

Practice prescribing policies

The response of College Members to the Chairman of Council's request for information

Stimulated by the Government's proposals on prescribing, the Chairman of Council, Dr Donald Irvine, wrote to all College Members in January seeking information about practice prescribing policies. Approximately 5500 replies were received. This response by 40 per cent of the total membership was positive and encouraging. The analysis of the replies, giving a considerable amount of work on the part of the College staff, showed that nearly half the doctors had some kind of prescribing policy in their practice and a further quarter were prepared to consider one. Bearing in mind that many of the doctors had partners who had not replied separately, the number of doctors and practices actively developing practice prescribing policies is impressive. It certainly does not indicate a complacent attitude to the problems of prescribing on the part of the profession.

Dr John Hasler, Vice-Chairman of Council, who had been asked to coordinate this aspect of the Quality Initiative, wrote in February to those doctors who had said that they were operating some form of prescribing policy or who were prepared to do so. The doctors were asked for more details of their policies and letters started to pour into the College headquarters in Princes Gate. Some of the letters were detailed and enclosed copies of prescribing policies and repeat prescription systems. Although the letters vary in their content, certain themes have become apparent. There is a shift to generic prescribing, a move to repeat prescription systems which can be closely monitored and an increase in the awareness of drug costs. The groups of medicines receiving most attention are antibiotics, psychotropic drugs, drugs for self-limiting illnesses and the non-steroidal anti-inflammatory drugs.

In this aspect of the Quality Initiative, the aim of the College is to encourage and assist Members in creating policies which should ensure rational and effective prescribing. There is no wish to impose any kind of central direction and the next step towards effective prescribing will be through the Faculties, with local coordinators contacting those Members who have described their prescribing policies. It is envisaged that local discussions can then take place involving different practices and hospital colleagues which may enable local drug formularies to be created. The good response to the letters from the Chairman and Vice-Chairman indicates the importance College Members give to prescribing. With increasing pressure on general practice by the Government and by consumers, it is crucial that visible progress is made towards more effective prescribing. At all levels good planning requires good information, and at a practice level this means systematic performance review. For the College it means that detailed information about local developments and problems in prescribing need to be documented and collected. We have made a very encouraging start.

College Council

Nomination of Members to serve on the College Council for 1985-88

At the Annual General Meeting to be held in the Royal Garden Hotel, Kensington, London, on Saturday 9 November 1985, all the faculty representatives and six elected members of Council will retire from Office (Ordinance 36).

Any Member of the College may propose another for election to one of the six vacancies among the elected members of Council (Ordinance 37). Forms may be obtained by application to: The Honorary Secretary, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Such proposal, signed by two Members in good standing, must be received by the Honorary Secretary between 13 August and 28 September 1985.

Postal ballot

Voting papers for the postal ballot will be sent to all Fellows and Members with the agenda for the Annual General Meeting on 14 October, and must be returned in the prepaid envelope provided, by 12.00 noon on Saturday 2 November 1985.

The result of the ballot will be declared at the Annual General Meeting on 9 November 1985, and subsequently published in the *College Journal*.

Nomination of trainees to serve on College Council for 1985-87

Two trainees are elected to sit on Council, one being elected each year for a two year term. Trainees are nominated by faculties and are elected by postal ballot. Voting papers for the postal ballot will be sent to all Associate trainee members and should be returned by 28 September 1985. The trainee nominated must be in training for general practice at the time of the nomination, or must have recently completed vocational training. He or she must also be an Associate of the College. The result of the ballot will be announced at the Annual General Meeting.

CASE programme: continuing education for general practitioners

Following distribution in the *Journal* of the first two booklets in the CASE series, numbers 3 and 4 are currently being despatched to all those who have enrolled. Requests for enrolment continue to arrive after distribution to all general practitioners in Scotland, and recently to all trainees. So far over 4000 general practitioners and trainees have requested the series of 30 educational booklets which will cover major clinical areas of general practice.

