General practice united on preventive child care

AT a press conference on 18 October 1984 the General Medical Services Committee and the Royal College of General Practitioners jointly released the *Handbook of preventive care for pre-school children* and new cards for recording such care. This event came as the latest of a long series of moves by general practitioners designed to improve the care of children in the United Kingdom.

Children are an exceptionally important group in society. They form almost a quarter of the population and, as they have their lives in front of them, good preventive care yields the greatest rewards.[1] Children are the foundation of the family as a unit and symbolize the future.

Numerous research studies, summarized well by the Court Report,[2] show that the main causes of death and disability in childhood are now environmental. Accidents are the commonest cause of death between the age of six months and 18 years and many health problems arise because of the way families behave at home. Obviously doctors and health visitors, who work regularly with parents, who know them as people, and who also work regularly in the home, are at a particular advantage in this kind of work.

More specifically, scientific advances mean that many specialists can vastly improve the quality of life of children if, and only if, general practitioners can detect a relatively small number of conditions which are susceptible to treatment: squints, deafness, dislocation of the hip, and maldescent of the testes are particularly good examples and immunization against several of the common childhood diseases is of course very effective. These diagnoses and activities depend on clinical skills and good practice organization; they are not invasive and do not require expensive equipment. They are most easily provided by health visitors, practice sisters and general practitioners working together in regular weekly sessions. At the same time, it is increasingly recognized that parents appreciate an accessible, welcoming, competent service for children within general practice where day-to-day difficulties can be discussed.

Professional organizations

The general practitioner professional organizations now have an eight-year record in advocating that this work should be undertaken in general practice. In 1976 a working party of the British Paediatric Association and the Royal College of General Practitioners published agreed educational objectives for training general practitioners in child care.[3] These became generally acccepted and were included as Appendix J in the Court Report[2] published in the same year.

The Court Report[2] came as a clarion call for reform. It delineated the problems, called for preventive and therapeutic care for children to be integrated, and identified general practice as the natural setting for this reform. All these principles were supported and endorsed by general practice but the proposal to create a so-called 'general practitioner paediatrician' to do this work was firmly rejected by both the General Medical Services Committee and the Royal College of General Practitioners.[4]

However, within two years both general practitioner bodies had responded positively. In 1977 the Conference of Local Medical Committees passed a resolution stating that preventive child care should be brought within general practice and in 1978 the Royal College of General Practitioners approved the policy that every child should receive a 'comprehensive curative and preventive service, including health surveillance, through general practice'.[5]

The Department of Health and Social Security provided little encouragement and no practical support to general practitioners, so that those practitioners who printed handouts, posted appointments and provided child care sessions inevitably acquired additional expenses. Negative rewards for improved performance still apply today.

Meanwhile, the Council of the Royal College of General Practitioners set up a working party of four general practitioners and four colleagues representing developmental, educational and social paediatrics, and child psychiatry. This was one of the subcommittees of the Preventive Medicine Working Party of Council and its report, *Healthier children — thinking prevention,*[6] was published in July 1982. This document reviewed the case for action, set out the evidence for placing the work in general practice, underlined the importance of the work of health visitors and nurses, supported teamwork, and advised separate children's sessions. This report helped to break the log jam and four months later in November 1982 the Minister of Health, Mr Kenneth Clarke, made a statement in the House of Commons that 'The Government accept the principle that the medical component of child health surveillance should, in future, increasingly be based on general practice'.[7]

Healthier children — thinking prevention now appears on the reading lists not just of training bodies in general practice but of health visitors and paediatricians as well. It has become the best selling of the five *Reports from General Practice* on preventive medicine and was reprinted in 1983.

Three problems remained: first there were suggestions that a shorter handbook was needed for day-to-day work in surgeries; secondly there were continuing questions about agreement between the GMSC and the RCGP; and thirdly the RCGP policy statement had concluded: 'Urgent attention should be devoted to the provision of agreed developmental schedules and improved record systems.'

