

# LETTERS TO THE EDITOR

## PERSONAL CARE

Sir,  
I enjoyed Dr Pereira Gray's lecture on personal care (November *Journal*, p. 666).

We are a group of five doctors with 13,500 patients. One partner is a course organizer, another a trainer, and in addition we have seven sessions a week of work outside the practice. Our average cost per patient was considerably higher than the national average for several years, apart from October 1971 when our figures were the same as the national average.

In October 1974 we decided to try individual lists within the practice (before this, patients could see any doctor). We labelled the record cards with a different colour for each partner and whenever a doctor felt a family had a particular loyalty towards him, he labelled the cards accordingly, usually

informing the patients and telling them that, except for holiday periods and out-of-hours emergencies, he and only he would see the patient.

We agreed that should a patient be treated by another doctor in an emergency then any follow-up would be by the patient's own doctor.

Labelling was slow, with 40 per cent of patients labelled after one year, but now, five years later, we have 90 per cent of records labelled.

Our partners are unanimous in preferring this system because they have:

1. Better individual relationships with patients.
2. Better control of therapy.
3. More efficient care.
4. More accurate time scale evaluation.
5. Greater feeling of responsibility.

The disadvantages, however, are:

1. The loss of a second opinion.
2. Some patients with an individual

problem preferred to see a doctor other than their own.

3. A workload imbalance. This proved to be quite considerable with the amount of labelling being almost directly proportional to the length of time a partner had been with the practice. This has meant some imbalance of work in the practice.

4. Short-term administrative problems.

Figures 1 and 2 show that the number of prescriptions per patient showed a marked and sustained reduction from 1974 and, although this has been offset partly by some increase in individual prescription costs, the cost of our prescribing per NHS patient is now much lower in the last five years compared with the preceding seven.

Other factors may have influenced these rates of course. For example, a trainee was introduced in the practice for the first time in August 1974, and other possible factors may have been changes in the partnership, health visitors, the opening of a local authority extension to our practice, and diagnostic facilities.

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Sir,  
We have read with great interest Dr Pereira Gray's splendid article in the November *Journal* (p. 666). We were fascinated to see that he is undertaking 4,000 consultations a year in 75 per cent of his working time; that is to say, 5,400 consultations a year full time.

Our practice has 8,800 patients and they are allowed to see whichever doctor they wish. The clerk of our family practitioner committee says that he would not care to undertake the chore of amending about 6,000 cards to put another partner's name on the front. He thinks the exercise would be unprofitable and that to undertake this work would merely delay our monthly remuneration!

We have rapidly done our mental arithmetic by several different methods and we find that the three of us are having between 10,000 and 12,000 consultations a year each. Knowing our colleagues nearby, we think that this rate is fairly prevalent in this area.

Comrade, when the revolution comes, who will establish our norms?

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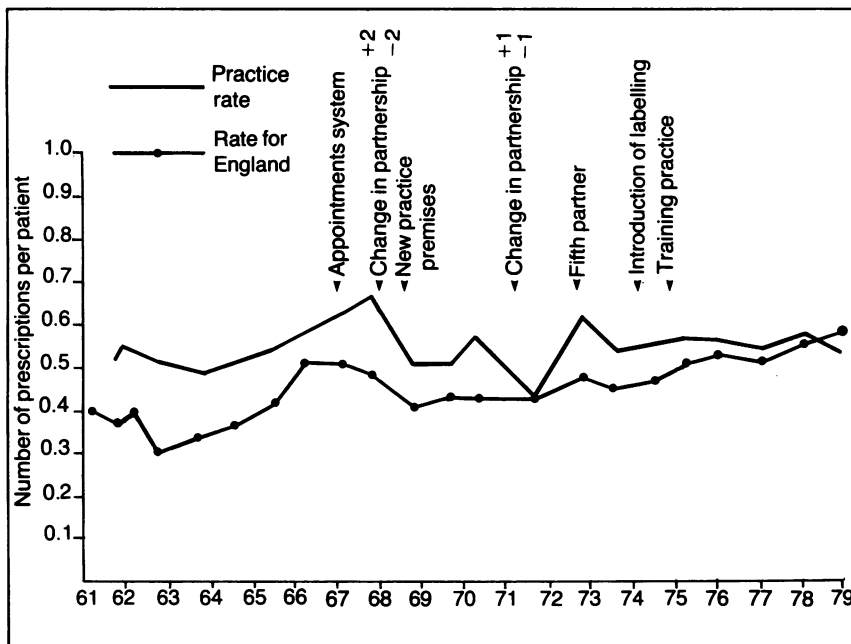


Figure 1. Prescribing rate.

Figure 2. Average cost per patient compared with national average.

