

DIAGNOSTIC FACILITIES FOR GENERAL PRACTITIONERS IN ENGLAND AND WALES

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ENLIGHTENED hospital doctors agree that every reasonable general practitioner or family doctor should be able to refer a patient for laboratory investigation or radiological examination, as a right and not as a privilege. He should be able to do this without compelling the patient to commence a series of visits to the hospital through the usual outpatient clinic channels. In words of old, it all depends what you mean by an enlightened hospital doctor and a reasonable general practitioner.

The following opinions have been proclaimed publicly both in and out of "the corridors of power" and have been spilled in ink for all the land to see. "Given the necessary support and opportunities the general practitioner can meet a great part of the medical needs of his patients" (*A hospital plan*, 1962). He must be encouraged and helped to do so in every possible way (Porritt, 1963). Many family doctors are only too ready to co-operate by treating their patients at home, given reasonable help from the hospitals (Macauley, 1961). All family doctors must have direct access to pathology and radiology departments (Gillie, 1963). Here and there some of the walls have been breached but the final battle has still to be fought, otherwise this report would not have been written.

Sir George Godber, chief medical officer to the Ministry of Health, speaking at a symposium in 1962, said "we certainly need now to review the functions of existing services and the work of the people taking part in them, in relation to the needs of the people served and contributions made by the parallel hospital, general practitioner and social services."

An embarrassing number of opinions and decisions on general
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practice and family doctors are made on the basis of insufficient information and unproved assumptions. This survey is an attempt to obtain the facts and present them with the hope that the conclusions properly drawn will influence subsequent action. Unfortunately, good statistics do not necessarily insure action, especially when they collide with prejudice.

Object of Survey

The objective of this survey is to ascertain the extent to which departments of pathology and radiology in teaching and non-teaching hospitals are open to general practitioners in England and Wales. Some enquiries were also made in Scotland and Northern Ireland. The replies from these areas have not been analysed with such detail, and comment has been withheld, mainly because of differences in local conditions and administration. The finding in this survey would pose a number of questions. Is there a difference in attitude to:

1. The general practitioner as displayed by these departments in the teaching hospitals and the non-teaching hospitals?
2. How do the London teaching hospitals compare with the provincial teaching hospitals in offering help to the general practitioner?
3. Is there a difference between size of hospital or kind of hospital? e.g., a general hospital; a special hospital; a mental hospital (see definitions).
4. Is there a regional pattern? Does one region offer more help than another?

TABLE I
SUMMARY OF WORK DONE IN 657 HOSPITALS

	<i>Pathology</i>		<i>Radiology</i>	
	<i>Number</i>	<i>Percentage</i>	<i>Number</i>	<i>Percentage</i>
<i>In all regions</i>				
Full access	373	57	281	43
Restricted access	20	3	84	13
No access	199	30	234	36
No department	70	10	41	6
<i>In London teaching hospitals</i> (Total number approached 51)				
Full access	9	17.6	4	7.8
Restricted access	5	9.8	4	7.8
No access	31	60	36	70.5
<i>In provincial teaching hospitals</i> (Total number approached 34)				
Full access	12	35.2	2	5.8
Restricted access	0		4	13.6
No access	15	44.1	20	58.8
No department	0		1	2.9

Definitions

1. By *direct access*, I mean the right of the general practitioner to refer his patient or a specimen from the patient for investigation or examination, direct to the department concerned, without going through the outpatient clinic. The report would be sent back directly to the general practitioner.

2. By *restricted access* is meant that examinations in pathology are limited to certain investigations only, prescribed by the pathologist and certain examinations restricted to areas of the body, prescribed by the radiologist. Thus, restricted access limits the clinical work of the general practitioner by restricting his range of diagnosis and treatment of the patient.

3. By *no department* is meant that laboratory investigations are carried out by departments at a different hospital; or that occasional examinations are carried out by a visiting pathologist who will collect specimens; or a radiographer may attend a stated number of times a week to carry out simple examinations, but the films will be developed and reported on at a different hospital in the particular area.

4. The *general hospital* is an institution which provides medical services to adult or child, helping to solve problems referred to it by general practitioners and other persons providing domiciliary services. Its main emphasis is on the diagnosis, treatment and rehabilitation of acutely ill patients whose stay in hospital is fairly short.

