The College replies to Government

PRIMARY health care — an agenda for discussion[1] was published by the four Secretaries of State in 1986 and represented one of the first major reviews of general practice since the formation of the National Health Service in 1948. It is thus a document of considerable historical and political importance. The Government paper, which included a large number of facts and figures about general practice, paid tribute to what it saw as the considerable achievement of general practice in Britain: 'In no other developed country has the primary care physician achieved such a central role' (ch.3, para. 1). It not only recognized the central importance of general practice in the NHS but acknowledged the way in which general practice has held down the cost compared with costs of health services in comparable western countries.

The Government's document[1] referred repeatedly to *Quality in general practice,* the College policy statement of 1985.[2] Now, in *The front line of the health service, Report from general practice 25,* the College replies to the Government in a long and at times hard-hitting paper. It responds not only to many of the points raised by the Secretaries of State but goes further in putting forward a programme for change and reform for the future.

The greatest number of the College's recommendations are made, as might be expected from an educational body, in a section on education. Here the College sets out a coordinated programme of radical reform and proposes a new structure designed to tackle the need for continuing education for general practitioners and this is similar to the programme it offered a generation ago for vocational training.

The College reply regrets the absence of a section on research in the Government paper and fills the gap itself. Throughout the College document runs the theme that research and educational support to general practitioners and their institutions needs to be brought into line with the support which has long been available to senior clinicians in other branches of the medical profession. Ways of achieving this are set out.

The College further lays emphasis on teamwork, technology, and the need for information services, and underlines the geographical variations which have such an impact on arrangements within each region.

In a section on incentives the College puts forward the view that the NHS contract should encourage and reward general practitioners for providing high quality services and it makes a number of important statements about professional regulation, giving examples of incentives. The College is clear that responsibility for the provision of resources lies with the Government and that the most cost-effective health service in the western world now has a strong claim for further development, notably through a new general practice development fund of £100 million.

The crucial document on the future of primary health care will of course be the white paper on general practitioner services which this, or some future government, is likely to introduce within the next few years. There can be no doubt that among the hundreds of replies received by Government, *Report from general practice 25* is likely to be of particular importance. Those who follow the evolution of British general practice will want to read this text in detail.

References

1. Secretaries of State for Social Services, Wales, Northern Ireland and Scotland. *Primary health care: an agenda for discussion (Cmnd 9771).* London: HMSO, 1986.
2. Royal College of General Practitioners. *Quality in general practice. Policy statement 2.* London: RCGP, 1985.

INFECTIOUS DISEASES UPDATE

Bronchiolitis and chlamydia pneumonitis

Every winter in Britain the respiratory syncytial virus causes a sharp epidemic of bronchiolitis mostly in infants during the first two to three years of life. As in previous years this began in England and Wales during November 1986 and a month or so later in Scotland. The epidemic is expected to have peaked in January/February and to be over before the summer. The typical fever, widespread lung crepitations and rhonchi can occasionally progress to respiratory failure. A recently recognized respiratory illness in infants which may be confused with bronchiolitis is chlamydia pneumonitis caused by *Chlamydia trachomatis* (also the most common cause of conjunctivitis in the newborn) which is acquired during birth from the mother's genital tract. This illness also presents with crepitations and rhonchi, but its onset is usually more insidious and fever less marked. Children between one and four months are affected and the infection responds to erythromycin, unlike uncomplicated bronchiolitis due to the respiratory syncytial virus.

Influenza

The influenza season has begun. During 1986 a new variant of influenza A (H_1N_1) was first isolated in the Far East. H_1N_1 particularly affects younger age groups and is now causing cases in Britain. Since the influenza vaccine previously recommended for 1986/87 does not contain antigen from this variant, it has been recommended that at risk groups such as those with chronic pulmonary, heart or renal disease and diabetics should be offered in addition to the previously available trivalent vaccine, a monovalent vaccine (influenza A/Singapore/6/86(H_1N_1) available through Duphar or Servier Laboratories).

Yellow fever and malaria

A yellow fever epidemic is currently underway in parts of Nigeria, including the area around Lagos. International certificates only become valid 10 days after inoculation by which time protective immunity should have been achieved. There is evidence that business travellers in particular may forget about their immunization until the last minute. After the rains in tropical countries, mosquitos tend to become more prevalent and more malaria occurs. Winter holidaymakers to countries such as The Gambia are particularly at risk making prophylaxis especially important. There have recently been several severely ill patients with malignant (falciparum) malaria imported to Britain from Africa.

Further information about any of these subjects can be obtained from the contributor: Dr E. Walker, Communicable Diseases (Scotland) Unit, Ruchill Hospital, Glasgow G20 9NB (041-946-7120).