In 1983 the GMSC and the RCGP set up two parallel working parties with cross-representation. The GMSC produced the new cards and the College the new Handbook. The cards and the Handbook were designed to supplement each other and they are now available from both organizations. They will be reviewed and updated in future through the Liaison Committee of the College and the GMSC. It will thus be possible to take into account new research findings as they appear and some impressive results of general practitioner research in this field are already in the pipeline (Hooper PD and Curtis-Jenkins GM, personal communication). The new Handbook and cards seek to answer these three problems, and as the General Medical Services Committee, chaired by Dr Michael Wilson, has now formally welcomed the Handbook,[8] they appear to have succeeded.

The next phase must now be to place high priority on courses for general practitioners and trainees and continued educational updating in the future.

At this time, when joint agreement has at last been secured between the two general practice organizations, it is appropriate to note the contribution of a group of general practitioners including Curtis Jenkins,[9] Hart,[10] Hooper,[11] Pollak[12] and Starte[13] who have made important clinical contributions and also a group of general practitioners who have been active within the professional organizations to produce the four policy statements and reports which have appeared during the past eight years (Drs Carne, Donald, Donovan, Pereira Gray, Horder, Irvine, Pickersgill, Sykes, Waine and Walker).

It is a pleasure to see the two national organizations of general practitioners working together for the benefit of children. In the words of the Handbook: 'The Royal College of General Practitioners and General Medical Services Committee both agree that this work is important and should be integrated within general practice as soon as possible.'[14]

Doctors may obtain the handbook and record cards from the Information Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, or from the GMSC Secretariat, BMA House, Tavistock Square, London WC1H 9JP. One handbook and two record cards (one male and one female) cost £1.00 including postage; 100 cards cost £3.00 (plus £2.50 postage and packing); 100 A4 cards cost £8.50 (plus £2.50 postage and packing).

References

1. Joseph M, Mackeith RC. *A new look at child health.* Tunbridge Wells: Pitman Medical, 1966.
2. Court Report. *Fit for the future.* Report of the Committee on Child Health Service. Cmnd 6680. London: HMSO, 1976.
3. British Paediatric Association, Royal College of General Practitioners. The paediatric training required by the general practitioner. *J R Coll Gen Pract* 1976; **26:** 128-136.
4. Anonymous. Looking after children. *J R Coll Gen Pract* 1978; **28:** 519-520.
5. Royal College of General Practitioners. The care of children. *J R Coll Gen Pract* 1978; **28:** 553-556.
6. Royal College of General Practitioners. *Healthier children — thinking prevention. Report from General Practice 22.* London: RCGP, 1982.
7. Clarke K. House of Commons statement. *Hansard* 1982.
8. Anonymous. Blueprint for paediatric surveillance welcomed. *Br Med J* 1984; **289:** 1157.
9. Curtis Jenkins GH, Newton RCF. *The first year of life.* Edinburgh: Churchill Livingstone, 1981.
10. Hart CR (Ed). *Child care in general practice* (2nd ed). Edinburgh: Churchill Livingstone, 1982.
11. Hooper PD. Chapters in *Child care in general practice* (2nd ed). Hart CR (Ed). Edinburgh: Churchill Livingstone, 1982.
12. Pollak M. *Nine years old.* Lancaster: MTP, 1979.
13. Stark GD. Developmental assessment of the young child in general practice. *Practitioner* 1974; **213:** 823-828.
14. General Medical Services Committee, Royal College of General Practitioners. *Handbook of preventive care for pre-school children.* London: GMS Defence Fund and RCGP, 1984. para 3.37.

Information for patients

THIS issue of the *Journal* includes the first discussion paper produced by the College's Patients Liaison Group. It argues the case for an increase in the amount of information for patients in the list of general practitioners prepared by each Family Practitioner Committee (FPC). It also has suggestions for the content of the leaflets describing the services offered by practices, which general practitioners themselves prepare.

This report by the Patients Liaison Group is an important stage in the development of the College. But how important is it in the evolution of general practice? Does its significance go beyond the practicalities of family practitioner lists and practice leaflets? Is it simply an extension of the current fashion in consumerism to the National Health Service? Since in many parts of the United Kingdom patients have no real choice of general practitioner within the NHS, will it be effective even in its limited aim of providing useful information for patients moving to a new area? Yes, the document does have a significance beyond its limited aims. It indicates the interest the College has in the development of a new relationship between patients and doctors, and it also indicates that the College is prepared to be controversial in promoting this change.

The discussion paper describes in practical terms what this new relationship means. Patients expect to receive