Sir,

I very much enjoyed Dr Pereira Gray's lecture on personal care (November *Journal,* p. 666) as I have believed strongly in the value of personal care during the whole of my 30 years in general practice, although I have been able to enjoy the benefits of a completely separate list within a group only for the last 10 years.

I think that most doctors who have had personal lists after a previous experience of combined lists would agree that this method of working within a group is infinitely superior to that of sharing patients. It appears to be self-evident that a doctor can only give personal and continuing care to his patients if he alone looks after them whenever he is available. The reason why so many good general practitioners are satisfied with combined lists can surely only be that they have not known any other way of working.

When patients become attached to one particular doctor it is surprising how rarely they want or need to seek the services of his partners. Most episodes of disease can wait for a day or two and many can wait for a week or two before a consultation is essential. I am sure that Dr Pereira Gray's percentage of consultations with his own patients will rise steadily each year.

On looking through the case records of 100 consecutive patients who consulted me during the last week, I found that during the last five years I have seen them myself on 2,532 occasions, while they have been seen by partners or locums on merely 218 occasions; in other words, over a five-year period 92 per cent of all consultations with these patients have been with me personally. Moreover 22 of the 100 have not consulted another doctor within the practice during the five years and another 45 have only seen another doctor once or twice. I am absent from the practice for an average of six weeks each year and although I am on call for two nights each week and one weekend in three, in common with my partners I take a full day off each week.

This percentage of personal consultations is higher than could normally be obtained in a group practice as we have no trainee and rarely require a locum. Moreover, my list has dropped from 2,000 to 1,700 during the five years, as I have only taken patients onto my list who have been with me previously or are joining families which I look after, so that most of my patients have been under my care for between five and 20 years. This particular 100 patients may possibly not be typical of the whole list, although from the increase in my workload before and after a spell of leave I suspect they are; but at least this small survey provides additional evidence that personal doctoring is eminently feasible within a group.

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Sir,

Is Dr Pereira Gray really wise to advocate a return to personal list general practice (November *Journal,* p. 666)? There are a good many reasons why he may not be. Here are a few:

1. Patients prefer it. There has always been a lot of talk about people's wants as opposed to their needs. They may well not be the same in this matter. In the long run a wide range of skills may be made more generally available by the group method.
2. Time is not mentioned by Dr Gray. It marches on: old partners retire or die, younger ones retire temporarily, maybe for longish periods, to start families, others resign for other reasons and new doctors take their place. These things happen, I submit, more frequently than people like to imagine. The group system smoothes the changes.
3. If the personal list system is adopted why have partnerships at all? Why not groups of doctors practising from the same place sharing off duty times and holidays? This may seem attractive; however, agreement about changes affecting everyone in such a group is often impossible to obtain. Rigidity results and the possibility of, for example, peer reviews recedes further into the distance.
4. There is a spread of ability in any group of people and groups of general practitioners are no different from others. Although personal list working might appear to suit very competent practitioners the less effective ones would be less inclined to make changes. Care might thus be even more variable than it is now.

No, Sir, we have only begun to see the benefits of group practice, and I am certain that the future will be brighter if we continue in this direction. In many parts of our national life there is too great a tendency to reverse new developments before they have been properly tried.

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Sir,

I read with interest the article by Dr Russell in the November *Journal* (p. 679) in which he expresses a sense of disappointment with his group practice arrangements. His doubts are given added point in the lecture by Dr Pereira Gray (November *Journal,* p. 666) advocating a personal as against a combined list of patients within a group.

If general practice is nothing else it surely must be the continuing personal care of the individual patient by his own doctor, and I find it surprising that a senior member of our College, albeit one with a part-time university appointment, should at one time have been seeing only 42 per cent of his own patients requesting a consultation. Practising within a group or health centre is by no means incompatible with a personal list system, as our experience shows.

I have been in practice here for 25 years. Eight years ago our practice of three moved into a health centre with another similar sized practice and the team of local social service workers. Financially we remain two separate firms, responsible for about 15,500 patients in all, but we share equally in the expenses of the centre and its ancillary staff and operate a joint rota of six doctors for night and weekend duty.

Our practice has always had personal lists and this has continued since our move into the centre. Each patient is registered with the doctor of his choice within the practice: should he wish to change, this is done officially via the family practitioner committee. Each doctor's notes are colour-marked for easy identification and are kept in his own room, not centrally filed. Holiday cover is provided within each practice by the two remaining partners but is not too onerous, since a full appointment system is in operation. Such an organization allows each patient to see his own doctor on at least an estimated 85 per cent of occasions he needs a home visit or surgery consultation. At the same time, professional special interests within the group are still quite possible: for example, only two of the six doctors have the necessary skill to fit IUDs. Cohesion of the whole group is easily maintained by the simple expedient of always having Monday lunch in the centre's common room: to this we invite nurses, health visitors, social workers, consultants, the local Community Health Council representatives, our local MP or anyone else interested in meeting and discussing any problem with us (*Journal* readers are welcome!).

The question of the future direction and aims of our College are often debated. The answer must surely be that which leads us back towards the ideal that impelled its formation in the first place—the continuing personal care of the individual patient by his own personal physician in optimum surround-