Two cheers for general practice

THIS issue of the *Journal* is special for two reasons; its appearance coincides with the 11th World Conference on Family Medicine organized by the World Organization of National Colleges, Academies, and Academic Institutions of General Practitioners/Family Physicans (WONCA) in London and with the meeting of the Council of the Royal College of General Practitioners to consider the Government's Green Paper on primary health care.[1] The Green Paper is one of a series of documents recently published which are of crucial importance for the future of general practice in the United Kingdom; these include the report of the Community Nursing Review[2] (the Cumberlege Report) and the Nuffield enquiry into pharmacy services.[3]

To mark the 1986 WONCA Conference, the *Journal* is publishing abstracts of the papers presented in the plenary sessions. In future issues of the *Journal* we anticipate publishing material from the poster sessions which have become a major feature of the Conference. Under the theme 'Towards 2000', the speakers at the Conference will consider the role of general practice in implementing the Declaration of Alma-Ata which seeks health for all by the year 2000 through improvements in primary health care. The problems facing workers in primary health care in developing countries can make the health problems of the relatively affluent countries seem feeble in comparison. However, malnutrition in parts of Africa and obesity in western Europe are both problems of nutrition that can lead to death and both require effective health education for large populations and provision of effective medical care to individuals. General practice and primary health care are not synonymous. Throughout the world, including the United Kingdom, general practitioners are increasingly being challenged to demonstrate their effectiveness in providing care which is acceptable and accessible to the communities they serve.

The 1986 World Conference takes place at a crucially important time in the development of general practice in the United Kingdom. The Government's Green Paper is claimed to be the first major reappraisal of primary health care since the introduction of the National Health Service in 1948. Like the Conference, the Green Paper looks forward to the year 2000 and beyond. It is tempting to give a personal reaction to the proposals contained in the Green Paper. The responsible approach is for all doctors to read the document in full and not to rely on the interpretations of others. The true voice of the public and of the profession must be heard if beneficial changes in primary health care are to be achieved. Many of the positive aspects of the National Health Service have been maintained by consensus within the country and the system has largely retained the goodwill of the public and of the health professions in spite of a long history of inadequate funding.

The content of the Green Paper has clearly been influenced by proposals put forward by the College's policy statement *Quality in general practice.*[4] For example, establishing a performance-related contract for general practitioners is seen as a method of improving the quality of family doctor services up to the level of the best. Even at a general level this proposal is controversial. The next difficult step for the College and for the Government will be to specify in precise terms the activities and performance indicators which can be used to evaluate the quality of service provided. It may prove to be the judgement of Solomon to select methods of payment which will both satisfy the majority of doctors and result in tangible benefits to patients. There are many views about the scope and nature of general practice and it would be unwise to neglect qualitative aspects of practice when seeking to evaluate performance.

Perhaps the one principle upon which all can agree is that general practitioners should be allowed to give detailed information about the services they provide. This information could be available to patients, potential patients and to family practitioner committees. This would enable intelligent debate to take place about the appropriateness of services to individuals, groups and communities. The provision of information rather than the execution of a particular activity may be the fairest and most productive approach to improving quality in general practice.

In the other editorials in this issue of the *Journal,* authors were invited to speculate on the nature of general practice in the United Kingdom in the year 2000. The articles were written before the Green Paper was published and are perhaps more valuable because of that fact. The ideas contained in them have not been conditioned by the specific proposals in the Green Paper and challenge some of the current orthodoxy.

The title of this editorial perhaps requires explanation. General practice in the United Kingdom has received muted praise in the Green Paper. Furthermore, the proposals for change are less radical than were envisaged. It will require drive and energy by the College membership to convert this slightly lacklustre discussion paper into a set of concrete and radical proposals for the changes in general practice which will create excellent primary health care in the twenty-first century.

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References

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3. Committee of Inquiry. *Pharmacy. A report to the Nuffield Foundation.* London: Nuffield Foundation, 1986.
4. Royal College of General Practitioners. *Quality in general practice. Policy statement 2.* London: RCGP, 1985.

Towards 2000

TO be allowed to gaze into the crystal ball in public is both a privilege and a challenge. A privilege, because it might spark off new trains of thought in the reader, and a challenge because only time will tell whether you got it right.

There are certain things that we can be reasonably sure of. The population will get older, or rather the section of the population that is very old will get larger. The resources available for health care in the foreseeable future will not be enough to meet demand. New technology will continue to develop and produce significant effects on our professional activities and the private lives of our patients. Consumerism, including the wish of patients to know and to be involved more, will continue to increase.

How will these forces affect health care and more specifically general practice and primary health care?