MEDICAL SERVICES IN N.H.S.

Regulations governing the proposed general medical services have been issued under the title of National Health Service (General Medical and Pharmaceutical Services) Regulations. They provide for arrangements to be made by the Executive Councils with medical practitioners, the setting up of the Medical Practices Committee, and the terms of service for practitioners. They also prescribe the form of certificate to be issued by the Medical Practices Committee certifying that a transaction does not involve sale of goodwill.

Each Executive Council will furnish reports to the Medical Practices Committee before Dec. 31, 1948, and thereafter annually or more frequently if required, in order that the Committee may judge of the adequacy of the medical services in the Council's area. The Council must inform the Committee when a practitioner's name ceases to be on the medical list, because of death or any other cause, and it is empowered to advertise the vacancy in the Press or elsewhere.

If the number of applicants exceeds the number of practitioners required for vacancies notified by Executive Councils the Medical Practices Committee must consider the views expressed by the Council concerned, give any applicants an opportunity to attend before it or make written representations, and inform the successful and unsuccessful applicants of its decision. An unsuccessful applicant may appeal to the Minister, who may himself determine the appeal summarily or appoint one or more persons to hear it.

The Executive Council shall consult with the Local Medical Committee and constitute an Allocation Committee, consisting of equal numbers of persons appointed by the Council and Local Medical Committee and of a chairman. This committee will be responsible for administering the Council's "allocation scheme," by which it provides for, among other matters, the assignment of practitioners to patients and vice versa where necessary, and for placing a limit on the number of persons on a practitioner's list. This limit is normally 4,000, but when two or more partners practise together there may be 5,000 on any list provided that the average remains 4,000. A practitioner employing an assistant may take on 2,400 more patients for each assistant. The allocation scheme is subject to the approval of the Minister.

On the death of a medical practitioner (or on his name being withdrawn from the list) the Council may consult with the Local Medical Committee and appoint one or more practitioners to care for the deceased practitioner's patients. A person who no longer wishes to use the general medical services may get the Council to remove his name after 14 days. A person temporarily residing in a district who is not on a practitioner's list in that district may be accepted by a practitioner during his residence.

Distribution of Funds

The sum to be distributed for the remuneration of practitioners will be credited to the Local Executive Council, which will prepare a scheme for its distribution after consultation with the Local Medical Committee. If the two bodies fail to agree the matter will be referred to the Minister, whose determination is final. The provisions of the scheme are in any case subject to the approval of the Minister.

The first schedule of these regulations prescribes the terms of service for medical practitioners. "A practitioner is required to render to his patients all proper and necessary treatment." The scope of treatment required is that which does not involve the application of special skill or experience "of a degree or kind which general practitioners as a class cannot reasonably be expected to possess." Within these limits it includes the administration of anaesthetics and operative procedures. In the case of maternity medical services such treatment also includes antenatal supervision. In an emergency a practitioner must do whatever is best in the interest of the patient.

"A practitioner is required to attend and treat at the places, on the days, and at the hours to be arranged to the satisfaction of the Council" the patients in his care, but he may alter the time and place with the consent of the Council or, on appeal, if the Minister allows it.

"A practitioner is required to provide proper and sufficient surgery and waiting-room accommodation for his patients, having regard for the circumstances of his practice." He must allow any officer or member of the Council or Local Medical Committee to inspect his surgery or waiting-room at any reasonable time, on his receiving a written request.

A practitioner must visit a patient whose condition requires him to do so, and he must issue any certificates free of charge if they are reasonably required by the patient or required by an Act. A practitioner must prescribe for his patients on a form provided by the Council, and he is prohibited from giving the instructions "Rep. Mist."

A practitioner must keep records of the illnesses of his patients and his treatment of them in a form determined by the Minister, after consultation with an organization which in his opinion is representative of the general body of general practitioners. He must forward these records to the Executive Council when called for, and in any case within seven days of a patient's dying.

A practitioner must furnish in writing to the medical officer appointed by the Minister for the area any clinical information that he may require about a patient to whom the practitioner has issued, or declined to issue, a medical certificate. He must also allow the medical officer access at reasonable times to his surgery so that he may inspect the records, and he must answer any inquiries by the medical officer about prescriptions, certificates, or statements in any report made under the terms of service.

Partners and Assistants

A practitioner will normally treat his patients personally, but if he has a partner or an assistant one of these may treat his patients. Nevertheless the patient is entitled to require the personal services of the principal instead of the assistant's, unless professional duties or other reasonable cause prevent the principal from rendering them himself.

If the Executive Council, after consultation with the local medical committee, considers that a practitioner is not carrying out his obligations under the terms of service—owing, for example, to continued absence or disability—they may, with the consent of the Minister, notify persons on the practitioner's list that he is for the time being, in their opinion, not in a position to carry out his obligations.

The remuneration will be in accordance with the following scheme. There will be an annual payment of £300, provided that after a specified period the practitioner has a minimum number of patients specified by the scheme. There will be a capitation payment, payment in respect of temporary residents, payment for treatment given in an emergency of a patient not on that practitioner's list, a mileage payment, and payment in cases where the practitioner is required to provide the services of a second practitioner to administer an anaesthetic. Other payment will also be determined as follows. There will be an inducement payment made in areas unattractive to medical practitioners. A practitioner will receive a supervision fee for training an assistant under an arrangement approved by the Minister. Practitioners with obstetric experience will receive payment in respect of their providing maternity services. Practitioners will be paid in respect of the supply of drugs and appliances.

A report by the Liberal Party entitled *The Aged and the Nation* (8, Gayfere Street, S.W.1; 2s.) surveys the problems of old people and makes recommendations for consideration by the Party Assembly in Blackpool on April 22-24. The Report recommends improvements in pensions, housing, welfare services, homes and hostels, medical treatment and administration of the services for the care of old people. It also urges that everything possible should be done to enable older workers to continue working as long as possible after pensionable age. The Report concludes that the medical profession should be encouraged to take an interest and undertake research in preventive and remedial treatment of the diseases of old age; that the aged should be admitted into geriatric departments of general hospitals, not into chronic sick wards; that long-stay and residential annexes should be attached to general hospitals; and that senile dements should receive treatment in special wards.

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