Developments in general practice following the NHS reorganization

Sir,

It is clear that change is inevitable in the light of the current National Health Service reorganization and political environment. We in primary care are caught in a dilemma, on the one hand to improve the quality and standards of care together with extending the range of services we provide; and on the other hand to ensure that our managers and central government acknowledge these improvements as an essential and laudable aim and offer appropriate recompense and support.

The problem centres around the way we are paid, in that the contractual regulations by which we are governed frequently refer to 'personal medical services of the type usually provided by general practitioners'. The argument has been further complicated recently by the introduction, albeit voluntary as yet, of medical audit, the declared aim of which is to facilitate, change and improve standards of medical practice; but who is going to provide the time and resources?

It is clear that we must address this situation and to this end, we need to consider the 'core' service activities that we presently undertake. These fall into four main areas: health promotion and advice; consultations and visits relating to acute medical needs, with appropriate action; vaccination activities (childhood and adult); and essential record taking, administration and management. If we are to engage in audit, then it is in these areas that it should be undertaken.

Having reviewed and defined our 'core tasks' and ensured that the necessary resources and systems are available, it remains for us to decide which other subordinate primary care tasks we wish to provide. I suggest the following: contraceptive services, maternity services, minor surgical procedures, childhood surveillance and clinical activities (chronic disease management of diabetes, asthma and hypertension). All of these at present attract an item of service payment, but it is probable that in time they will be considered as 'core tasks' having fulfilled the criteria of 'usual provision'.

It is essential that the practice is structured and administered to fulfil the principal tasks and that additional ones are only undertaken if and when it is appropriate and then only after full consideration of the managerial and financial implications. We should consider whether we can provide a fuller service on a contractual basis with the family health services authority, or should enter into reciprocal arrangements with other practices. Such areas might include: chronic disease management, alternative therapy (hypnotherapy, homoeopathy, manipulation and acupuncture), procedures carried out by a community nurse, collection of pathological samples and special clinics, for example, to carry out cryotherapy.

We must also consider our attitudes towards private practice. The possibility of a salaried service still remains on some political agendas and with it professional constraints.

Our traditional involvement in postgraduate education may need to be reviewed. Training young practitioners is a valuable activity and acts to stimulate positive attitudes. However, it is not without its disadvantages. Remuneration is not generous and training requires protected time which is not always easy to equate with service requirements. We should continue with training but should remember its incumbent responsibilities not only professional but now legal, and endeavour to keep separate service and training activities.

The changes to the NHS appear to be moving responsibility and management to the periphery, for example, fund holding, early hospital discharge and care for the elderly in primary care. It is therefore important that power, freedom and reward are seen to go hand in hand with responsibility, accountability and standard setting. We must be clear in our minds what is a contractual obligation and what is not, and ensure that professional standards are maintained not only for the good of the patient but with equal regard for the future of the medical profession, and general practitioners in particular.

N TOWSON

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Research subjects needed

Sir,

I am a mature student studying for my masters degree in the sociology of health and illness. My thesis is entitled 'Doctors' divide. Doctors and sexuality in the era of AIDS'.

I have chosen this subject because I feel that possible negative attitudes, both within and outside the profession, may be damaging both to the profession and to patients and I wish to investigate, describe and comment on what I find. I would therefore like to interview approximately 15 doctors — five heterosexual doctors, five homosexual doctors whose sexuality is not concealed and five homosexual doctors whose sexuality is known only to a limited number of people. I appreciate that these categories will be dependent on the type of response I get. I have already found five doctors in the first group, four in the second, and am now looking for five in the third group. My sample size is small because I am aware that there may be difficulting in obtaining a large response. However, sociologically a small sample group can be valid, and has a great deal to offer.

I would maintain absolute confidentiality, no names would be given and there would be no indication whatsoever whereby a doctor could be identified. I have spent most of my life working with the medical profession, and at the moment am working at the FACTS Centre (Foundation for AIDS Counselling, Treatment, and Support) at Crouch End in north London. I am able to provide personal references and a brief summary of my intended approach which doctors can see before committing themselves to the project.

I will be working from my home address, where I would be pleased to be contacted by any members of the profession willing to help (Tel: 071-435 4064).

LYNN ROSE

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British Diabetic Association: holidays for young people

Sir,

For over 50 years the British Diabetic Association has organized holidays for young people with diabetes. The holidays offer marvellous opportunities for children to enjoy the countryside and seaside in a friendly and safe environment. Success depends upon the lay and professional volunteers who help with the holidays; the association needs to recruit doctors and nurses from both hospital and general practice to assist. On each holiday, there are a team of professionals supervising the medical needs of the children. The holidays are an exciting way of gaining knowledge and skills in the management of diabetes in an everyday situation rather than a clinical setting. The British Diabetic Association recognizes its childrens' holidays as training experience for doctors and nurses.

Volunteers are urgently needed for the 1992 camps. I should be happy to provide details to doctors or nurses interested in helping.

MICHAEL HALL

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