The titles produced so far are:

- No. 1 Paediatric problems
- No. 2 Care of the terminally ill
- No. 3 Chest problems
- No. 4 Convulsions in practice

Groups of general practitioners are currently meeting to prepare material for the following titles:

- Living with diabetes
- Selected topics in practice
- The general practitioner, communicable disease and the laboratory
- Care of the elderly
- The problem of defaulters
- Psychiatry in practice
- Alimentary disorders
- Urinary tract problems
- Gynaecology in practice

It is planned to have regular review issues covering previous topics and suggesting further activities such as research projects for practitioners and trainees. The initial review booklet will cover the first four issues in the CASE series and will appear shortly.

There are a number of copies of issues 1-4 available to any reader wishing copies for personal use, for group work or for a colleague. Requests for copies or for enrolment in the series will be welcomed and should be sent to: The CASE Programme, Centre for Medical Education, The University of Dundee, 2 Roseangle, Dundee DD1 4LR.

Charter for children in hospital

The National Association for the Welfare of Children in Hospital published a charter for children in hospital (shown below) in November 1984. The General Purposes Committee has recommended endorsement of the charter to College Council and the *Journal* welcomes comments about it.

NAWCH CHARTER

FOR CHILDREN IN HOSPITAL

1

Children shall be admitted to hospital only if the care they require cannot be equally well provided at home or on a day basis.

2

Children in hospital shall have the right to have their parents with them at all times provided this is in the best interest of the child. Accommodation should therefore be offered to all parents, and they should be helped and encouraged to stay. In order to share in the care of their child, parents should be fully informed about ward routine and their active participation encouraged.

3

Children and/or their parents shall have the right to information appropriate to age and understanding.

4

Children and/or their parents shall have the right to informed participation in all decisions involving their health care. Every child shall be protected from unnecessary medical treatment and steps taken to mitigate physical or emotional distress.

5

Children shall be treated with tact and understanding and at all times their privacy shall be respected.

6

Children shall enjoy the care of appropriately trained staff, fully aware of the physical and emotional needs of each age group.

7

Children shall be able to wear their own clothes and have their own personal possessions.

8

Children shall be cared for with other children of the same age group.

9

Children shall be in an environment furnished and equipped to meet their requirements, and which conforms to recognised standards of safety and supervision.

10

Children shall have full opportunity for play, recreation and education suited to their age and condition.

NAWCH, National Association for the Welfare of Children in Hospital
Argyle House, 29-31 Euston Road, London, NW1 2SD. Telephone 01-833 2041

Initiated November 1984

Irish College of General Practitioners

Notes for applicants from Northern Ireland and overseas

The Irish College welcomes applicants from Northern Ireland and overseas, particularly those who are already members of a recognized sister college of general practitioners such as the RCGP.

Application forms are available from: The Registrar, Irish College of General Practitioners, 10 Fitzwilliam Place, Dublin 2.

Initially, foundation membership (not requiring examination) is available only to those applicants (1) who are resident in Ireland or graduates of an Irish medical school *and* who are active in full-time general practice for at least three years (or active in substantial part-time general practice for at least six years) at the time of application, or (2) who are members of a recognized sister college of general practitioners (such as the RCGP) or a recognized equivalent.

The following fees shall apply until 31 December 1985: Membership/Associateship for those permanently resident overseas: £36 sterling. Membership/Associateship for those permanently resident overseas and members/associates of a recognized college of general practitioners: £18 sterling.

These fees shall also apply to residents of Northern Ireland.

Josie Bradbury Travel Award

Josephine Bradbury was the Founding Secretary of the Psoriasis Association. The National Council of the Association established a travel award in her name in 1981, with a view to supporting travel outside the United Kingdom by suitable applicants interested in the study of any aspect of psoriasis and its treatment. Financial grants may be made towards expenses incurred by any medical practitioners, research scientists, nurses, social workers, or members of any other profession relevant to the understanding and treatment of psoriasis. The total sum available in any one year will not exceed £600.

Application forms for the 1985 award can be obtained from: The Secretary, The Psoriasis Association, 7 Milton Street, Northampton NN2 7JG.

