FIG 3—Profile of health area E in figures 1 and 2 for the specialties listed (1976).

traffic and the burdens of undergraduate and postgraduate teaching are taken into account, the staffing levels in the area have to be accepted as being surprisingly modest. This shows how wrong conclusions may be drawn in the absence of more detailed examination.

Figure 2 treats geriatrics in the same way, though a smaller scale has had to be used to accommodate the greater variations encountered. (All figures relate to population per 10 000 people aged 65 and over.) The high clinical throughput of area F, despite its

modest bed numbers, seems to suggest a radically different system of clinical management in the area, which at least deserves debate among other geriatricians in the region.

Figure 3 is a partial profile of one single area in which similar data are presented for several specialties. The profile, taken in conjunction with waiting lists in different specialties, is a logical starting point from which the AHA might modestly reappraise its present bed allocations and plan for effective expansion in the future.

Conclusions

This method of presenting specialty and area profiles may help to identify apparent resource anomalies that need further study. Geographically appropriate diagrams of this sort might therefore be of use to regional manpower committees, medical staff committees, and health authority members. The complexity of the problems and difficulties of interpretation, however, mean that informed medical commentary should be available during any debate that takes place.

I thank Professor H Campbell of the Welsh National School of Medicine for his advice and medical colleagues in the Welsh Office who provided information and further help.

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Secretary of State sells land to GPs

M K WILLIAMS

A group of six doctors, three in Leatherhead and three in Ashted, have recently exchanged contracts for the purchase of a plot of land to build new premises for the Ashted half of the practice. The sale was unusual because the county council had originally bought the site six years ago to build a health centre. Now the Secretary of State was reselling it to the GPs. What had happened and why did it take so long?

Ten years ago the expanding Ashted practice had taken on a third partner and the premises became even more overcrowded—a ground floor flat of two consulting rooms, a waiting room, tiny office, and cloakroom; a total of 59 square metres, compared with the 249 recommended for a three-GP practice unit. The two receptionists worked in conditions forbidden by the Shops, Offices, and Railway Premises Act. After fruitless years on the books of local estate agents hoping for the larger rented accommodation recommended by their accountant, the doctors realised that the ideal site for a health centre was the large Georgian house and garden in the centre of the practice, next to the clinic. They asked

the owner to give them first refusal if he ever wished to sell. When he did—by coincidence almost immediately—they told the county council. Two other practices in Ashted were also interested in moving to a health centre, and a year later the site was purchased.

Then the trouble started. The first scheme, which took another year to come off the drawing board, was for a "temporary" wooden extension housing four consulting rooms to be put up at the back of the house; the ground floor of the house was to be used for a waiting room, records and reception area, treatment room, and a fifth consulting room. It was not a large capital cost so could be funded immediately out of current account. All the doctors and the area health authority team of officers agreed the drawings. But "No," said the district management team, "we accommodate five nurses in the building; there is nowhere else for them to live, and we have greater priorities for the money." "No," said the community health council, and its chairman was specific. "I know what a desperate need there is for the very limited funds available in so many departments of health care in the district." "No," said three lay members of the AHA after a visit, "a bad buy, and the method of funding would create a precedent." So the scheme, costing £40 000, was turned down in October 1975.

In November 1975 the doctors wrote to

the AHA chairman asking if they could buy the garden to build their own practice premises. He agreed to investigate, promising to reply "as soon as I can." Six months passed before the next meeting—between AHA officers and GPs in May 1976. The minutes record that "it was agreed to investigate the possibility of releasing part of the site for sale to the GPs." The next meeting was five months later, chaired by the area administrator. "Watch out," whispered the LMC secretary, "they've brought on the big guns." The AHA wanted priority for a health centre in Leatherhead, where the clinic was bad, not in Ashted, where the clinic was good. But the authority wished to retain the possibility of building a health centre in Ashted in the future. The practice, however, had good premises in Leatherhead and did not wish to move to a health centre there. The meeting was not a success.

Nearly a year after asking to buy the garden site, the Ashted GPs were offered, at some distant date, the possibility of a permanent building attached to the clinic but sited in the library car park with the windows looking at the library windows on one side and a brick wall 4 m away on the other. The beautiful garden site was to be a new car park. This layout would constitute a health centre. A new building in the garden 50 metres from the clinic would not, for it would not be attached to the clinic. Anyway, the AHA was sure that planning permission could not be obtained for the garden site. A wretched site, the advent of Barbara Castle, and the increasing expense of health centres decided the doctors. "Sell us the garden," they wrote to the AHA chairman yet again, "or we will build elsewhere." In February 1977 the AHA

Ashted, Surrey

M K WILLIAMS, DM, DOBSTRCOG, general practitioner

Medical assistants: Mark II

SANJOY ROY-CHOWDHURY

"We have got to do something for the lot of our medical assistants, who are the worst treated group in the country," the chairman of the Central Committee for Hospital Medical Services told the ARM in Cardiff. Though there has been little change in their position in the last two years¹ at least the administrators and consultants who work with medical assistants are aware of the difficulties and anomalies which they face. It is not surprising that in our bureaucratic health services so little has happened, but a small minority of recalcitrant consultants have not helped matters.

