

Doctors on the move

IN recent years there have been a number of experiments about different forms of practice organization. Appointment systems, members of the practice team, new buildings, and new equipment have all been studied and examined. Records and record systems have acquired a whole new literature of their own.

Nevertheless, virtually all these systems have assumed that the patient should move to meet the doctor and that the doctor should remain relatively static in his or her consulting room.

This month the *Journal* publishes as *Occasional Paper 7* a report of a study which challenges this assumption. *Doctors on the Move* describes a before-and-after experiment of change in the organization of a three-partner general practice in which new premises were designed to fit an entirely new way of working. Instead of the patient waiting to see the doctor, the doctor and nurse move to meet the patient. Furthermore, the patient is usually seen first by a nurse who takes a preliminary history and carries out other procedures as necessary.

This system of working is of course quite common in hospitals and is a standard method of organization in many outpatients, especially antenatal and orthopaedic clinics. Although it certainly has value in enabling one doctor to see a large number of people in a limited time, it has until now tended to be associated with a rather impersonal approach.

Bevan and colleagues today report their findings in detail. Their methods included recording doctors' activities by bleep and assessing patients' views both at interview and by postal questionnaire. It is interesting

that the great majority of patients welcomed the new premises and also liked the new system of working. Nevertheless, there are some important caveats. As many as 19 per cent definitely disliked telling the nurse the history first, in spite of the fact that they had more time given them by the doctor and nurse than under the old system. It is also slightly disturbing that it was those patients who seemed to have the closest relationship with the doctor who were "less likely to think the new surgery an advantage".

Doctors on the Move affords a new approach to practice organization. It is a thorough and careful study of a radical new way of working in general medical practice. The authors can be congratulated on planning their study well, testing several variables, and of seeking the opinions both of patients and staff.

It seems unlikely that moving the doctor will prove popular in the immediate future in the United Kingdom: most new premises will probably continue to work on the basis of one doctor staying in one room. Nevertheless, *Doctors on the Move* poses the question, and clarifies the main advantages and disadvantages of this alternative way of working. General practice needs such experiments so that its traditional assumptions can be challenged and tested. Only by producing objective evidence of this kind can they be confirmed or rejected.

Doctors on the Move, Occasional Paper 7, can be recommended to those who like to look at traditional problems in a new light. It is available now direct from the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.00, including postage.

Diagnosing alcoholism

Generic workers, e.g. general practitioners, social workers, health visitors, community nurses, and probation officers, who are the first line of contact with women needing help with a variety of problems, are frequently unwilling or, through lack of knowledge, unable, to diagnose problems with alcohol.

General practitioners are used to seeing anxiety and depression among women, and many diagnose them as anxious or depressed rather than as alcoholic, and prescribe drugs such as 'Valium' with the attendant dangers of potentiation of the drugs, cross-addiction, and increased physical damage, with the alcohol problem remaining unrecognized.

Reference

Federation of Alcoholic Rehabilitation Establishments (1979). *Community Services for Alcoholics*. London: FARE.

Leisure patterns 1973 and 1977

Virtually all the activities pursued by substantial proportions of the adult population centre on the home, most notably watching television (98 per cent), listening to the radio (88 per cent) or to records and tapes (66 per cent), and seeing friends or relations (91 per cent). Going out for a meal or a drink (68 per cent) is the only out-of-home activity reported by more than a quarter of informants. As in 1973, it is striking to note how small were the proportions engaging in any form of sport or game, even in the peak season. Only walking (22 per cent), swimming (13 per cent), and playing darts (10 per cent) achieved reported participation rates of 10 per cent or more.

Reference

Office of Population Censuses and Surveys (1979). *Population Trends 17*. London: HMSO.