All applications must be submitted by 1 June 1985.

Appointment

Dr Stuart F. Wood who has been in general practice in Glasgow and a part-time tutor in the Department of General Practice, has been appointed to a part-time senior lectureship in the Department of General Practice, University of Glasgow with effect from 1 February 1985.

Patients' Liaison Group

The paper from the Patients' Liaison Group which was published in the December 1984 issue of the *Journal* was the first of what we hope will be a series of discussion papers.

We would like to point out that Mr Geoffrey Havelock and Dr Mo Reynolds were the principal authors of the paper on 'Information for patients' on behalf of the Patients' Liaison Group.

RCGP Annual Symposium: a continental view

JAN DE MAESENEER

General Practitioner, Ghent, Belgium

As a foreign participant at the RCGP symposium 'Working together: conflict or cooperation?', I automatically compared the events and the atmosphere of the meeting to similar occasions in my own country.

A serene discussion

A number of highly controversial issues were discussed at the congress: the relationship between the general practitioner and the pharmaceutical industry, the relationship between the general practitioner and the specialist, and the place of alternative medicine. For Belgian general practitioners these topics are also highly controversial and give rise to emotionally charged debates. The serene tone with which the topics were dealt with at this conference impressed me: no ideological quarrels, no emotional crises, but an approach based on research and evaluation. This difference in tone was most obvious in the confrontation between general practitioners and specialists. The general practitioners offered clear and satisfactory answers to the challenges posed by the specialists. The difference in atmosphere and in tone could well be related to the different structures of the health-care systems in our countries. In Belgium, the communication between general practitioners and specialists is often clouded by a struggle for financial gain; both parties are directly accessible to the patient in a 'fee-for-service' system, which results in rivalry between the two sides.



Organizing committee for the symposium, from back to front: Ray Hume, Kelsey Stirling, Brenda Mallett, Jim Stiff, Lesley Southgate (Chairman), Sally Hull, Barbara Cotton, Eric Saunderson, Lotte Newman (Provost).

Another striking characteristic of the symposium was its strong sense of social commitment, not only because of the 'War on Want' stand at the entrance or the collection for Ethiopia, but also because of a true social involvement which many general practitioners revealed in their interventions. Speakers drew our attention to important social problems such as: unemployment, child abuse and social deprivation.

The reactions to the Minister for Health, Mr Kenneth Clarke's proposals to limit the number of drugs available within the National Health Service (NHS) also struck me as being serene. Although objections were expressed concerning the implementation of the proposals, I had the impression that most doctors present at the symposium agreed that in a health-care system with limited resources, each general practitioner should fulfil his responsibility to prescribe in a scientifically and socially justified way.

Exchange of experiences

For a doctor working on the renewal of primary health care within the rather inappropriate framework of the Belgian system, it was instructive to exchange ideas with people active in general practice in the United Kingdom. Comparing the two systems, I discovered that, in spite of some differences in organization and structure, we have to deal with a lot of similar problems; for example: difficulties in the relationship between general practitioners and nurses, and obstacles to the introduction of health education into our practice.

The RCGP symposium was a very open meeting and I am grateful for the hospitality extended to me. It was a positive conference. Still, I would like to add one criticism because I feel that one aspect of multidisciplinary cooperation was overlooked: the social worker's function in the team. In our practice the cooperation between general practitioner, social worker, nurses and health visitor is an important part in the development of comprehensive primary health care.

DIARY DATES

Cancer rehabilitation and continuing care

The Marie Curie Memorial Foundation, Institute of Oncology, are holding a two day symposium on the subject of cancer rehabilitation and continuing care at The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London, on 13 and 14 May 1985.

The cost of the symposium is £20 for one day and £40 for the two days, and includes coffee, lunch and tea.

For application forms and further information please contact: Miss Christine Warman, Administrative Officer, Institute of Oncology, Marie Curie Memorial Foundation, 28 Belgrave Square, London, SW1X 8QG. Tel: 01-235-1323.

