patients by employment of ancillary staff will be reimbursed through the Pool mechanism either directly or indirectly, for the difference between direct reimbursement and the total salary paid will be added to the Pool for distribution through capitation fees.

In any estimation of the effect of introducing this scheme upon the current capitation fees it is important to remember that we negotiated last summer an agreement whereby in future, in contrast to the past, the expenses element of the Pool for any year will be related to expenditure by doctors during that same year. It can be estimated with confidence that a reasonable response by family doctors to the encouragement to employ ancillary staff will secure (a) a sum of money directly reimbursed, as new money, and (b) will maintain the capitation fee at the present level. If every doctor who does not now employ ancillary staff were to engage a full-time secretary/receptionist then it is probable that, over and above the substantial direct reimbursement, the capitation fee would increase.

The new scheme is the result of difficult negotiations extending over many months, and represents the maximum of direct reimbursement for the cost of ancillary staff which can be achieved without prejudicing the position of the doctor as an independent contractor and without risk of the imposition of intolerable restrictions upon his freedom. It is but the first of a series of improvements which the G.M.S. Committee is seeking. The second has already been announced (*Supplement*, 26 September, p. 135) in the shape of improvement *grants* towards the cost of practice premises. We are well advanced in discussion of a scheme which would more equitably distribute the cost of providing practice premises.

May I remind the profession that as recently as March 1964 it rejected, in a somewhat different but nevertheless relevant context, a proposal for a no detriment clause? Failure to accept speedily the proposed scheme for ancillary staff would prejudice our negotiating position in regard to other important matters.—I am, etc.,

Sunderland.

IVOR M. JONES.

SIR,—I do not share the Minister of Health's optimism over practice expenses. He seems to be confident that "several millions will be added to the Pool eventually" if sufficient doctors employ ancillary help. We have all experienced several millions disappearing from the Pool over the last two years to pay for such things as smallpox vaccination records during the last epidemic which resulted in no final payment for distribution being made to general practitioners. Similar to a public company not paying a final dividend to its shareholders the Ministry of Health has become suspect in its financial dealings with general practitioners.

Now for the first time there is the proposal that there should be a reduction made in the capitation fee per patient. There is a real danger here of creating a precedent which might encourage a future Minister of Health to do the same again—especially in a time of economic difficulty.

I am further concerned about the possible damage to the B.M.A. itself, because some members, whose loyalty has not ceased over the past difficult twelve months, may con-

sider leaving the Association when they find that their income has fallen at a time when the B.M.A. will possibly be asking for an increase in the subscription rate. May we not see a weakening of our strength at a time when we should stand united?

I wonder what experienced trade-union negotiators would think about the Minister's proposals? Has anyone thought of asking them? I doubt if they would accept them, as they appear to aim a body-blow at the general-practitioner membership of the Association.—I am, etc.,

Mangotsfield, Glos.

T. D. RICHARDS.

SIR,—In the three *B.M.J.s* for 5, 12, and 19 September I can find only one correspondent, Dr. V. W. M. Drury (19 September, p. 754), who has given his wholehearted support to the current proposals regarding payment for ancillary help. This, Sir, is a sad reflection on the general practitioners and their comprehension of the Pool. We are supposed to be a learned profession, but when it comes to simple arithmetic and a sense of fair play it would appear that we are sadly lacking. The present proposals are long overdue. All that is suggested is that the expense factor be more fairly distributed and that those employing a receptionist or other help be given more money for this extra service. Those that do not employ help are merely having part of their expenses cut, which in any case was never due to them. My partner and I will be out of pocket, as we employ one receptionist between the two of us—my single-handed colleagues will gain slightly if they employ help.

The outcome is not as good as was first thought, but at least it is justice—albeit a little rough.—I am, etc.,

Bristol 4.

J. P. TELLING.

SIR,—Not so long ago the leaders of our profession were instructed that payments for all services other than general medical services should be removed from the Pool calculation. They now suggest that expenditure on ancillary help—which is desirable—should be a prior charge on the Pool. When will our negotiators realize that extra services or extra expenses require more money? The times are past when those of us who do extra work and have ancillary staff have to be paid by those who do not.—I am, etc.,

Dundee.

KENNETH I. M. HOGG.

Our Greatest Need To-day

SIR,—Lord Brain in his address to the British Association spoke of our greatest need to-day—the need to acquire the power of looking ahead, forecasting, and preparing for the consequences, and, speaking of overwork in the professional part of our population, he asks, "Should we not now be preparing for this by expanding the opportunities and incentives in medicine, nursing, and teaching to encourage more people to work in these fields?" This question brings the profession and Parliament face to face with the problem of social balance, which Professor Galbraith¹ defines as a satisfactory relationship between the supply of privately produced goods and services and those of the State. The situation

to-day in hospital pharmacies is an example of failure to look ahead and of social imbalance.

