

specialist units. The unit at the John Radcliffe Hospital in Oxford, where I have worked, is a model for standards of excellence and regular detailed auditing of results. Where such facilities are available, general practitioners should endeavour to use them to their full capacity. Where they do not yet exist, there should be continued pressure to give general practitioner obstetricians the opportunity to look after their appropriate patients. A concerted effort by all concerned will be needed to prevent the irreversible loss of true general practitioner obstetricians.

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Practice nurses

Sir,
The General Practitioner District Committee in north-east Essex recently sent out a questionnaire to all practices in the district in order to discover the range and extent of services provided by practice nurses. The opening of a new district general hospital is anticipated to increase the workload of the community nursing staff and the Committee wished to know whether practice nurses would be able to increase their role in the care of patients following discharge from hospital.

Twenty of the 44 practices in north-east Essex employ nurses, 70 per cent of the total population are served by practices which employ practice nurses. The majority of nurses employed are part-time. All 20 practices have a nurse present on the practice premises during morning surgery and three practices have a nurse on duty throughout the working day from 08.00 to 20.00 hours. Duties performed by the nurses are shown in Table 1.

Table 1. Duties of practice nurses

	Number (%) of practices
Changing dressings	20 (100)
Removal of sutures	20 (100)
Assisting with minor operations	19 (95)
Assisting with antenatal clinics	19 (95)
Diagnostic procedures	17 (85)
Immunization procedures	17 (85)
Phlebotomy	16 (80)
Family planning advice	11 (55)

The survey demonstrates the significant contribution made by practice nurses to the health care of the community. Seventeen of the 20 practices indicated that they were prepared to take on extra nursing workload. Only two of the practices employ nurses who are fully qualified to work in the patient's home and there was a lack of enthusiasm for extending the role of the practice nurse in this way.

Looking to the future, it is important that hospital staff need to be made aware of the existence of practice nurses and refer ambulant patients requiring dressings appropriately.

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Source of hospital admissions in Wakefield

Sir,

We have always been under the impression that most patients were admitted to hospital at the instigation of their general practitioner, apart from those few who suffer sudden illness or injury outside their own home.

The experiences of one of us (A.G.C.) in the hospital posts of vocational training questioned this assumption and prompted us to attempt to measure the source of admissions to the general medical and paediatric beds in Wakefield over a period of six weeks.

Our results are summarized in Table 1. General practitioners formally instigated only 41 per cent of 274 successive admissions to the general medical and paediatric departments. They contributed, in some way, to the admission of a further 13.4 per cent (37 patients) via outpatient attendance or domiciliary visits by a consultant. Professional deputies admitted a further seven patients (2.5 per cent of all admissions). Forty per cent of all patients were admitted directly from the accident and emergency department. All but one of these patients were self-referred. One patient was referred to the accident and emergency department by the general practitioner for radiological assessment of fractured ribs and surgical emphysema; she was admitted. Other sources of admission to both departments were transfers from other departments and hospitals.

Of the 81 patients admitted to the paediatric wards, 46.9 per cent came directly from the accident and emergency department. The general practitioner contributed, directly or indirectly, to only 46.8 per cent of admissions.

Of 113 patients admitted directly from the general practitioner to the general medical or paediatric wards, only 81 (72 per cent) took with them a referral letter. There was some doubt in five other cases.

The clinical indications for admission from the accident and emergency department were intriguing. So far as adults were concerned, 31 of the 72 patients admitted in this way were suffering from self-poisoning. A further 19 of the 72 were suffering from chest pain — 15 of these were found to have significant cardiac pathology. Syncopal attacks of various types, haematemesis and dyspnoea were other common causes of admission. So far as children were concerned, the most common cause of admission directly from accident and emergency was minor head injury. Convulsions, either first or subsequent, accounted for a further eight. 'Others' included such diverse conditions as vomiting, Henoch-Schoenlein purpura, hypoglycaemia, septicaemia and upper respiratory tract infection.

We find it sad that general practitioners contribute nothing to nearly half the emergency admissions of their patients. Emergency admission to hospital is, after all, a major event. It is understandable that patients suffering major trauma or sudden, apparently severe, illness outside their own home may, with