Preventive paediatrics in practice

Residential courses on development and preventive paediatrics are being run for general practitioners from 7 to 11 July 1985. For further details please contact: Dr J. Wilmot, Postgraduate Medicine, University of Warwick, Coventry CV4 7AL. Section 63 approval has been sought.

OBITUARY

Lawrence Nelson Jackson, MC, MD, FRCGP

Lawrence Jackson, or Jacko, as he was known to many of his patients and friends, died on 21 September 1984. Jacko practised and looked after many generations of patients in Crediton, Devon, for over 50 years, having read classics at Balliol College, Oxford, and medicine at the London Hospital.

He came to Crediton in 1925. Three years later he received his Doctorate of Medicine for a dissertation on blood pressure.

In 1932 he and his wife, Margaret, wrote an article for the *Lancet* on lead poisoning in Crediton, entitled 'A local outbreak of Devonshire colic. What they proved was that cider which had lain all night in lead conducting pipes had dissolved harmful amounts of lead which then poisoned those ill-advised drinkers who were usually the first to arrive after opening time. By removing the lead pipes, this source of serious lead poisoning was eliminated from the town, and cider drinking was resumed with impunity.

Jacko was a founder member of the Royal College of General Practitioners and was later elected a Fellow of the College.

He initiated a project for the promotion of vasectomy in the United Kingdom under the aegis of the Simon Population Trust. This later became 'The Crediton Project' of which he was director.

For nine years (1955-63) he edited the newspaper of the International Planned Parenthood Federation. He was on the Crediton Town Council and was Medical Officer of Health for the Rural District. He captained both the Crediton Cricket and Rugby Clubs, and acted with the Crediton Dramatic Society, in the town as well as in the surrounding village halls. Jacko was awarded the Military Cross as an artillery subaltern in the First World War. He received the Territorial Decoration after the Second World War.

Crediton was fortunate to have such a gifted person and such a great character; one of the best-known general practitioners in the West Country — dedicated, known for countless acts of kindness, especially to the elderly, but forthright, quick to spot the malingerer, and never afraid of hard work himself.

The following verse is an example of the parodies that Jacko enjoyed writing, some of which were published in *Punch* and the *Lancet*:

March Surgery

'When bicycles stand by the wall
And Mr Shepherd shows his nail
And Mrs Small wants pills because she's feeling pale.
When cheek to cheek and jowl by jowl
The patients sit in rows and growl:
"Me next, not you" — a merry note,
While Mr Jones describes his throat'.

With his faithful Jack Russell terrier beside him in the car or in a basket in the surgery, Jacko will always be remembered by those who knew him as listening kindly, prescribing sometimes, but always warming their hearts with his impish sense of humour.

C.H.M.

The following deaths were recorded during 1984

H.R. ANAND, Member, North West England; D.T.C. BARLOW, Fellow, Tamar; J.C. BARNETSON Member, Wessex; T.C. BENSON, Member, Merseyside and North Wales; D. BILLIG, Member,

