The tools for the job

Give us the tools and we will finish the job.
W. S. Churchill (1941)

SO MANY general practitioners can now send their patients for tests at laboratories and x-ray departments that it comes as a surprise not only to re-read the impassioned pleas of our predecessors—or ourselves in younger days—but also to realize that even in 1978 hundreds of general practitioners cannot ask even for a barium meal without a hospital doctor seeing the patient first. Furthermore, the teaching hospitals have been the worse offenders (Levitt, 1964) and lack of access to hospital investigations and services has often been cited as a reason for emigration.

The majority of general practitioners may well disbelieve that a deprived minority can still exist, but it does. Local figures must be used when national figures are absent, and the most recent estimate comes from the Trent Faculty of the College (Rawlin, 1976), which chose to emphasize this deficiency in their evidence to the Royal Commission on the NHS. By writing to all clinical tutors at the 14 centres in this large region, the Faculty have discovered several serious restrictions. At one centre, which serves 116 general practitioners, neither barium meals nor enemas may be requested; at three others, covering at least 250 doctors, an intravenous pyelogram is impossible. At another centre there is a delay of 25 weeks for a barium enema; it is difficult to imagine the value of an investigation which is felt to be necessary in January yet is not reported until the following July!

On the brighter side, it is pleasing to note that haematology, biochemistry, histology, bacteriology, and straight x-rays are universally accessible to general practitioners in the Trent region. At one community hospital a full range of x-rays, including mammography, is available to all the local general practitioners who can admit patients.

There have been many articles which year after year have pleaded and even proved with figures that giving general practitioners access to diagnostic facilities is equitable, sensible, economical, and likely to save thousands of hospital referrals every year. A single outpatient consultation now costs the NHS over £7.

There are two suggestions which arise. The first is that every general practitioner who does not have access to all the investigations he needs should make sure that his colleagues on district medical committees and district management teams ask searching questions as to why this state of affairs is allowed to continue. Local bullying is unlikely to produce all the desired results, however, and we hope that other faculties will exert pressure at a regional level. Perhaps the College's research or practice organization committees could gather the results together?

We know that recent graduates use laboratories and x-rays more than their seniors and we owe our warmest thanks to our pathologist colleagues for the co-operation and enthusiasm they show in buying elaborate machinery swiftly enough to satisfy our growing taste for investigation. We feel, however, that the areas with poor resources will soon be finding that well-qualified vocational trainees simply will not work where they do not have open access to the diagnostic services which the Godber Committee (1974) said were "essential". There is some evidence that this is already so (Trent Regional Adviser, 1976). How does one explain to a prospective partner that one's practice has a high standard of clinical medicine but that one cannot request a barium meal?

The time has come for relentless pressure to enforce open access to diagnostic investigations, a policy which has already been agreed by the Department of Health and Social Security, the Royal College of General Practitioners, and the British Medical Association. A *cri de coeur* from the Trent Faculty underlines the slogan "Give us the tools and we will finish the job"!

References

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