5. The *teaching hospital* in addition to providing services as in (4) is a general hospital which handles the problems of teaching undergraduate or postgraduate students. There are also the teaching hospitals which provide a special service exclusively for the care of patients suffering from, say, tuberculosis or cardiac disorders and diseases. The teaching here is usually directed to postgraduate students.

6. A *special hospital* is an institution providing specialized services and personnel exclusively for the care of, say, sick children or pregnant women; or patients suffering from orthopaedic disorders or diseases or cardiac disorders or diseases.

7. A *mental hospital* is an institution providing special services and personnel for the exclusive care of children or adults suffering from all forms of mental disorder.

Method of Investigation

1. The *Hospital Gazetteer* (B.M.A. 1962) was used to obtain the addresses and details of all hospitals in England and Wales. The hospitals are described in great detail much of which is not relevant to this survey.

2. All hospitals were noted in which it was indicated that the department was in charge of a consultant.

3. A selection of general hospitals, special hospitals and mental hospitals from (2) above was made, by size of bed state; and a hospital which could be chosen by a general practitioner asking for help with diagnostic aid.

4. A letter was sent to each of the secretaries of the selected hospitals asking for an answer in reply to three questions.

Whether there was—

Direct access to the department of pathology Yes/No?

Direct access to the department of radiology Yes/No?

Any other comment?

5. The replies have all been classified on—the kind of hospital; whether it is a general, a special or a mental hospital; whether there was (a) direct access (b) restricted access (c) no access (d) no department. This was done for each region in England and Wales. The same classification was applied to London teaching hospitals and provincial teaching hospitals.

TABLE II

SUMMARY HOSPITALS—ALL REGIONS				
Total approached 657; Total responded 576				
	<i>Full access</i>	<i>Restricted</i>	<i>No access</i>	<i>No department</i>
	<i>per cent</i>	<i>per cent</i>	<i>per cent</i>	<i>per cent</i>
Pathology	310=47	13=1.9	67=10	19=2.9
Radiology	236=35.9	55=8	109=16.6	15=2.2
SUMMARY SPECIAL HOSPITALS—ALL REGIONS				
Total approached 177; Total responded 143				
	<i>Full access</i>	<i>Restricted</i>	<i>No access</i>	<i>No department</i>
	<i>per cent</i>	<i>per cent</i>	<i>per cent</i>	<i>per cent</i>
Pathology	40=27.8	3=2	93=65	39=27.2
Radiology	42=29.3	27=18.8	89=62.2	27=18.8
SUMMARY MENTAL HOSPITALS—ALL REGIONS				
Total 165				
<i>Number approached</i>	100			
No reply	14			
Responded	86			
No departments	15			
No pathological department	12			
No radiology department	15			
Full access pathology	19=22 per cent			
Full access radiology	5=5.8 per cent			

6. There was a small number of ' No replies ' and these have been analysed as to whether it was from a general hospital or a special or a mental hospital.

TABLE III
PATHOLOGISTS AND RADIOGRAPHERS—ENGLAND AND WALES 1963
(MINISTRY SOURCE)

	<i>Pathologists</i>	<i>Radiologists</i>
Consultants	716	495
S.H.M.O.	136	23
S/Registrars	82	66
General practitioners	16	22
Radiographers (whole time equivalent)		2,997

TABLE IV
GRAND SUMMARY OF ALL TEACHING HOSPITALS AND NON-TEACHING HOSPITALS

Work done in:	1960	1961	1962
<i>Pathology</i>			
Total in thousands ..	18,989	20,603	22,594
Work for hospitals ..	17,325 (91%)	18,749 (91%)	20,501 (91%)
Work for G.Ps. ..	1,185 (11%)	1,350 (6%)	1,546 (6%)
Work for P.H. Lab. ..	106	95	112
Work for other sources	374	410	434
<i>Radiology</i>			
Total in thousands ..	21,788	22,481	23,512
In and outpatients ..	16,648	17,002	17,745
Casualty department ..	2,795	3,075	3,268
Total	19,443 (89%)	20,077 (89%)	21,013 (89%)
Pts. referred by G.Ps.	1,966 (9%)	2,046 (9%)	2,149 (9%)
Other sources ..	380	358	350

Material (see tables I, II, III)*General*

- (1) Total number of hospitals in regional hospital board areas 962
- (2) Total number of hospitals approached 657 68%
- (3) Total number of hospitals that responded 576 87.5%
- (4) Total number of teaching hospitals 84
 - London 50
 - Provinces 34
- (5) A regional analysis was carried out (tables IV and V).

