Practice Expenses

SIR,—The Minister's offer of grants for the improvement of general practitioners' surgeries is welcome. It is a step in the right direction, but a small step, and there is still a long way to go. General practice is a cottage industry and must be modernized. Properly designed premises are at the core of this problem; without the premises there is nowhere to put the ancillary staff. Grants for the improvement of premises are not enough. We do not want to add a room or two to the "cottage," but to start afresh with new, purpose-built premises.

The outlook for general practice is critical. The present is bad and the future will be worse unless we take this opportunity to make general practice attractive to young doctors. New medical schools will be no solution to our problems if young graduates choose to work overseas. This is no time for cheese-paring. Unless we act now with boldness and foresight it is probable, on present trends, that within the next ten years many of our citizens will be unable to find themselves a National Health Service doctor. The treatment is urgent because the patient is on the danger list. The first step must be resuscitation, with a large transfusion of money. The danger is that we may delay so long making sure that none is wasted that the patient may be beyond resuscitation.

The present system of employing general practitioners as independent contractors is probably the best that can be devised, provided that two conditions are met. The first is that the doctor is paid well enough to provide the necessary services, and the second that he has some incentive to spend money on his premises and staff. Since the beginning of the National Health Service neither of these conditions has been observed. The general practitioner has been underpaid; his income should be greater, not less, than the consultant, who has his buildings, staff, and holiday provided for him. There has never been any incentive to give a good service; those who have done so have been worse off than those who gave a poor one.

The comments published by the G.M.S.C. in the *B.M.J.* of 26 September (*Supplement*, p. 136) include the words, "The improvement grants will provide new money—with very few restrictions—in a way which is comparable to the scheme available for farmers." They do no such thing. A farmer building a new building gets a grant for a third of the cost, and tax relief on the two-thirds that he pays himself. This is a very effective incentive towards modernizing buildings and explains why the pig-sties of Britain are modern and efficient, while the surgeries are the opposite. Give us what the farmers have enjoyed for years and we will modernize our surgeries as the farmers have modernized their pig-sties.

It is not a question of whether the country can afford to do this. The money necessary is a fraction of what is proposed for other developments; £800m. for new hospitals, £220m. for new local authority buildings. For £100m. a new surgery could be built and given free to each doctor in Britain. A scheme comparable to that available to farmers—that is, a grant for a third of the cost and tax-relief for the other two-thirds—would cost about £60m. if every general practitioner in the country took advantage

of it. A country that can afford T.S.R.2s at £20m. a time can afford this. It certainly cannot afford to let that service which treats 90% of all the illness of its citizens reach breaking point.—I am, etc.,

R. P. C. HANDFIELD-JONES.
Haddenham, Bucks.

SIR,—We have read the letters of Dr. A. M. Maiden and Dr. Ivor M. Jones (3 October, p. 879) advocating acceptance of the Minister's offer re payment towards ancillary help. While appreciating their arguments, we feel that they miss the crux of the matter, and the warning, which reads like a threat, in the last paragraph of Dr. Jones's letter does not help matters. One does not like to be intimidated into any line of action. While accepting that there is inequity in the present method of distribution of practice expenses, the present proposal not only does not help but has inevitably produced a split in our profession, a result which surely could have been foreseen by our leaders.

The vast majority of the profession realizes there is something wrong with the Minister's proposal, but have not yet articulately placed their finger on the broad issue. Those who have attacked the proposal have done so on the grounds that the money comes from the Pool, and any so-called payments direct would be at the expense of their fellow-practitioners; those who advocate the proposal do so on the grounds that doctors with ancillary help subsidize those with none, and that it would encourage the profession as a whole to get ancillary help.

The issue has become far too narrow, and here we are looking at a tree and not the wood.

The Conference resolutions referred to by Drs. Maiden and Jones called for a more direct method of repayment of practice expenses, and not the more direct payment of a single factor expense *per se*, however important or bulky that expense may be.

In your leader "Practice Expenses" (26 September, p. 769) you state: "There are doctors who for one good reason or another may be unable to employ ancillary help, yet their expenditure in other directions may be high," and Dr. Maiden states he is puzzled by this. Dr. Maiden, I am sure, does understand that there are such things as rents, rates, telephones, cleaners, heating, and lighting, and many other expense factors, including branch surgeries, which vary so enormously in different practices as to be open to the same assertion that those with more expenses help to subsidize the Pool drawings of those with less. Indeed, it may well be that a doctor with ancillary help is subsidized for his rent factor by a doctor without ancillary help. One might therefore say that the Minister should deal with the general practitioner's rents and rates in the same manner as he has offered to do with ancillary help, so that it would restore the balance of inequity and also encourage those doctors with poor premises to get better premises. It is obvious that we must not tackle just one point in the balance of payments but that any proposal for direct payment of expenses must be composite, embracing all justifiable expenditure.

The word "justice" has been used, and "equity" thrown in for fair measure, but neither justice nor equity can be fairly used in the present proposal of the Minister *per se*. Justice is not superficial, and must apply to the whole picture. It cannot be used to divorce a single item from its multi-item context. The Minister's proposal should not be accepted as a separate item, but should be kept in hand as part of a parcel deal extending over the whole range of practice expenses, which could then be submitted to the profession. If implemented by itself the Minister's proposal would be inequitable and unjust.—We are, etc.,

N. S. MALIMSON.
Broughton, Manchester. I. KLASS.

SIR,—I was very pleased to read the clear statement from the Minister of Health (*Supplement*, 26 September, p. 135). Perhaps now that we all understand the workings of the Expenses Pool there may be more room for some constructive criticism of the Minister's proposals.

My own criticism of his proposals for the reimbursement of expenses for ancillary help is that they do not go far enough. I see no reason why 100% of the actual expenses incurred should not be reimbursed to those practitioners actually incurring them.

It has been stated if this were done the Ministry would want some control over how the money was spent. Surely it is not beyond the wit of our negotiators to agree with the Ministry on some reasonable salary scale for ancillary help. I suggest the same as medical secretaries in hospital, and for nursing staff the same as staff-nurse scale in hospital, the maximum to be paid to any practice being at the rate of one full-time secretary per 2,500 patients in urban practices and per 2,000 patients in rural practices, plus half the staff-nurse rate for part-time nursing help per 2,500 or 2,000 patients. Smaller lists could be reimbursed *pro rata*, which would dispose of the objection raised recently that someone who had a predominantly private practice would be getting his ancillary help paid for by the Health Service.

I submit, Sir, that the scale I have suggested would be both reasonable from the Minister's point of view and adequate help from the doctors' point of view.—I am, etc.,

Tickhill,
Nr. Doncaster, Yorks.

J. KELLY.

SIR,—It is gratifying that this vexed question should occupy pride of place in your leader pages (26 September, p. 769), if only to draw the attention of all members of the profession to the present anomalies. Your enthusiasm for the Group Practice Loan Fund (enthusiasm shared by the General Medical Services Committee) ignores its origins and its effects. As originally constituted this fund formed part of a pay rise for general practitioners. The money was withheld and lent interest-free to those doctors who satisfied certain stringent conditions. Eventually the Exchequer agreed to provide all of this money, but not before hundreds of thousands of pounds of *our* money went into the Fund. Shall we ever see it again? The effect of the Fund is to encourage doctors to tie up capital in custom-built premises. If they did not own these premises, but paid an