It is strange that at a time when some doctors feel threatened by militant trade unions they themselves behave as a ruling class when dealing with their less fortunate colleagues. A few of these Canute-like figures even indulge in subtle administrative manoeuvres to perpetuate their time-honoured position of power. They tend to undermine any meaningful consultation among senior medical staff. For example, in one unit quarterly "meetings" were staged at a time inconvenient to most medical assistants. The agendas and minutes were strictly controlled and the regional health authority was told that regular staff meetings were always held. Perhaps senior staff have

forgotten that under the Whitley Council machinery the permanent medical staff can invoke statutory procedures for settling differences. An inquiry into historical and palpable deviations from the regulations would not enhance the profession's standing among non-medical staff. It may come as news to some that occasionally consultants allocate medical assistants work which they cannot or will not do themselves.

The employing authorities are in an unenviable position.² So far as they are concerned the more discussions the permanent career grade doctors have among themselves the better, so that the authorities will be less bothered by local management and professional problems. Yet they are often dragged in to mediate when medical assistants complain of arbitrary pressure on their professional life and lack of consultation. All these difficulties would have been reduced—perhaps even eliminated—if medical assistants had a clear job description and the employing authority energetically advised and propagated statutory (Cogwheel and Whitley) medical staff consultation. So it is not only poor reward for hard work but a lack of a "say" in the running of their professional life which has caused friction and low morale among medical assistants. This lack of say has come about in part because of a disregard of medical assistants by a small minority of senior hospital doctors.

But the wind has changed. The Department of Health and the BMA are now convinced

that while a new contract for medical assistants is being discussed there should be a more effective integration of medical assistants into Cogwheel and medical staff committees. In the autumn of 1977 the CCHMS issued the following statement to the profession: "It has come to light that the representation of the medical assistant grade in the Cogwheel machinery and on medical staff committees was extremely unsatisfactory. The Executive Subcommittee of the CCHMS considers that medical assistants should be given every opportunity of playing their part in the normal representational machinery of the hospital service, whether it is in the Cogwheel system or on the medical staff committee. The CCHMS hopes that consultants will do what they can to ensure the adequate representation of medical assistants." Welcoming the statement, the DHSS said in a letter to the BMA on 13 September 1977, "For our part we are bringing the statement to the notice of the regional medical officers . . . and we shall see that those in the Department who might be able to help are aware of the position." All medical assistants who are not yet full members of staff committees should make sure that they are. If they encounter problems they should first write to the chairman of the hospital staff committee. If this brings no result they should then tell their employing authority and notify the BMA.

Medical assistants can do much to help themselves and I admit that many are apathetic. Eighty-three per cent of the grade are between 40 and 59 and 72% are full time and committed to a hospital career; the largest single group (37%) are overseas doctors. So it is not surprising that with such age diversity and with a large number of part-time women doctors medical assistants have found it difficult to bring a natural coherence to their aim of improving their lot. But now in the changed climate of, I hope, favourable opinion they must try to sort out their individual problems.

A reconstituted Medical Assistants Subcommittee of the CCHMS has been working for the past two years with wider access to other BMA committees and at the recent ARM in Cardiff the medical assistants' voice was heard and sympathetically received. Medical assistants must utilise the channels of communication available because representatives can only reflect the response of their constituents. They must not allow dejection and apathy to rule their professional life any longer.

¹ Roy-Chowdhury, Sanjoy, *British Medical Journal*, 1977, 1, 184.

² Roy-Chowdhury, Sanjoy, *Sunday Times*, 3 July 1977, p 12.

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Edinburgh Festival

BMA members who are in Edinburgh on holiday or for the Festival (20 August to 9 September) may be interested to know that they can use the sitting room, bar, and dining room at BMA Scottish House, 7 Drumsheugh Gardens, Edinburgh EH3 7QP, five minutes' walk from Princes Street.

Blood Transfusion Centre, Brentwood, Essex
SANJOY ROY-CHOWDHURY, MB, BS, medical assistant

Secretary of State sells land (continued)

agreed to lease the site but were adamant about not selling it.

Buck passed to DHSS

The other practices waited no longer and made permanent arrangements elsewhere. But the Ashted and Leatherhead practice pressed on. Outline planning permission was readily obtained, an architect produced sketch plans, and a budget estimate was prepared by a quantity surveyor. Accountants, family practitioner committee, divisional medical officer, district valuer, and the General Practice Finance Corporation all played their parts. But by August 1977, seven months after the AHA had agreed to a lease, the doctors still had no definite information on the terms. They heard on the telephone that the lease would be for 21 years with an option for a further 21, but under those conditions the General Practice Finance Corporation would not make a loan.

A letter to the regional health authority chairman produced a rapid reply. "Would you rather buy the site than lease it?" asked the RHA administrator. "One slight snag, it will have to go to the DHSS for approval by the Secretary of State. The county council may buy, but only the Secretary of State may sell. It shouldn't take long, ring again in a

month." The architect was instructed to stop work. No word was received in a month. One of the doctors had a contact in the DHSS, who, when told that the file had been at the Elephant since September, asked "Which year?" But he followed the file through three committees and it was back with the region by the end of October.

Then there was another hiatus. The regional legal advisers were short staffed and concerned with the Normansfield inquiry. Despite every pressure it was not until March 1978 that a draft contract for the sale of the site was received. But it contained an apology—"We have not yet been able to obtain a sight of the title deeds of the property." The doctors rang the district council, which suggested that the county solicitor might have the deeds. He did. "I've had them for six years," he said. "I offered them to the health authority after NHS reorganisation but nobody came for them." There were no further deals. The doctors put the work out to tender; contracts were exchanged and the lowest tender was accepted on 5 May 1978. A week later the bulldozers moved in. With luck, a beautiful building to health centre specifications (but 50 metres from the clinic), on an ideal site, will be opened in about 30 weeks' time. It has been a long haul. The cooks have all been courteous but surely there are too many of them.

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