TABLE V

AN ANALYSIS OF THE HOSPITALS OFFERING DIRECT FULL ACCESS TO PATHOLOGY AND RADIOLOGY DEPARTMENTS EXPRESSED AS A PERCENTAGE OF THE TOTAL NUMBER OF HOSPITALS IN EACH REGION

<i>Pathology</i>			<i>Radiology</i>		
1.	Wessex ..	79	1.	Liverpool ..	63
2.	Sheffield ..	73	2.	East Anglia ..	58
3.	Oxford ..	71	3.	S.W. Met. ..	58
4.	S.W. Region ..	71	4.	Wessex ..	58
5.	Manchester ..	68	5.	Oxford ..	57
6.	Liverpool ..	66	6.	S.E. Met. ..	56
7.	S.W. Met. ..	62	7.	Newcastle ..	48
8.	S.E. Met. ..	59	8.	Manchester ..	47
9.	N.W. Met. ..	55	9.	S.W. Region ..	45
10.	East Anglia ..	50	10.	Leeds ..	39
11.	N.E. Met. ..	49	11.	N.E. Met. ..	38
12.	Birmingham ..	46	12.	N.W. Met. ..	35
13.	Wales ..	45	13.	Birmingham ..	34
14.	Leeds ..	44	14.	Sheffield ..	31
15.	Newcastle ..	42	15.	Wales ..	24

The replies were analysed using the following classification and criteria.

1. (a) Direct access; (b) No access; (c) Restricted access; (d) No department.
2. Size of general hospital based on bed strength.
3. Type of hospital.

No attempt was made to obtain information about any particular test nor the frequency of demand. It was outside the terms of reference of this survey.

Comments

(a) A few of the hospitals, both general and special, said that a very happy relationship existed between the staff and general practitioners. Another comment stated that full open access had been

working well for more than 15 years. Some hospitals of similar size either refused access or permitted restricted access.

(b) Wide variations were found in the two departments. The pathology services on the whole were more co-operative than the radiology departments. This could possibly be explained on the grounds that laboratory results could be sent back to the general practitioner without comment from the pathologist. In the majority of instances this is what occurs. On the other hand, the radiologist has to examine each film and report on it personally. If the radiology department is hard pressed, or there is a shortage of staff this may bar access or restrict access for a short time (*see definition*).

TABLE VI
ACCESS TO PATHOLOGY AND RADIOLOGY IN TEACHING HOSPITALS

<i>London teaching hospitals</i>	<i>Provincial teaching hospitals</i>
<i>Full direct access</i> The London* The Middlesex The Royal Free (since 1964)	The Royal Victoria Infirmary, Newcastle The Cardiff Royal Infirmary
<i>Restricted access</i> University College St. Mary's (Limited radiology only) King's College	(Pathology only) The Royal Infirmary, Sheffield Queen Elizabeth, Birmingham Bristol General Hospital (Radiology only) Bristol Royal (Pathology and restricted radiology) Addenbrooke's, Cambridge Radcliffe Infirmary, Oxford
<i>No access</i> St Bartholomew's Charing Cross St George's The Westminster Guy's St Thomas'	The General Infirmary at Leeds The Manchester Royal Infirmary Liverpool Royal Infirmary

*Contrast media examinations excluded

(c) Many of the teaching hospitals both in London and the provinces do not offer diagnostic facilities to general practitioners. Some of them limit access to 'chests only' or limited pathological tests. The service may also be restricted by geographical limitation, i.e., general practitioners beyond certain street limits are excluded (table VI).

(d) A regional analysis was carried out to examine whether the diagnostic services deliberately provided at one of two or more general hospitals in a town (because of more suitable facilities in one hospital than another), had any significant bearing on the final figures. The findings had no significant bearing on the results.

The London Hospital and Middlesex Hospital offer full access. The Royal Free Hospital, St. Mary's Hospital, St. Thomas' and University College Hospital offer a restricted service.

