

The College has re-formed the Practice Organization Committee of Council, and this Committee is now keen to study the wide variety of organizational ideas prevalent in general practice today. It is aware of the wide variations in the range and sophistication of practice organization methods in regard to premises, equipment, and routines. One of the things which is apparent is that many such features, which were introduced in some practices years ago, have still not been adopted in others, and there are new ways of doing things coming into use all the time. Even today, however, there are many practices whose principals have not introduced any such features of practice organization, and seem to have relatively little job satisfaction. They may or may not realize that they have little chance of recruiting high quality vocationally-trained junior partners, because they are not aware of what can be done in practice to make their work more efficient and more effective, and therefore more rewarding.