The Ministry's sample statistical inquiry into the migration of doctors should be examined in the light of this wisdom. The horses, some of our best thoroughbreds amongst them, have gone and have been ably counted by Drs. Seale² and Abel-Smith³; therefore, rather than look again in the empty stables, would it not be more appropriate to our greatest need to inquire of those who still remain whether they contemplate going in the next quinquennium and why? Such a survey might show that, as the stable doors have no bolts, it has become a matter of great urgency to sweep away the rotting manure and to replace the tumbledown structures with new; it might also give a positive answer to Lord Brain's question.—I am, etc.,

Tonbridge, Kent.

P. RICHARD DAY.

REFERENCE

- Galbraith, J. K., *The Affluent Society*, 1958, p. 198. Hamish Hamilton, London.
- Seale, J., *Brit. med. J.*, 1962, 1, 782; and 1964, 1, 1173.
- Abel-Smith, B., and Gales, K., *British Doctors at Home and Abroad*, Occasional Papers on Social Administration No. 8, 1964.

Charges for Patients

SIR,—The Representative Body deserves praise for recognizing at last some of the serious faults of the N.H.S. and for demanding remedies. Provided that Council does not succeed in persuading itself and the B.M.A. that the resolutions passed at Manchester do not mean what they say I shall in future pay my B.M.A. subscription willingly and proudly. Dr. A. L. Bussey (15 August, p. 442) is absolutely right when he points out that "the business of the B.M.A. is to guide Government and people in matters of health. . . . This mandate must extend . . . to the broader issue of provision of health services." It is deplorable that Dr. R. M. Franklin (5 September, p. 635) should conclude that because neither political party would impose consultation charges a fee-per-item method of payment is out of the question and that salary is the only practical alternative to the capitation fee. To agree to what we know to be wrong and to continue to sacrifice standards of medical practice to ignorance, prejudice, and political opportunism is unworthy of British doctors. Quality in medical care must be preserved. To ensure this, demand must be restrained and the doctor must have an incentive to give of his best. The only way to restrain demand and yet preserve the patient's freedom is to arrange for him to pay in proportion to the service he requires.

More fundamental is the effect of the present system on the doctor-patient relationship. The doctor accepts a capitation fee and promises to give an undefined service. Is he to give service only to the total value of the fees paid (forgetting his conscience)? If so, how is it to be distributed between his patients? Or is he to do what he thinks his patient needs, what the patient thinks he needs, or what the patient wants? If he attempts any of these he must sacrifice his income or his health and certainly his family. The conscientious patient is in a corresponding difficulty. He does not know whether and how far he should "trouble" his doctor, and not infrequently postpones seeking advice longer than he should (while the irresponsible

does not care and the greedy gets as much attention as he can). Similarly, should he fail to call the doctor at the proper time and have to call later, he has no means of compensating the doctor for his extra trouble. He feels guilty, fears hostility, and may project it back at the doctor in a demanding attitude. Thus the natural divergence of interest of patient and doctor, which is reconciled by fee payment, is exacerbated by the capitation system.

So long as we continue to work in the present system we have an individual and collective responsibility for the poor standards of work and relationships which it entails. Since there is no prospect of any Government voluntarily reorganizing the Service as we advise (report of House of Commons debate, 1 August, p. 319) it is our duty to bring this about by withdrawing from it now and treating our patients privately. Nowadays we could all afford to waive our fees in the few cases of real financial hardship. The Government would, of course, always be at liberty, if it really has the patients' welfare at heart, to introduce a State-subsidized insurance scheme on the lines of the successful schemes in Australia, Norway, etc.—I am, etc.,

London E.4.

F. G. TOMLINS.

The Sheffield Memorandum

SIR,—For many months I have been reading the letters from doctors re how to improve conditions in the N.H.S., but with ever-increasing despair at the lack of reasonable and, above all, workable suggestions—until this week, when I was jolted into admiration when I read the abridged version of a memorandum sent to the Fraser Committee by the Sheffield L.M.C. (*Supplement*, 5 September, p. 127). Here at last are the foundations of what every one of us is striving for—a fair deal for both doctor and patient—and a charter of hope for the younger generation of doctors.

I can only hope that the Fraser Committee will be impressed, as I was.—I am, etc.,

Liverpool.

B. ASHER COWAN.

SIR,—After being called out to see a drunk at 1 a.m. last night and eventually being told to get out by the use of a four-letter word I was not in a good mood this morning. When, however, I read (*Supplement*, 5 September, p. 127) the proposals of the Sheffield Local Medical Committee to the Fraser Working Party I was considerably cheered up. I congratulate the Committee on the first really constructive proposals I have read, and my hope is that they will be accepted to the last letter.—I am etc.,

Birkenhead.

F. M. OWERS.

S.H.M.O. Wage-freeze?

