

THE RADIOTELEPHONE IN GENERAL PRACTICE

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In this practice we have had a radiotelephone system in operation for 5 years and, in view of several enquiries which we have had, we thought that our experience with it might prove of interest to other practitioners who may be contemplating installing a similar system.

The practice. This is a semi-rural practice based on a small town, Wootton Bassett, and covering an area approximately 5–7 miles round the town—situated in this area are two or three small villages, including Lyneham with its R.A.F. station and families; the remainder is farmland. The patients number about 8,000; of whom about half live in or around Wootton Bassett.

There are three partners and we work from a central surgery, employing one full-time and two part-time secretaries. Patients are seen by appointment—a system which has worked well for 5 years.

Reasons for the radio telephone. We decided upon the idea of having radio telephones for the following reasons:

1. Complaints by patients and our secretary that when we were on our rounds we were unobtainable in case of emergency.
2. The frustration of having to go back to an area one had finished, because of late calls.
3. The convenience of being able to contact our secretary easily during a round in order to make appointments, arrange admission to hospital, ambulances, and so on.

The apparatus. This is manufactured by Pye Telecommunications and consists of

1. A control fixed set in the surgery (see figure 1). This is mains operated—there is also an aerial attached to a chimney, similar to a television aerial—the higher the aerial the better the reception.

2. A mobile set in each car with a flexible roof aerial (see figure 2)—this set works from the car electrical system and does not seem to affect the life of the battery at all.

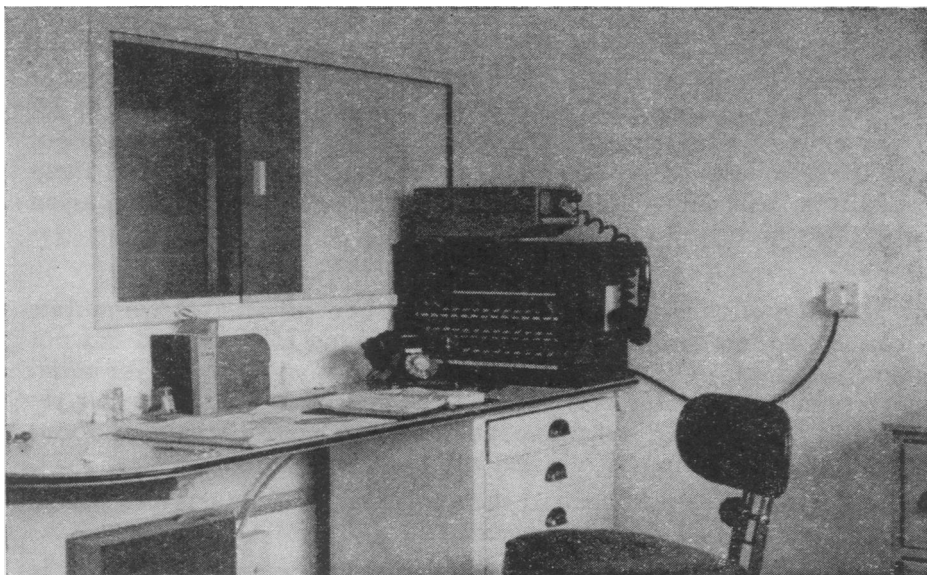


Figure 1

The radio telephone mounted above the telephone switch board in the surgery.

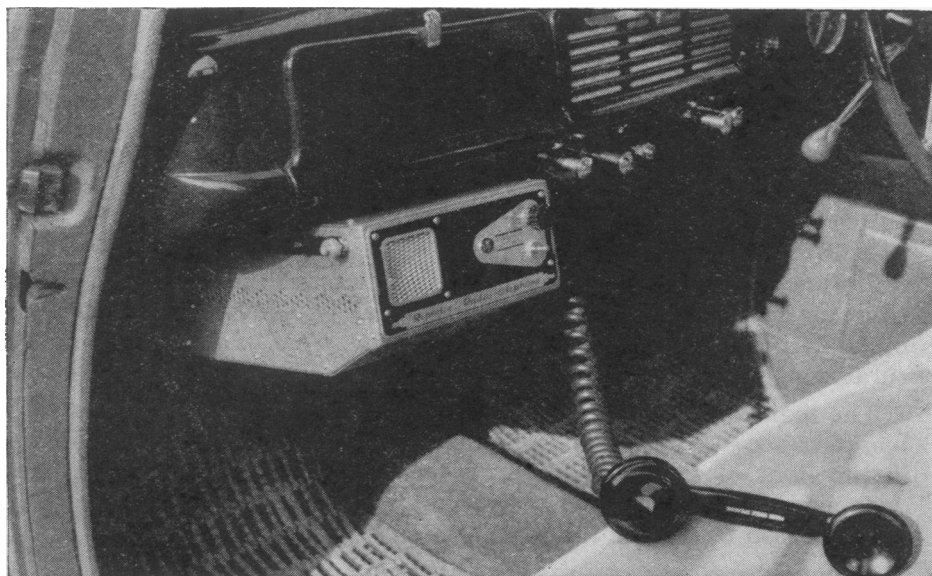


Figure 2

The mobile set fitted in the car.

The control set is the master set and all messages have to go through it, i.e., car cannot talk to car. The messages are received direct through the loud speaker and also through the earpiece of the hand telephone—they are both loud and clear, though the latter depends upon reception conditions, distance from the control set and efficient maintenance. The range of the small sets we have got is 10–15 miles. Many doctors fear that patients could phone them direct in their cars—this is not so and messages can only be relayed by the secretary.

Cost and Maintenance

Initial cost. Originally we bought one control set and two mobile car sets as our senior partner was soon going to retire and did not wish for a set. The sets cost about £100, with an extra £50 for aerial erection, etc. We are now in the process of getting a further set for our new partner, but the cost of a more powerful set is now about £190. Depreciation is allowed off Income Tax.

Licence. The Post Office fix the wavelengths of the sets and charge a licence fee of £2 per set per year.

Maintenance. This can be done by the manufacturers but is expensive—£60 a year. We have a civilian radio fitter from the R.A.F. station at Lyneham who maintains the sets each month for us. Maintenance is extremely important due to the fact that the mobile sets are likely to go off tune from vibration in the car.

Working

We have found that we get good value from the radio telephone—we cannot say that they have paid for themselves in petrol saved, etc., but much of their value is intangible in the feeling that one is in constant touch with the hub of the practice, our secretary and surgery. They fulfilled their original expectations well. We have an added advantage in that the consultant obstetrician also has a radio telephone which is on the same wavelength as ours, and this came in extremely useful when one of us had a ruptured ectopic on his hands. The radio telephone is of most use in a rural or semi-rural area where it helps in saving a considerable amount of driving.

The main disadvantages are the high initial cost and the cost of maintenance. We have modified the sets by having them mounted in the boot of the car with an extension loud speaker under the dashboard of the car. The roof aerial, which is on a rubber mounting, can also be hinged for parking in a garage at night.

In conclusion one can say that if one can afford the initial cost the system is well worth installing and certainly increases the efficiency of a practice.