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Reference

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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 mugh 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 bookings, but this has not been the case. Life has been very much easier for the reception staff and the doctors have found themselves under much less strain, which is reflected throughout the surgery, and I am quite sure it has led to better medicine and happier doctors.

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TYPES OF PRACTICE

Sir,
Practices are often categorized in such terms as 'urban', 'rural' or semi-rural'. It is an unsatisfactory classification, partly because it is subjective, but more importantly because it fails to distinguish between very different types of practice. A more objective classification would be one based on the size of population unit in which the practice is situated. There are five easily recognizable population units which might be defined in terms of population somewhat as follows:

1. Megalopolis (London): Several million
2. Large cities (about 20 exist in the UK): 250,000-1 million
3. Small cities and towns: 20,000-250,000
4. Market towns: 1,000-20,000
5. Villages: Under 1,000

In the United Kingdom the truly rural practice without a village centre is rare and even village practices are uncommon. What is usually called a rural practice is in fact a market town practice with its surrounding catchment area. Most of the population is looked after by practitioners based on one of the first four population aggregates noted above. Each level of population size is characterized by an appropriate level of complexity of medical organization.

London stands alone in its size, its complexity, its facilities, and its problems. It is distinguished by its abundance of teaching hospitals, medical schools, general hospitals, and special hospitals of all kinds. It has a large concentration of specialists, and general practices of various kinds relating to the subdivisions of this very large city. It has deputizing services, and single-handed practice is not uncommon. In its role as the metropolis, London bears witness to the cephalization of society and within its boundaries are to be found the headquarters of many national medical organizations such as the Department of Health and Social Security, the Royal Colleges, the General Medical Council, the British Medical Association and the Public Health Laboratory Service.

The large cities repeat many of the features of London, but in a much simplified form. Not all have teaching hospitals.

The smaller cities and towns occasionally have teaching hospitals, but most do not. Hospitals are few and not specialized. General practice is typically in partnerships and each practice often covers a large part of the town and sometimes the fringe villages as well.

Each market town usually supports a group of three to six general practitioners working from a central surgery. Single-handed practitioners are rare. This type of practice looks after the market town with its satellite villages and isolated habitations. Its catchment area is that of the market town and usually extends to the borders of the catchment area of the next market town. Some support a cottage hospital looked after by general practitioners but rely on the larger hospitals of the neighbouring towns and cities for the treatment of complex conditions.

The populations given for the various categories are approximate and somewhat fluid and special considerations might apply in conurbations such as the West Midlands and Greater Manchester. Nevertheless, this classification of types of practice in relation to population aggregates is useful not only as a method of characterizing general practices, but because it has a more general application in classifying other professional services.

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THE JOURNAL

Sir,
In the *February* issue of the *Journal* (p.90) there appears an article entitled "Hernia repair and time off work in Oxford". It covers five and a half sides. Two and a half consist of tables: detailed, obsessive, and utterly unmemorable. The entire useful material in the article is contained in the first quarter column, the summary. The information presented there is of interest, although perhaps chiefly to those at the Department of Health and Social Security.

In the whole issue there are only nine articles. This particular offering could well have been presented as a letter or simply as a summary, leaving space for two or even three extra short articles.