demands for general practitioners to extend their services in many other ways. These include care of patients discharged earlier from hospital, greater responsibility for the management of chronic disease and a greater emphasis on preventive services, including detection of hypertension, prevention of coronary heart disease, prevention of incapacity in the elderly and prevention of mental illness.[1]

It seems unlikely that the general practitioner's role can be extended into these areas without further time becoming available or without substantially increased support from other members of the primary health care team. To quote the Select Committee again: 'It is clear to us that shortage of consultation time is the greatest single obstacle to improvement and extension of primary care services by general practitioners ... the case for further reduction in general practitioner list size seems unanswerable'.[10]

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Use of hospital based investigations

THE size and complexity of the National Health Service is best appreciated by the fact that it is the country's largest employer with a budget in excess of £14 billion and over 50 million potential clients. For administrative purposes the NHS is divided into regions and districts; and functionally into primary, community based services and secondary, hospital based services. It is important to maintain good lines of communication between those working in hospital and in the community and to have effective deployment of both manpower and technical facilities.

At the inception of the NHS in 1948, X-ray and clinical pathology investigations were largely restricted to hospital practice. This lead to excessive outpatient referrals and a decline in both the standard of general practice and the morale of general practitioners. Happily over the last 40 years sense has prevailed and widespread access to these facilities has been made available to doctors working in the community.

The principle of direct access involving discussion between general practitioners and hospital colleagues about the most appropriate use of expensive and intrusive tests is preferable to open access which implies access as a right.

A recent study of the availability of hospital based investigations to general practitioners in the West Midlands has confirmed the willingness of doctors and their staff in both hospital departments and general practice to work together to provide a high standard of services for patients in the community (Thorpe GW. Unpublished report). The study notes that there is a wide range of clinical pathology investigations available through open access with rapid reporting of results. Although there is little published work on the subject, it has been shown that general practitioners do make appropriate use of clinical pathology facilities.

The trend in the USA for doctors to carry out their own biochemistry and haematology testing on office equipment is not likely to be repeated in this country because the NHS already provides excellent services and the commercial incentive is lacking. One exception is blood glucose monitoring in diabetics, where the patient is encouraged to make use of on-the-spot blood glucose monitoring.

The West Midlands study showed that the arrangements for general practice access to X-ray and ultrasound investigations were variable. As expected, chest and skeletal X-rays are readily available and in many district cholecystograms and barium meals are also available, although waiting lists vary from one to six months. Other contrast investigations and ultrasound scanning, both general and obstetric, are available in under half of the districts surveyed. These investigations are very labour intensive and therefore costly but there is evidence that general practitioners request the tests appropriately.[2,3]

Access for general practitioners to endoscopy, other than via outpatient referrals, is at present limited both in the West Midlands and nationally. Recent evidence suggests that not only are gastroscopy, sigmoidoscopy and colonoscopy complementary to barium studies, but in many instances preferable as a primary procedure.[4] Accurate diagnosis in gastrointestinal disease is essential for management and the case for an open access endoscopy service has been well argued by Jones.[5]

Accurate early diagnosis and appropriate management frequently depend on scientific tests to confirm or extend clinical findings and there is an excellent case to be made for a wide range of hospital based investigations being available to patients from general practice. There are clinical restraints, such as the false security given by a barium enema carried out as an isolated test for bowel disease, but the major constraints at present are lack of finance and trained manpower.

It is essential to audit the use made of investigations to establish whether they are being used appropriately and to justify the expense involved. At present the cost of investigations requested by general practitioners has to be met by district health authorities as the family practitioner committees have no finances to support this. The West Midlands study showed that 19% of requests for clinical pathology and 9% for X-rays in the region were from general practitioners, but the cost of these

tests tended to be lower than those carried out for hospital consultants.

Audit and review of referrals by doctors from different disciplines meeting to discuss the most appropriate use of available facilities for investigation and management of patients is an important educational exercise. It is central to good and economical clinical practice in all fields of medicine and applied to general practice would counter some of the challenges made in the government's green paper.[6]

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Health and preparation for retirement

RETIREMENT from paid employment is a critical time to take stock of health, but many people are reluctant to make use of the opportunities this time of change offers. Recent figures[1] have shown that the number of 65-year-olds in this country will peak in the early 1990s at about 7.5 million, that is about one in five of the population, and that by the year 2011 there will be twice as many people aged 85 years and over as in 1987. This will mean a considerable increase in demands on the National Health Service and in particular on community health and social services.

The government is committed to the philosophy that elderly people should remain in their homes as long as possible. But community care involves more than just a deinstitutionalization[2] — there has to be a strategy to help people live more healthy lives and look after themselves. How this is to be achieved needs to be debated but general practitioners are well placed to make a major contribution both in the consultation and as advisers and counsellors at times of major changes in life, such as retirement or redundancy in mid-life.

Since the inauguration of the NHS there has been an increasing reliance on health professionals and care has become fragmented among a variety of specialist carers. Yet research has shown that many patients are willing to take more responsibility for their own health and that of others but lack the direction and information to do so. If they are to wean people from dependence health professionals must be willing to share health information and improve understanding (that is health education) and motivate people to look after themselves (that is health promotion). For general practitioners[3] this could mean a greater involvement in health education and health promotion and a re-examination of the content of the consultation in order to conserve the clinical resources available. This is an area for general practice research and a topic for vocational training. Generalizations are not enough. Myths need to be challenged and opportunities provided for schemes such as peer group health counselling and self-help initiatives. Patients need to understand what they mean by health and how to check their own health. They require physiologocal reasons in order to maintain good health and not just a pathological diagnosis.

There is a parallel between those approaching retirement and those who are unemployed. In an article in the *British Medical Journal* on 'Improving the health of the unemployed' the author spoke of a health strategy for the unemployed.[4] Perhaps a strategy is equally required for those approaching retirement to look not only at the effect of ageing on health but also on the event of retirement on health. What is not always recognized is the protective aspect of employment in respect of physical fitness and mental well being. Both have to be recognized and at least replaced by a positive rather than a negative or resigned approach. In this context mid-life planning is often advocated but because of the changing patterns of paid employment more information is required about the effect on health of job loss as well as retirement. General practice is an ideal setting in which to investigate these problems.[5]

To address the problem of the new skills which doctors and all health educators will need if they are to help patients understand their own health and take more personal responsibility in later life, the Health Education Authority has set up a Centre for Health and Retirement Education based at the University of London's Department of Extra-mural Studies. The Centre's own research[6] has shown up deficiencies in the training of professional workers in health education and health promotion for people in mid and later life (Coleman A. Personal communication). With the stated aim to deal with the how and not the what of health education the concept should appeal to general practitioners. It is College policy to encourage the development of health education in general practice and this Centre is an ideal organization for the members to be associated with. The centre has already worked with many doctors in different parts of the country. The Centre has produced an *Ideas and resources pack for health educators* on health and retirement, which is full of practical examples and is of particular use for those practitioners who may be invited to participate at a pre-retirement course. The material is also useful for the consultation and for those interested in research in this field. Further information can be obtained from the University of London Department of Extra-mural Studies, 26 Russell Square, London WC1B 5DQ.

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