Medical News

CHURCHILL TRAVELLING FELLOWSHIPS

Winston Churchill Travelling Fellowship awards have now been announced by the Winston Churchill Memorial Trust. Among the successful applicants is Miss Clare Crocker, aged 22, Practice Manager of the Silvertown Health Centre, Devon, who will be going to Holland to study improvements in doctor/patient communications.

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TRANSPORT STATISTICS

Methods of travel

Car travel formed 81 per cent of total travel during the years 1968 to 1978; bus and coach travel fell from 15 to 11 per cent, and rail travel fell from nine to seven per cent. Cycling stayed at one per cent and air travel at 0·5 per cent.

Use of energy

The total use of energy rose by only five per cent during the decade, whilst energy use for transport increased by 33 per cent. Transport thus accounted for 23 per cent of the total energy consumption in Great Britain.

Cars

The car population, which had risen from 900,000 in 1928 to 1,990,000 in 1938, from 2,002,000 in 1948 to 4,650,000 in 1958, rose from over 11,000,000 in 1968 to 14,417,000 in 1978.

Reference


IMPROVED SURVIVAL FOR SOME CANCER PATIENTS

Recent analyses show that 58 per cent of men registered between 1971 and 1973 with Hodgkinson’s disease were alive five years later, whereas only 19 per cent of the men registered in 1959 survived for five years. The proportion of people with leukaemia surviving five years was 18 per cent for the 1971 and 1973 registrations compared with only six per cent for the 1959 registrations. Cancer of the kidney and cancer of the larynx also showed improved five-year survival.

Reference


AUTOMATED RECORDS IN PRIMARY CARE

A symposium on automated records in primary care is being held in Oxford from 1 to 4 July 1980, organized by the Oxford Community Health Project. Further details and applications can be obtained from Dr John Perry, Medical Director, Oxford Regional Health Authority, Old Road, Headington, Oxford OX3 7LF.

CORRECTION

In the March issue of the Journal (p. 182) Dr D. G. Garvie’s name was inadvertently omitted from the list of College members nominated to serve on the Joint Committee on Postgraduate Training for General Practice.

LETTERS TO THE EDITOR

PATIENT PARTICIPATION

Sir,

Whilst Dr Peter Pritchard is undoubtedly the modern pioneer in the patient participation movement, there is an earlier description in the College Journal (1965) of Birmingham’s not dissimilar initiative. It depends what you mean by ‘participation’, but his description of the meetings he held with invited groups of his patients, ostensibly for the purposes of health education, suggest that a two-way process was involved. He certainly mentions the development of “small group discussions” and he evaluated the effect of these meetings on the patients’ awareness of illnesses. A reference suggests that he began before 1959—somewhat in trepidation of the British Medical Association and his colleagues locally!

Today’s patient participation groups will presumably be better organized and informed but it is not the first time (with deference to Dr Pritchard and his colleagues) that we will have rediscovered a general practice innovation of this kind. Why does it not occur in the area of clinical knowledge as well?

B. L. E. C. REEDY
FIT-INS

Sir,
I was interested to read the article on 'fit-ins' by Dr Jenny Field (March Journal, p.173) as she highlighted a problem that was becoming apparent in our practice: some patients were being thought of as nuisances, which was engendering a sense of irritation in the minds of both doctors and receptionists; this, in turn, was being reflected in their treatment of these and other patients. In fact, we were worried that the whole attitude of the practice was becoming coloured by the aggravation that these patients seem to cause. So we set out to attempt to solve the problem.

Six of us work from a privately owned group surgery in Highcliffe, two of whom work on a part-time basis. We have a smaller than average list of 9,150 but a very much higher than average age: 38 per cent for all patients over 75 (24 per cent for the 65 to 75 age group and 14 per cent for the over-75s).

One of my partners suggested a scheme which has been working admirably now for nine months—long enough to have proved itself. Each surgery can be booked in advance for the first half of the surgery session, with seven and a half minutes allowed per patient; the other half of the surgery time is kept for bookings on the day in question, that is during the morning for the morning surgeries, and late morning and afternoon for the afternoon sessions. We have also staggered the consulting times: 08.45 hours to 10.30 hours and 11.15 hours to 12.15 hours; and then 14.00 or 14.30 hours to 15.30 or 16.00 hours. There are no surgeries after that time, although bookings can sometimes be made at a later time if necessary.

We always have at least two doctors consulting at the same time—sometimes three. Thus we have given equal importance to new bookings on the day, and those which are booked ahead, so the fit-in has disappeared to everyone's relief and to the benefit of doctors, patients, and receptionists alike.

When we instigated this scheme we feared that people might soon catch on to the fact that they could be seen the same day and ignore the advance book-