South London; H. BLAIR, Fellow, North East London; L. BROWN, Member, Overseas; E. CHARLTON, Member, North of England; J.A.G. CLARKE, Member, Midland; E.J. CONNOLLY, Member, West of Scotland; S. DALZIEL, Member, East of Scotland; E.V.C. DAWSON, Member, North of England; D.S. DELMONTE, Member, Overseas; M.N.S. DUNCAN, Founder Fellow, Wessex; R.A. DUNBAR-MILLAR, Member, South West Thames; C.C. ELLIOT, Member, Tamar; E.M. ELLIOT-COOKE, Member, Merseyside and North Wales; B.E. ENNION, Member, Merseyside and North Wales; C. EPPLE, Member, North West London; M. ESSLEMONT, Fellow, North East Scotland; E.O. EVANS, Fellow, Severn; M. FISHER, Member, South East Thames; J.B. FORRESTER, Member, Wessex; M. GILLARD, Member, North West London; P.S. GRAVES, Fellow, North West England; P.T. HALL, Member, Midland; W.J.A. HALL-TURNER, Fellow, East Anglia; G.J. HORTON, Member, North East London; L.N. JACKSON, Fellow, Tamar; T.C. JAMES, Fellow, Overseas; E.H. JAKES, Member, North of England; W. KING-BROWN, Founder Member, South West Thames; S.H. KUTAR, Member, South London; J.H. LANCASTER, Member, South West Thames; J.C. LEEDHAM-GREEN, Fellow, East Anglia; D.I. LISHMAN, Associate, Yorkshire; V.B. McGEORGE, Member, Overseas; S.H.P. McLAUCHLAN, Member, West of Scotland; J.L.A. McVICKER, Member, Midland; J.C.C. MILLEN, Associate, East of Ireland; W.T. MILLS, Member, Wessex; J.M. MORAN, Member, South East Thames; J.W. MORGAN, Member, South West Wales; G.M. MORRIS, Member, North East London; W.D. OLIVER, Member, North West England; A.A. QURASHI, Associate, Essex; A.A. ROBERTSON, Member, Severn; J.B. RYDER, Member, North West England; D.W. SMITH, Member, South London; R.W. SMITH, Member, North East London; E. STANNING, Honorary Fellow; L. TEMKIN, Member, Merseyside and North Wales; H.A. THOMAS, Fellow, South East Wales; J.A.M. VASEY, Member, South East Wales; S. WAND, Fellow, Midland; E.W.L. WHITE, Member, Yorkshire; R.J. WILLIAMS, Member, South East Wales.

College Section

Some of you will be familiar with the Arthur Andersen report on 'A study of family practitioner services, administration and the use of computers'. The value of the computerization of general practices will be enhanced by the parallel computerization of the Family Practitioner Services. Particular benefits will lie in the fields of patient registration and the more rapid transfer of data between practices and Family Practitioner Committees. Looking to the future there will be considerable potential for the more rapid transfer of patients' records. It is, therefore, good news that the Government have committed £2.2 million towards implementing the recommendations in the Arthur Andersen report.

● By the time you read this, the revised version of the limited list of drugs is likely to be available for study. A word of warning: the limited list could well become so expanded to make it acceptable to many doctors, all the more reason not to lose sight of principles. For instance, should prescribing be the business of individual doctors or the Department of Health and Social Services (DHSS)? To many, the removal of individual responsibility, and therefore commitment, is unacceptable. Modifications to the original restricted list have meant that the target saving of £100 million is no longer a reality. If this is so, then the only motive for pursuing the policy must be control and not economy.

● A short while ago the health visitors suggested that, in the field of child surveillance, the doctors should only be involved at the six week and pre-school examination. The Health Visitors themselves would be responsible for the eight month, 18-month and two-and-a-half year developmental checks, doctors only being involved where referral by health visitors was deemed necessary. Now the midwives are suggesting that low-risk mothers should be routinely referred to them for care. The contributions of the health visitor and midwife to the welfare of patients are, or should be, widely appreciated. Yet these very policy statements suggest unease and uncertainty — unease about the correct recognition of skills and uncertainty about future roles. What of the primary care team? Surely much bridge building needs to be done. Perhaps a starting point could be that it is more important that all children come under skilled surveillance than who actually carries out the checks. Similarly, it is more important that all pregnant women receive skilled help than who delivers it. Primary care teams might be left to work out exactly who delivers what and to whom. Maybe the achievement of defined objectives could transcend vested interest.

● Representatives of the Society of Family Practitioner Administrators recently met with members of the General Purposes Committee. That the Quality Initiative taken by the College excited interest was not in doubt, but the message came through loud and clear that rhetoric had to be matched by performance. At the same time, the willingness of the family practitioner administrators to be as helpful as possible to doctors wishing to achieve the aims of the Quality Initiative was made abundantly clear. College faculties might well consider the forging of stronger links with family practitioner committees. This suggestion is not intended in any way to prejudice the relationship between local medical committees and family practitioner committees, but in the future FPCs will have to take on a planning role and the mechanism whereby they obtain medical advice might have to be reviewed.

