Correspondence

Because of heavy pressure on our space, correspondents are asked to keep their letters short.

Accident Services

SIR,—The Minister of Health has now made his recommendations after a study of the report of the Subcommittee of the Standing Medical Advisory Committee on accident and emergency services.¹ Briefly these recommendations are for the concentration of these services in specially designated hospitals, better medical staffing with consultant supervision at all times, and the construction of specially designed buildings where required to replace unsatisfactory accommodation. These accident and emergency hospitals should be based on general hospitals, have 50 or more beds, and serve a population of not less than 150,000.

These are excellent recommendations as far as they go. It is disappointing, however, that no reference is made to the importance of creating central accident units. My committee² consider such units to be the hub of any organized accident service, and there should be one serving an area of approximately one-and-a-half million population. We regard them as essential for the treatment of complicated injuries for which the advice or service of specialists in more than one of the special fields of surgery is required for the one patient; to act as a co-ordinating body for accident arrangements in the region; to provide all the services for major and minor injuries from the locality; and to undertake both undergraduate and postgraduate teaching and research. These units would usually be attached to the teaching hospital in the region. Without them we are convinced that a comprehensive accident service matching up to the needs of the country cannot be achieved.

To achieve even the limited recommendations of the Ministry will clearly mean a very considerable financial outlay for new buildings or the expansion of existing ones, and for the staff and other facilities necessary to maintain a 24-hour service. There is no reference in the Ministry recommendations to an increased allocation of funds for these purposes. It is quite unrealistic to issue recommendations which cannot be implemented. The problem is urgent; about 300,000 accident cases are admitted to hospital each year, and their treatment for lack of facilities is often inadequate. The cost to the country is estimated at about £500,000,000 a year, including the economic factors of loss of productivity. No doubt we will be told that the new buildings necessary will be provided as part of the hospital building programme. The latter is designed to satisfy some of the needs of to-day by the mid-1970s. This is certainly not the degree of urgency necessary to meet the growing epidemic of trauma which, after heart disease and cancer, is to-day the largest cause of death between the ages of 15 and 65.—I am, etc.,

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REFERENCES

- ¹ Ministry of Health, Central Health Services Council Standing Medical Advisory Committee, *Accident and Emergency Services*, 1962, Report of the Sub-committee. H.M.S.O., London.
- ² *Accident Services of Great Britain and Ireland*, 1961, Interim Report of Review Committee. B.M.A., London.

General Practice Outmoded ?

SIR,—I have a very sad feeling that in writing your excellent leader (May 11, p. 1245) you were determined to include, without valid reasons, one of your favourite phrases (which the N.H.S. has certainly shown to be "outmoded") about "making each patient pay at least something directly for the care he receives." Such a retrograde step would be no answer to the attack now being made on general practice. Neither you nor Sir Arthur Thomson is right in thinking that "whatever the cause may be the status and prestige of general practitioners have declined in Britain since the end of the war, and in particular since the introduction of the N.H.S. in 1948." Anyone who believes in general practice as the only valid basis for a health service, as I do, has had that view fortified by what has happened both here and in other countries in the past 15 years.

On a recent extensive lecturing tour of the U.S.A. I discussed this question at great length with lay and medical audiences. I came back to Britain more than ever convinced as to the need for the G.P., but more than ever proud of the standard set by really good G.P.s in this country and the rise in standards under the N.H.S. Average American citizens are getting nothing like the standard of individual medical care available to the people of Britain, and the level in areas where the G.P. has almost disappeared is astonishingly low. The N.H.S. has many deficiencies, chiefly due to the financial policies of successive Governments with no real understanding of the basic principles on which it was founded, but for the average citizen it provides a higher average standard and better organizational possibilities than people get in a so-called affluent society such as the U.S.A.

Yet you are right in quoting Professor J. H. F. Brotherston that general practice remains "a cottage industry, under-organized, under-capitalized, and over-worked," and doubly right in that "the N.H.S. has now to catch up with modern medicine." The British general practitioner needs three things to further increase his standing, capabilities, and the quality of his service. Two can be provided in whole or part by the hospital service without attempting to convert him to a part-time hospital officer. (There are jobs to be done in many hospital departments which some G.P.s might like to do, but I believe he must remain primarily a specialist in family medicine.)

Firstly, the hospital should, and can, become the place to which the G.P. naturally turns for that vital continuous process of education which all doctors need, and it should be both formal and informal. The hospital staff must be fully aware of their responsibility in this matter, and it will be much easier when a hospital has a medical centre such as we now have at Kingston; but it is a two-way traffic, and the hospital consultant has much to gain from contact with the general practitioner.

Secondly, the G.P. needs services, open-access to x-ray and laboratories, domiciliary consultation in every field; and the hospital must be ready to provide all that is needed whether it is a physical need like sterile syringes or the opinion of a specialist in a very narrow field. The stimulus of working in an atmosphere where there is a clear readiness to help makes good G.P.s better. In this area I would strongly contest your statement about a lowering of G.P. standards since 1948. I believe they have risen steadily, and it is a positive pleasure