ASPECTS OF PRACTICE

Our practice guidebook

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In partnerships there is rarely evidence of an agreed collective approach to patient care; its provision still tends to be disorganized and haphazard. Medical decisions continue to be based on conjecture in definition and improvisation in management, both of which are liable to daily fluctuation from partner to partner. A further complication is the fact that there is no agreed best solution for so many of the problems of general practice.

IT is not surprising that occasionally our specialist colleagues express concern about the standard of clinical care in the community. Voluntary bodies also are beginning to voice anger at the apparent lack of organization and interest in general practice for the management of chronic disease. Patients themselves, though by and large satisfied, now increasingly expect better and more service from their general practitioners.

If we really wish to answer our critics and to respond to their expectations, we shall have to start with a re-examination of our long held beliefs and working methods. This certainly implies a reappraisal of our cherished notion of clinical freedom which has often been the excuse for many of our deficiencies. Each practice will have to decide for itself the range of problems requiring solution and the strategies for dealing with them. Once consensus has been reached, to avoid later confusion and doubts, the agreed policy should be recorded in detail for subsequent implementation. The success of such an approach depends entirely on a rigid adherence by partners and staff to the agreed guidelines.

Our experience

In our practice of three partners, we decided to devise a guidebook. At present this is a 40 page loose-leaf binder, incorporating all the major decisions that the partnership has considered and agreed. They range from organizational aspects of the practice, such as the appointments system, coping with the elderly and infirm, duties of various members of the staff, to more clinical topics, such as the care of diabetic patients, hypertension, asthma and the provision of cytology and immunizations.

Each clinical topic is set out in the classical format of diagnosis, investigation and management. The guidelines are not a repetition of hospital textbooks. They are based on their relevance to general practice in general and to our practice in particular. The treatment, when appropriate, includes first and second lines of therapy with a list of specific drugs for use. The clinical procedures that should be followed at each consultation for a particular condition are laid down. The methods for call and recall of patients requiring follow up are clearly defined.

Annual Review

At the end of each year, the effectiveness of each policy in terms of benefit to the patients, the doctor and the practice, is evaluated. If necessary, alterations and modifications are made.

The practice guidebook has been a welcome source of reference for our new trainees who often would like to know exactly how the practice copes with a particular problem. The practice staff seem delighted with the idea as it has reduced the possibility of misunderstanding and friction. It has also provided them with an easily accessible and carefully thought out plan of management for most problems encountered in practice.

As far as the partners are concerned, they now know exactly what the practice expects from them when faced with a specific condition. There is little room for excuse.

With our almost uniform approach to many conditions, patients are now less likely to be confused by our management. This may result in improved compliance. The rationalization in prescribing that has occurred could improve cost-effectiveness.

THE COLLEGE OF HEALTH

A new College was launched in November 1983—the College of Health. Marianne Rigge, the director, outlines some of its aims and views.

PRIMARY health care is the accepted jargon for what you get when you go to your general practitioner or when the health visitor calls on you. In fact of course, the real primary health care is what people provide for themselves. It is not just a matter of treating our own coughs and colds, bruises and burns, but of the way we live our everyday lives. The woman in the supermarket who opts for wholemeal bread rather than the white sliced variety and gets her children to eat fresh fruit and vegetables, the middle-aged jogger puffing round the park, the adolescent eagerly reading a magazine article about how to lose weight or get rid of spots, the pregnant woman who says no to a cigarette, the people who sign on for evening classes in yoga or dance: all these people are the real providers of primary health care. Quite rightly they do not think of themselves as patients any more than they think of themselves as health cranks.

Change of image needed

But take any of these people and put them in a doctor's waiting room or, worse, the outpatients' department of almost any large hospital and their view of themselves will have undergone a change. They will more than likely have