

Why not stop forming big group practices?

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NOW that I have built a competent group practice to my own design and am a member of a group of five partners, each of whom I like, admire, and trust, I find I have niggling doubts. Is the group system all it is thought to be? Certainly it is a boon to doctors, but is it a boon to patients? Frankly, I doubt it. I now doubt it very much.

When I was a young man, I was in practice in a small market town in Scotland, which was served by one three-man practice, and two two-man practices. The lack of co-operation between them was truly lamentable. I never actually spoke to the senior partner of the three-man group in the whole two years I was there until the day I left, when he shook me warmly by the hand and said he was sorry I was leaving! The reason for this nonsense was the fee-for-all system. If a patient was seen by another practice then the 'owner' general practitioner lost money, which his 'rival' gained, so the 'ownership' of patients was guarded like gold. The supposed cure, of course, lay in the National Health Service in general and in group practice in particular and I have espoused this cause ever since.

However, I now have doubts. To start with, nearly all the doctors where I practise now, in Hayes, Middlesex, have fled from town and live outside the practice area. When I went to Hayes, every doctor without exception lived in a practice house in the practice area. Practically every street had its street doctor in the same way that it had its grocer and its sweet shop. They were just round the corner and whether the doctor was grumpy or not at least he was there—he had to be. Being there was how he earned his bread and butter. I now live 10 miles from my practice area, and I get a surprising number of people who want to see me privately at my home because they are disgruntled with their local group practice system. Indeed, when I retire in a few years' time, I may well do private practice from my house once more—the very system I once sought to escape!

Not only is the area of Hayes deserted of doctors

during the night and at weekends, but the group centre must by definition of geometric progression be a good distance away from *most* of its patients, apart from the very few who live close to it. Moreover, it is noticeable where I live that all the practices are grouped in one town while the neighbouring town is virtually bereft of a surgery.

Group practice certainly makes good sense for the doctors' pockets, but if the patients need a car to go to see them, is this progress? Being in a group practice means much better time off for the doctor, but it means a corresponding loss of continuity for the patient who may be subjected to several differing opinions.

Our party leaders all have different opinions on how to deal with the country's common problems which the electorate find bewildering: the same applies to doctors, and their patients also get bewildered.

Recently I saw a child with abdominal pain. He had seen three of the partners during one week: the first thought it was just colic, the second wondered if it was abdominal migraine, while the third began to stray along the line of possible underlying Meckel's or Crohn's disease. By the time I saw the child the parents were getting so upset that I sent him into hospital. At least this cured the parents!

Is it any wonder that I am not over impressed by our modern approach to general practice with all its teach-ins, workshops, and seminars? Our education and skill may be terrific, but I think we have forgotten what general practice is all about.

Doctoring in general practice is all about being competent, kindly, and helpful to people who live in the community we serve. Our job is to be philosopher and friend to the neighbourhood. The importance of this can hardly be over-emphasized.

Although I was one of the architects of the present system, I feel that, like the wretched tower blocks of flats, our big group practices stand condemned by experience. They have a place in life, but they are by no means a comprehensive answer.

Why not change our policy before it is too late?