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Social workers in general practice

SOCIAL workers have the broadly based remit of controlling the resources provided by local social services departments, co-ordinating voluntary assistance and counselling clients. It is in counselling on emotional or social matters that the roles of family doctors and social workers overlap. Such overlap contains potential for both conflict and co-operation between the two professions.

The value of collaboration between general practitioners and social workers is now well recognized, and reports are available from a number of social work attachment schemes in primary care (Williams and Clare, 1979). The importance of such schemes has not been universally acknowledged. What has been acknowledged, however, is that relationships between general practitioners and social workers are generally

poor (Central Council for Education and Training in Social Work *et al.*, 1980).

Although the Seebohm Committee took the view that the functions of the health visitor and social worker were distinct (DHSS, 1968), many doctors have difficulty in perceiving such distinction (Williams and Clare, 1979). This is hardly surprising if one compares the responsibilities of the health visitor as detailed by the Mayston Report (DHSS, 1969) with those of the social worker as defined by a working party of the National Institute for Social Workers (Goldberg and Fruin, 1976). Since health visitors have already established their role in dealing with social problems, social workers are at a disadvantage in developing a similar, though separate, responsibility within the primary care team.

Perhaps fortunately, several schemes for co-operation between social workers and primary health care teams have got off the ground and reports of their relative success are becoming more common (Corney and Bowen, 1980). As well as suggesting that attachment schemes will tap a wider section of the community, recent publications have also attempted to identify factors which affect the organization and success of attachment schemes in general practice. For the social worker, access to a room in the surgery for interviewing and the use of a telephone are important factors influencing the working relationships developed with members of the primary health care team. Personalities, commitment and attitudes are also of fundamental importance (Corney, 1980).

Close interprofessional co-operation between family doctors, social workers and other members of the primary health care team are encouraged by the publication of data which illustrate the advantages of collaboration to patient for client groups, and which demonstrate the importance of good working relationships. Education for co-operation in health and social work should also have a beneficial effect (Central Council for Education and Training in Social Work *et al.*, 1980). However, in both situations, such change that is induced will be very gradual and seen only in the long term.

The publication in this issue of the *Journal* (pp. 38-41) of a paper on an alternative method of employing a social worker in general practice may signal a new era in the developing relationship between family doctors and social workers. With commendable vision, Avon Family Practitioner Committee have recognized that the role of the social worker is ancillary to the family doctor's and that the practice social worker thus qualifies for 70 per cent reimbursement under Section 52.5 (a) of NHS General Medical Services, Statement of Fees and Allowances (DHSS and The Welsh Office). If implemented nationally, the implications of this decision for primary health care would be profound. It would also be a tangible demonstration of the DHSS's stated policy of shifting resources towards community-based care.

The advantages of this scheme include an exclusive commitment by social workers to the primary care team, making them more readily acceptable to both patients and doctors. Many of the difficulties associated with attachment and liaison schemes are circumvented.

In the present economic climate, social services are unlikely to expand, and attachments to general practice may well be reduced. The direct employment of social workers by family doctors represents a new dimension for the primary care team which demands comprehensive assessment and evaluation by the profession at the earliest opportunity.

CLIVE FROGGATT

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Inner cities

NO reasonable person can doubt the commitment of both the Royal College of General Practitioners and the General Medical Services Committee to the relentless and progressive raising of standards in primary medical care. The emergence of vocational training is perhaps the most obvious example, and this could not have been possible without the closest co-operation between the two bodies.