● General professional training or early specialist training? The Education Committee of the General Medical Council seem to be undecided. While acknowledging the value of a period of general training on which to base higher specialist training, proposals emanating from them last year clearly amounted to a thinly disguised early specialist training. Their proposals were rightly criticized by the College, which has always supported the concept of general professional training and highlighted the contribution which could come from general practice. The College has pointed out the need for all doctors to have first hand experience of the interaction between the disease, the patient and the patient's environment, as well as the realities of primary care. All of these could be met in properly organized general professional training. The Education Division of the College has accepted an offer of a meeting between their representatives and the General Medical Council's Education Committee. No doubt the College's point of view will be skilfully argued, and the hope must be that the General Medical Council will be receptive. At the present time many young doctors have to commit themselves to a career choice without ever having the opportunity of exploring different disciplines. True general professional training would not only produce a more broadly based complete doctor, but would also allow for a more mature career choice.

● Cynics are fond of implying that the only preventive medicine which interests general practitioners is that which attracts an item of service fee. Last month the sell out of the paediatric booklet and accompanying record cards was reported. Since then, out of a reprint of 1000, 450 booklets have been sold, indeed, were sold before they were received from the printers! A further supply has been ordered, and should soon be available.

● With the rapid growth of general practice literature the College library will in future have to be increasingly selective of purchases. A trial policy has been adopted whereby those books which would normally be held in practice or postgraduate centre libraries will not necessarily be purchased. An attempt will be made to select volumes on primary care which will complement books held locally. At the present time the budget allocation for book purchases for the library amounts to £2000 per annum, hence the need for a selective policy.

● It is sometimes salutary to see ourselves as others see us. Current in Sweden is a story which goes something like this: three Englishmen were shipwrecked and washed ashore on a desert island. Within an hour they had formed three committees, each chairing one. At the end of a week, they had formed a further committee to oversee the working of the original three committees.

● The Gillick case is worrying. No reasonable person would deny Mrs Gillick the right to have and to advocate her own views on whether the pill should only be prescribed to girls under the age of 16 years with parental consent. Is it reasonable, however, to seek to extend a personal point of view to all by harnessing the law? There may well be a price to pay for the success of her case — a price which will be measured by an increase in teenage pregnancies, terminations and even illegal abortions. There are bigger issues on which to campaign. Mrs Gillick might well have channelled her energies into seeking to ensure that all children were immunized and able to benefit from a planned surveillance programme with a view to avoiding or minimizing handicap. With regard to family life, the reader is asked to question which is likely to have the greater detrimental effect: the advent of an unplanned, unwanted pregnancy to a person of immature years, or responsible prevention?

● In spite of our having a national health service, wide discrepancies still exist between regions. The Re-allocation Working Party (RAWP) formula will be familiar to most of you, and for 1985/86 it is likely that North East Thames will be 10.76 per cent over the target, while Trent, coming at the bottom of the league, will be 4.69 per cent below target. During 1985/86 the cash provision for revenue spending on hospital and community health services represents a 5.5 per cent increase over 1984/85 levels. This 5.5 per cent increase should be seen against a projected level of inflation amounting to approximately 4.5 per cent, so that there is a nominal 1 per cent of growth funds left. Health authorities will be left having to console themselves with the fact that they will also have available to them resources released by the growing programme of cost improvements. For how long can these cost improvements continue without damage to patient care?

Sex differentials in mortality

Is female life expectancy longer on average than male? In some high-mortality societies, where average life span is short, there is indeed a differential between male and female life expectancy at birth, but it is in favour of males. The differential narrows and then reverses itself in the more advanced developing countries, only to widen once more in the industrial world — this time to women's advantage. This article delves into the underlying causes and proposes action that can be taken to narrow these differentials in keeping with the equity inherent in the goal of health for all.

Source: Lopez AD. Sex differentials in mortality. *WHO Chronicle* 1984; 38: 217-224.