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Access to primary care

On the whole, while always capable of improvement, the National Health Service did provide an accessible primary care service which was generally appreciated by its users.

Simpson (1979)

ONE of the most valuable consequences of the work of the Royal Commission on the National Health Service has been the decision to initiate special studies of different aspects of the NHS in the United Kingdom by independent professionals, and to publish their reports. In each case the Royal Commission has been careful not to accept their conclusions officially but to make them available for general information and discussion.

The sixth and most recent research paper, published in February 1979, is called *Access to Primary Care*. Its views are those of Mr Simpson and the National Consumer Council and not of the Royal Commission itself and its stated aim was "to concentrate attention on the needs of priority age groups in poor areas".

In looking for suitable districts to study, the Department of Health and Social Security analysed 23 "social stress indicators" which, when ranked, gave Hackney the highest stress ranking. Simultaneously, the annual rate support grant allocation has apportioned Hackney in successive years the "highest needs element" of any English or Welsh authority. On top of this, Stoke Newington is one of the poorest districts of the Hackney borough and was chosen as a "recognizable community of roughly the size needed".

In Rectory, which was one of the wards surveyed, over 30 per cent of the families had only one parent in 1971, and was considered by the authors "the most stressful ward in Hackney Borough".

The other district was the Cockermouth/Maryport area of West Cumbria, chosen because the authors wanted a northern location with a mixture of rural settlements and small towns.

The conclusions of this research must therefore be judged against the background of the areas chosen. This was no random sample of two areas in Britain: it was a

deliberate attempt to sample the views of consumers of general practitioner services in an urban area of immense social deprivation. Given the overwhelming evidence that many of the factors governing health and the use of health services are determined by the general social environment, it was predictable before this study started that general practice in Stoke Newington, London, would have its problems.

General practitioners

Of the 17 doctors in north Stoke Newington, one was already over 70 and, in the report's somewhat loose phrase, several were "around retirement age". However, in the doctors' favour was the fact that the area was classified as "restricted".

In both areas almost two thirds of children aged five or over had been with their doctor for five years or more, and over 80 per cent of old people in both areas had had the same family doctor for more than five years.

In examining waiting times, it was found that clear majorities in both areas were seen usually within 10 minutes, and well over 90 per cent were seen within half an hour.

Considerable attention was given to the arrangements for out-of-hours visiting. Deputizing services were used much more in Stoke Newington, and of the 14 occasions when the out-of-hours doctor was slower in coming than expected, on only one occasion was he the patient's own doctor: all the other 13 were "other" doctors, "probably . . . from deputizing services, which they certainly were in some cases" (paragraph 2.51).

There was some evidence of difficulties in obtaining home visits, but the author concludes (paragraph 2.57): "The overall impression is that patients with chronic or more serious conditions, that is mainly old people, received prompt attention". As far as medical emergencies were concerned: "In all, the question on emergencies—like the subsequent one on use of hospitals—showed prompt attention by general practitioners, ambulance staff, and hospitals".

Throughout this document there is evidence, published for the first time in this country, that parents

have proportionally more difficulties in access relating to general practitioners than other groups of patients. Nevertheless: "It was interesting to note that many parents of children with particular complaints had a more trusting relationship with the doctor than parents making a one-off enquiry" (paragraph 2.67).

Simpson concludes (paragraph 2.82): "In both areas most people seemed reasonably satisfied with the general practitioner service".

Pharmacists

Pharmacists came out of this survey well. It was shown that a common reason for the choice of pharmacist was that it was near to the doctor's surgery, although choice did play some part. Some pharmacists were outstandingly conscientious and clearly many were giving practical advice in their pharmacies. "In all, the pharmacists emerged very well, and formed in effect an extension of the general practitioner service".

Dentists

Considerable problems emerged in patients' perceptions of the primary dental service. Despite the fact that Stoke Newington is adequately provided with dentists by national standards, 29 per cent in Stoke Newington and 16 per cent in West Cumbria gave mixed or negative responses to the question, "Do you feel that you and your family can get dental treatment under the NHS as easily and as often as you like?" The author comments that "Over a third of respondents in Stoke Newington, a low proportion by the standards of this survey, felt that they could get dental treatment under the NHS as easily or as often as needed".

Opticians

There is cause for concern in some of the findings about opticians. "The results certainly show how heavily dependent children are on the school medical, and that although the early years are crucial for a child's optical development, even a two-year period between examinations is rather long; yet this modest goal was not being achieved for over one third of the children". The conclusion drawn is that the optician services "already compare unfavourably with other services".

Chiropodists

As might be expected, the survey showed evidence of unmet need mounting to 11 per cent in Stoke Newington and 29 per cent in West Cumbria. There were problems with waiting lists and the low frequency of return visits, and the conclusion was quite simply that there was a general lack of chiropodists in the National Health Service.

Summary

The main conclusions of this research study designed to examine access to primary care are that there are substantial difficulties and problems between patients

and opticians and dentists, especially in relation to the boundary line between NHS and private fees, whereas difficulties with chiropodists were felt to be due primarily to shortage of professionals. The two groups which emerged on the whole with the greatest credit were general practitioners and pharmacists.

Given the historic deprivation of primary medical care in Britain, given the pathetically small resources devoted to departments of general practice in many medical schools, given the fact that even today in many counties fewer than half the new principals are vocationally trained, things could be worse.

On the whole it is clear that general practice even in the most highly deprived urban district of London has remained accessible, and the doctor/patient relationship is still greatly valued.

Reference

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Evidence favouring the use of anticoagulants in the hospital phase of acute myocardial infarction

Since the last comprehensive review of anticoagulation in acute myocardial infarction four additional randomized control trials have been reported. The overwhelming majority of all trials favoured anticoagulation. Rates of thromboembolism were higher in the control, and haemorrhagic complications in the anticoagulated group. Pooling of all randomized control trials gives mean case fatality rates of 19.6 per cent for the control and 15.4 per cent for the anticoagulated group, a relative reduction of 21 per cent ($p < 0.05$ or < 0.001 , depending on the analytic method). Five of six randomized control trials reported "no effect" because the difference favouring anticoagulation was not statistically significant. However, sample sizes in these "negative" papers were too small to protect against missing a 21 per cent reduction in true case fatality rate due to anticoagulation ($p < 0.10$). All patients who present no specific contraindication should receive anticoagulants during hospitalization for infarction.

Reference

Chalmers, T. C., Matta, R. J., Smith, H. & Kunzler, A. (1977). *New England Journal of Medicine*, 297, 1091-1096.

This is a useful paper for those wishing to consider the evidence in favour of anticoagulating patients with a heart attack. The authors express more doubt in their careful discussion than might be apparent from the unequivocal recommendation in their final sentence. It should be emphasized that all the studies they review were of patients in hospital.—Ed.