for Dr Teacher as well. At first he pretended not to recognise me. Then he tried reassurance. Had we given Dennis some paracetamol, he asked, as it was probably only a virus infection. But I wasn't having any of that. I told him quite pointedly that we had a very sick child on our hands, probably suspected meningitis by now and time was running out. And there was no question of bringing him on a such a cold rainy night. There was a moment's silence. Then Dr Teacher said something about he was doing base tonight but he'd send another doctor. Dr Teacher I said, it is you we need with your great clinical skills and deep knowledge of the family. There was a hollow groan from the other end and then he said alright he would come himself at the end of his shift as it wasn't fair to ask anyone else. Good old Dr Teacher. He was round in about 2 hours. Strangely enough, in the space of those 120 minutes, young Dennis underwent the most amazing spontaneous recovery. As soon as Dr Teacher arrived he jumped out of bed and said: 'Hallo, Doctor, I've been sick three times. What have you got in your bag? Can I listen to you with your telephones? ' While Dennis and Dr Teacher listened to each other's chests, Hilda made us a cup of tea. As we were drinking it, Dennis fell into a deep and no doubt healing sleep. Really there was nothing further for Dr Teacher to do, so rather than let him feel his journey had been wasted, I asked him while he was here if he could just examine my liver which had been playing up again with all the excitement. However, he said that he would rather do that in the surgery on Monday as he found it rather difficult to concentrate on the finer points of hepatology at this godforsaken hour. And with that he wished us good night.

We are grateful to John Salinsky for these extracts from Norman Gland's diary.

Mike Fitzpatrick

Supermarket medicine?

The government's invitation to supermarket chains and retail pharmacies to open up GP surgeries has provoked a generally negative response to what many doctors regard as 'backdoor privatisation'. Yet, although this sort of political stunt seems unlikely to offer a future for primary health care, it does have the merit of challenging the current framework of GP services within the NHS.

When I came into general practice in the early 1980s, the small-shopkeeper model was still dominant. In the inner city areas where I worked, the corner-shop surgery often appeared to be a bastion of poor standards of practice in poor quality premises. For the radical Medical Practitioners Union (MPU), of which I was a rather inactive member, the independent contractor status of the GP was an anachronism, a consequence of the medical profession's reactionary resistance to the concept of the NHS and a bulwark of the sort of petit-bourgeois prejudices paraded every week in *Pulse*. At the time, I sympathised with the MPU's campaign for primary care services provided by salaried GPs in purpose-built health centres.

One of the ironies of the last decade is that, Although the socialist aspirations of the MPU have been crushed in the process of the wider collapse of the left, its vision of salaried GPs, collectivised in primary healthcare teams, has been largely implemented. Although I feel little regret at the demise of the lock-up shop, back-parlour, single-handed GP, his replacement by a state functionary committed to performance targets, lifestyle management and social engineering projects raises serious concerns about the future of medical practice.

The ascendancy of bureaucratic state control over GPs has thrown a new light on some of the virtues of self-employment. For example, the emergence 'bottom-up' of flexible, functional, computer systems in general practice owes much to its small shopkeeper traditions (while, in hospitals, records are still being trundled around in wheelbarrows and, of course, being lost). By contrast, the imposition, 'top-down', of government schemes like 'choose and book' has been another costly IT fiasco. While hospital consultants — and salaried GPs — are subjected to all sorts of managerial constraints, independent contractor GPs continue to enjoy substantial professional autonomy: despite increasing interference, we can still practice as we wish and say what we like.

Can Tesco or Boots offer a way forward for primary health care? I would not dismiss the possibility out of hand. They could certainly provide funds for capital projects on a scale that seems unlikely to be forthcoming from the public sector. The straightforward language of private enterprise would be a welcome relief from the cynical rhetoric of a health service administered by New Labour apparatchiks. Yet the notion that the supermarket can provide a ready-made solution to the exhaustion of the corner shop model of NHS primary care reflects the Blair government's simplistic approach to 'modernisation'.

As numerous commentators have observed, health care is not a commodity that can be bought and sold like baked beans or socks. Choice among different brands is problematic enough for those shopping for consumer goods and services. When the consumer is ill and becomes a patient, what matters most is the relationship of trust that can enable them to negotiate the imbalance of knowledge and expertise in their encounter with a doctor. Out-of-town shopping malls will not provide easy access to healthcare professionals for the infirm or the elderly. The atomised interaction of the checkout counter will not be a satisfactory substitute for a continuing personal relationship of care, at least for those customers who need more than occasional travel vaccinations or hay fever remedies. There is some doubt whether many supermarket customers really want '24–7' services; the attempt to provide health care in this way is destined to sacrifice quality and continuity to political expediency.

The history of primary care suggests that neither the market nor the state can guarantee the professional autonomy of the doctor that is crucial to the doctor–patient relationship. The spectre of supermarket general practice confirms only that both the small shopkeeper and the state socialist models of primary health care are moribund. The challenge is to find ways of funding and providing primary health care that ensure adequate resources while respecting the distinct, but complementary, interests of doctors and patients.