

Why not close community clinics?

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PREVENTIVE medicine and general practice have often had an unhappy relationship, epitomized in the irritation many general practitioners feel about health authority clinics as, I suppose, do the clinics about the general practitioners. Many will claim that those health authorities which set up such clinics are filling a gap in general practitioner services. This was certainly true when antenatal and infant welfare clinics were started, since some practices were slow to appreciate the value of caring for well people. Used to working long hours dealing with problems brought to them by patients, they were not surprisingly loath to look for more work and invite well patients to visit them.

Gradually, though, the scene has changed: most practices have antenatal clinics and many have well baby clinics as well. Some practices have developed diabetic clinics, hypertensive clinics, and screening clinics and before long we may find ourselves seeing more patients in such clinics than come for ordinary consultations.

The community at large, it seems, is not satisfied with the situation in general practice for there is an ever increasing list of clinics outside general practice. Area health authorities run child development clinics, family planning clinics, and screening clinics for breasts, cervixes, and middle age. Well meaning local groups set up clinics for women, menopausal and otherwise, to provide contraceptive services for those who either dare not, or cannot, go to their general practitioners. There are pre-abortion counselling clinics and pregnancy advisory clinics . . . is there an end to man's (and woman's) inventiveness?

The situation is becoming ridiculous—for what is a patient to do? Does he or she search the yellow pages of the telephone directory for the appropriate clinic to attend? How does a young woman decide whether to go to her family doctor, a health authority family planning clinic, or an independent clinic for contraceptive advice? If she goes to one of the last two and has a

problem with abnormal vaginal bleeding during the weekend, to whom does she turn? To whom can she turn? Who else, but her general practitioner? Admittedly some clinic doctors give patients their home telephone numbers, but this is not universal, nor is it an effective way of ensuring contact.

The time has come when this multitude of clinics should cease: certainly area health authorities should stop supporting them.

What are patients to do who want these services if their general practitioner does not provide them, or does not provide them to their satisfaction? What if patients are embarrassed to go to their own doctors? Then they should change their general practitioners, if necessary, simply in order to get the service they want. There is certainly no great problem in changing practices for maternity services and none for contraceptive services. As for others, if lay advisory groups, which already exist in most towns, are informed of the services provided by all general practitioners in the area and are encouraged to support patients in changing doctors, patients will have clear guidance about where to go. Is this a role for the community health councils?

The trend towards group practices is continuing and many now include at least one woman doctor who often has considerable experience in health authority clinics. If area health authorities wish to develop and extend developmental and other screening clinics, surely they should be recruiting, paying, and if necessary training, general practitioners to do the job rather than setting up an alternative service?

The primary care system in the UK is the envy of most western countries: for area health authorities to support and further develop a system of clinics in competition with general practice services is to take us back to the tripartite services which most of us hoped to see disappear with the 1974 re-organization of the NHS.

General practice has shown itself willing to change and to play its part in preventive medicine. Some general practitioners may be slow to change, but if area health authorities are seen to encourage them, surely even the slowest will see the light?