

A survey of primary care in London

GENERAL practice has always had major problems in inner cities, but exact facts and figures about the population of patients in Inner London, especially in relation to Outer London and England and Wales, have never been known. Given that general practice must serve the needs of its local population, such figures are badly needed by all those working in London and by those with responsibility for planning primary health care services there. *A Survey of Primary Care in London*, the report of a working party led by Dr Brian Jarman, provides the most detailed documentation ever published both on the illnesses of patients in London and the characteristics of their general practitioners, as well as a mass of other demographic, social and medical information. The figures are based mainly on 1977.

The doctors

Inner London doctors are on average older than those in the rest of the country (more than a sixth are over 65), many more (39 per cent compared with 16 per cent) are still in single-handed practice, and the proportion born in Great Britain (53 per cent) is substantially smaller than in the rest of England and Wales (75 per cent). Only eight per cent work from a health centre; three quarters have no attached district nurses; two thirds have lists of under 2,500 patients, but 3.1 per cent (compared to 1.9 per cent nationally) have lists of over 3,500 patients. Their income from NHS sources is also on average substantially less, for various reasons: not only are lists smaller, but there is less opportunity for doing maternity work and giving contraceptive services, there are no designated areas and group practices are much less common. Half the average number of night visit fees were claimed.

These are figures for Inner London, but the working party's detailed statistics make it plain that, in some boroughs, the position is even more exaggerated.

Morbidity and social problems

Some illnesses (ischaemic heart disease and cerebrovascular disease) are distinctly less common in Inner

London, but many others are more so. Patients are well over 10 times more likely to need treatment for narcotic addiction and twice as likely to need an abortion or to develop TB or mental disorder; suicide is much more common, as is lung cancer and death from peptic ulcer and pneumonia. Forty-two per cent of all births in Inner London in 1975 were to mothers born outside Great Britain (12 per cent nationally) and the illegitimacy rate was also double. Once born, however, children fared reasonably well, with perinatal mortality the same as in England and Wales, and the infant mortality rate only a little higher. Immunization rates, apart from that for measles, are comparable with national figures.

Overcrowding is common, with five per cent of households having more than one and a half persons per room, and a third having to share washing facilities or sanitation. A fifth of the population was born outside the UK and nearly a third of all households consisted of single people.

Hospital services

The presence in one city of half the nation's medical schools creates very special problems; £107 per head of the resident population (£69 in England) was spent in 1977/8. Accident and emergency services are much more widely used, and the rate of admission to hospital in the acute specialties was 41 per cent higher than in England.

This is a disturbing picture, but whatever the solutions to the problems of Inner London, it is clear that any rational basis for planning must depend on the facts and figures about the population and its doctors. Here for the first time, gathered together in a systematic way and offering constant comparisons with national figures, is the information needed.