SOME ASPECTS OF NATIONAL HEALTH SERVICE: GENERAL PRACTICE

BY

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In 1949, the after-effects of otitic ear trauma sustained in Burma during the last conflict manifested themselves to the extent that I became unfit for Foreign Service, and was accordingly invalided. Being only in my middle forties with a family to educate I had to come to some decision as to how to implement my pension.

It so happened that at this time the Public Health appointments were not being advertised, and I decided to go into General Practice.

Provided with possible openings by the principal Agencies, I travelled many miles across Southern England from Monmouth to Kent, and eventually went into partnership after a short assistantship in a practice that fulfilled most of my criteria. It was urban/rural, on the outskirts of a city with large hospitals, and offered a suitable house. Furthermore, it was obvious there would be time for family life, games and hobbies, all of which I was not prepared to sacrifice.

The practice, which is predominantly under the National Health Act with a small and diminishing private element, was well over the limit for the one overworked doctor who was running it, but offers very reasonable working conditions when run by two in partnership.

I now propose to compare and contrast under various headings my old life and the new.

(1) Financial.—I found that my first year's income from general practice was approximately the same as my last year in the Service, although my Service Pay was within two shillings a day of the top rate for a Surgeon Commander (equivalent rank Lieut.-Colonel) plus specialist pay and marriage allowance. This was, of course, prior to the recently announced increases in Service pay. Thus it was my experience to start G.P. where I left off in the Service. Inasmuch as the Income Tax Collector is not concerned when you are in the Service with your house, rates, car, gardener, etc., etc., the nett for the same gross is higher in General Practice than in the Service. It might be thought that this gain might be more than offset by heavy practice expenses, but reference to my accountant's figures for legitimate practice expenses of about five hundred pounds show that 90 per cent of these had to be met in my Service days, and without benefit of Income Tax relief on them.

(2) Hours on the Bench.—I believe the motion study people use this ex-
pression for actual time spent working, i.e. deducting journey time to work, meal times, time merely on call, etc.

On this basis I find my last Service job and my present practice compare fairly closely.

**LAST SERVICE JOB.—ADMINISTRATIVE**

Mon.—Fri. 9–1, 2–5 = 7 × 5 = 35  
Alternate Sat. 10–12 = 1/3 × 2 = 1

Total per week 36 hours  
Alternate week-ends, thirty days' leave per annum.

**PRACTICE**

Monday. Morning Surgery and Visits. 9–1, 2–4 = 6  
Tuesday. Visits and Evening Surgery. 10–1, 2–3, 6–8 = 6  
Wednesday. Ditto = 6  
Thursday. Morning Surgery and Visits. Half-day 9–1 = 4  
Friday. As Monday = 6  
Saturday on. 9–1, 2–4, 6–8 = 5  
Saturday off. 10–12 = 1/2 of 10 = 5

Sunday on. 10–12 = 1/2 of 2 = 1

Total per week 34 hours  
Alternate week-ends, thirty days holiday a year.

(3) The National Health Service.—I had very limited experience of General Practice prior to July 1948, but I find the National Service easy to work with a little give and take on both sides. The paper work is certainly no more time consuming, and it is certainly easier to write a prescription than to make up a bottle of medicine. Also there is now no ledger to make up every evening.

Undoubtedly there are a number of what turn out to be bogus calls, but many of them only need understanding. In the case of the worried mother and the fretful child I regard myself as paid to reassure the mother, not to reprimand her for being worried. Of course this can be carried too far, but a wise and experienced doctor can train his flock to quite a degree.

(4) Ancillary Services.—One of the outstanding differences between Service and National medicine is the difficulty in the latter of obtaining some reports. An injury has to be referred to a Casualty House Surgeon, and an X-ray depends on his whimsy—a chest has to be referred to the Tuberculosis Officer, and in my area examination and re-examination seem to go on until patience is exhausted on one side or the other. A gastric case has to be referred to a Consultant, who, after the usual three to four weeks delay for an appointment, takes it as a complete case.

The "laboratory" show up best, as they will do blood counts etc. in exchange for a doctor's letter. Sporadic visits by a newly formed mass miniature X-ray unit will assist with chests.
Many cases could be handled by the G.P. without trespassing on the time of the Consultant if he had the X-ray reports.

The Bed Service is a great boon, and greatly appreciated by anyone who has ever spent an hour ringing up one House Surgeon after another.

(5) *Health Centres.*—So many ordinary people greeted me as a newcomer by saying they had come to this house when they needed a doctor for 20, 40, 60 years as the case might be, that I came to feel that the old house and familiar surrounding must mean more to them than any planner's dream of a Health Centre, however hygienic and chromium plated.

(6) *Sick Rates.*—Taking the average of surgery attendances and visiting lists for the practice over the past twelve months, it would seem that approximately 1.7 per cent of the practice are seen every day for six days of the week. This means that everyone on the list is seen approximately five times per annum.

The ratio of attendances to visits is about three to one, although for our own convenience we do a number of visits to ambulant patients.

In taking surgery I am slower than my more experienced (in G.P.) partner, and I average one patient every four minutes.

Not many of these have textbook illnesses, but they wouldn't come to the surgery unless they thought you could help them on their way, and there are many occasions when all your reading, all your training and all the acumen and experience you can command are called into play.