Does one region offer more help than another? The answer is yes, but there is no regional pattern discernible.

Analysis of 'No Replies'

The total number of hospitals approached were 657, no replies were received from 81, distributed as under:

General hospital	10.2 per cent
Special hospitals	11.5 per cent
Mental hospitals	13.5 per cent
Teaching hospitals (London)	12.0 per cent
Teaching hospitals (Provinces)	5.5 per cent

The proportion of work done in all hospitals replying expressed in thousands during 1963 was (table IV):

	<i>Pathology</i>	<i>Radiology</i>
For hospitals	20,501 91 per cent	21,013 89 per cent
For general practitioners	1,546 6 per cent	2,149 9 per cent

Discussion

Personal prejudice of the consultant. The overall impression is that access to the departments of pathology and radiology is left to the personal decision of the consultant head of the department. This may be a proper decision but comes in for criticism if it is based on prejudice and hostility towards general practitioners as a whole. There is no doubt that more general practitioners should avail themselves of diagnostic facilities where these are offered.

Education of the general practitioner. One of the reasons for poor liaison between the general practitioner and the consultant may be because there is insufficient encouragement for the general practitioner to come into the department and meet these specialists. It may also be due to inexperience of knowing what examination to request or how to make the request. The general practitioner has been denied access for such a long time that he needs re-educating.

Perhaps each hospital management committee could compile and issue a small handbook on *How and when to collect pathological*

specimens similar to the one issued by the Kingston-on-Thames Group Laboratory (1962). This could give an enormous educational stimulus.

Referral of patients to hospital outpatient clinics. There is no doubt whatsoever that the load on the outpatient clinic and other medical clinics would be considerably reduced if general practitioners were given direct access to pathology and radiology. In a survey carried out by general practitioners in the Thames Valley Area (1962), 53 per cent stated that they did not really require a consultant's opinion. This statement was not based on dissatisfaction with the consultant service but because there was no open or full access to the diagnostic departments of the hospitals.

In the Ministry of Health report on the Health and Welfare Services published 1963 the general practitioner only made a demand of 6 per cent on the total pathology service, and 9 per cent on the total radiological examinations (*see above* table IV). Much of the work could have been diverted from the casualty departments especially if the general practitioners had more access to the departments concerned in the survey. On the figures given this would not require more staff than at present (*see above* table III). This does not imply that there is sufficient staff in these departments.

The experience in Edinburgh (Scott, 1964), and the reports of the Thames Valley Faculty of the College of General Practitioners (1960) and the South-East London General Practitioner Diagnostic centre Peckham (Hughes 1961, 1962) suggest that the number of new patients that attend medical outpatients could be reduced by at least 15 per cent.

National syringe service. There is an urgent need for a national syring service; or a Ministry of Health policy about the provision of disposable syringes. The slight increase in cost of the disposable syringes far outweighs the cost and trouble of returning syringes, breakages, and reesterilization.

Conclusion

In some of the replies received it was heart-warming to read of the good co-operation enjoyed for many years in some hospitals and of the encouragement given to general practitioners to use and visit the departments of pathology and radiology. If this survey has not provided the answer to the major question which could be asked why is the general practitioner refused help?—the problem has

been defined a little more clearly.

I would like to conclude with the farseeing remarks made by a former S.A.M.O. (Macauley, 1961):

If the hospital service, which is increasingly expensive is not to put an impossible strain on the national economy, greater efforts must be made to keep patients out of hospital. Many family doctors are only too ready to co-operate by treating their patients at home, given reasonable help from the hospitals. *This help should not be lightly withheld . . . (My italics).*

TABLE VII
COMPARISON BETWEEN DIFFERENT TYPES OF HOSPITALS

<i>Comparison of full direct access granted by teaching and non-teaching hospitals</i>	<i>Percentage</i>	
	<i>Pathology</i>	<i>Radiology</i>
Teaching hospitals	27	7
Non-teaching hospitals	58	46
<i>Comparison of London teaching hospitals with Provincial teaching hospitals</i>		
London teaching hospitals	18	8
Provincial teaching hospitals	36	6
<i>Comparison of full direct access between general hospitals, special hospitals and mental hospitals</i>		
General hospitals	47	36
Special hospitals	24	27
Mental hospitals	18	6

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