SIR,—Dr. V. M. Hawthorne's letter (5 September, p. 635) has brought into the open questions of the greatest importance not only to S.H.M.O.s but to the profession as a whole. Indeed, the whole future of the Health Service is concerned. The Executive Committee of the S.H.M.O. Group is to meet on 5 October, when these aspects of the recent agreement with the Ministry will be under discussion. It would be unwise for me to comment now except for one outstanding

point. This is that S.H.M.O.s who are in receipt of the special allowance for carrying out consultant work for over 50% of their duties, yet do not become consultants, are to retain the allowance even if their employing authorities (regional hospital boards) alter their duties.

As Chairman of the S.H.M.O. Group and on behalf of those S.H.M.O.s who will benefit, I have to thank the chairman and members of the Joint Consultants Committee for their patient and hard bargaining which eventually secured this success.—I am, etc.,

Bude, Cornwall.

G. WARING ROBINSON.

Salaried Service

SIR,—Here are a few more things which those should ponder carefully who are now feeling that this might be less intolerable than their present lot.

(1) Anyone with long experience of the Colonial Medical Service could have told the general practitioner in 1948 that as the years went by their duties would get heavier and

heavier and their real pay amount to less and less. The compensation in our case was the private practice we enjoyed, often quite substantial. The Colonial Office was always trying to stop this, but never succeeded.

(2) Personal confidential files. "Almost," I was once told in the Colonial Office, "we know what you have for breakfast." Anything you write, or even say, may go down in that file. The blots on the copybook are never erased, and five, ten, or fifteen years later, may be passed over for promotion.

(3) An abominable hierarchy of S.M.O.s, A.D.M.S.s, and the rest. Though in theory promotion was by merit, the feeling of many of us was that too often the wrong ones got to the top. Anyone who offended them could be and often was sent to a "punishment" station.

In recent years I have been once to Ghana and twice to Malaysia doing locums for friends in private and estate practice. And what a difference it made living and working in those countries with no head office breathing down your neck.—I am, etc.,

Bristol 8.

GEORGE L. ALEXANDER.

Questionary on General Practice

SIR,—I wish to submit some of the results obtained from a questionnaire on general practice recently organized by the Stratford Division of the B.M.A. The questionnaire was drawn up by a subcommittee of the Division's

Executive and was sent out on 13 May 1964. Copies were sent to all general practitioners in the area, whether members of the B.M.A. or not, and replies were received from 118 out of a possible total of 233. The area

		Aged 40 and Under	Aged 41 and Over	All Replies
1. Are you confident that the present structure of the G.M.S. Committee is acting in the best interests of the G.P.s?	Yes No	7 18	37 44	44 62
2. Do you think that the G.M.S. Committee should be responsible to the Conference of Local Medical Committees only and be independent of the B.M.A.?	Yes No	18 7	56 20	74 27
3. Do you think there is adequate liaison between yourself and your representative on the Local Medical Committee so that the feelings of doctors are quickly heard?	Yes No	11 16	47 32	58 48
4. Do you think that the Pool should be completely abolished?	Yes No	15 13	42 44	57 57
5. Please put a tick against which one of the following possibilities you would prefer:		12	45	57
(a) That the capitation fee method of payment be retained				
(b) That you be paid by means of a fee per item of service (accepting that this might involve sending in a claim for each item)		8 2	23 9	31 11
(c) That you work in a full-time salaried service				
(d) That you work in a part-time or sessional salaried service like the part-time consultants		6 12	12 47	18 59
6. Would you welcome an increase in private practice?	Yes No	12 14	47 41	59 55
7. Are you happy with the present position whereby G.P.s provide their own surgery and equipment?	Yes No	7 22	36 52	43 74
8. Do you think there should be specially trained ancillary helpers (secretary-receptionists) in general practice?	Yes No	29 0	84 5	113 5
If so, should part of their salaries be met by the Government?	Yes No	26 2	79 5	105 7
9. Do you favour practising in single-handed practice as opposed to a partnership?	Yes No	7 20	29 55	36 75
10. Do you have to refer patients to hospital simply because you do not have the time and/or facilities to treat them yourself?	Yes No	17 10	57 32	84 42
11. Would you prefer to broaden the scope of your work in your practice—for example, to include minor surgery, pathology, research, or training medical students?	Yes No	28 1	67 21	95 22
12. Would you like to have charge of hospital beds in which you could treat your own patients?	Yes No	22 6	53 36	75 42
13. Would you like to hold a part-time clinical assistant post in hospital working under the supervision of a consultant?	Yes No	20 9	50 39	70 48
14. Do you think that general practitioners should be entitled to statutory holidays and/or study leave as the consultants are?	Yes No	27 2	87 2	114 4
15. Are your holidays and/or attendances at postgraduate refresher courses restricted due to difficulty in obtaining locums?	Yes No	18 10	72 13	90 23
16. As conditions are at the moment, would you advise your son to:				
(a) Become a doctor?	Yes No	17 11	37 49	54 60
(b) Become a general practitioner?	Yes No	6 22	11 76	17 98