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CONTENTS

Some B.M.A. Events in 1965 - - - - -	1	Charter Flight to New York - - - - -	5
General Medical Services Committee - - - - -	3	H.M. Forces - - - - -	6
Abuse and Misuse of the N.H.S. - - - - -	5	Association Notices - - - - -	6

Some B.M.A. Events in 1965

January

Report summarizing opinions of B.M.A. Divisions on reforms needed in general practice sent to the Ministry of Health's Working Party on General Practice (Fraser Working Party). B.M.A. welcomed Minister of Health's statement in letter to all N.H.S. general practitioners in England and Wales that he put first among steps to solve current problems "proper remuneration based on the advice of the Review Body." B.M.A. gave warning that removal of prescription charges would increase doctors' work.

Chairman of Council wrote to Minister of Health stating that situation in general practice was critical and that a speedy announcement of Review Body's findings (on general practitioners' pay claim) and the Government's intention to implement them was "of paramount importance." Council appointed working party (Chairman, Dr. C. Metcalfe Brown) to study health problems presented by immigration into Britain and to make recommendations.

February

Third, fourth, and fifth reports of Review Body published and recommendations accepted by Prime Minister. Third report rejected claim that salary scale of senior hospital medical officers should be 80% of that of consultants at corresponding points. Fourth report recommended interim increase in number of B and C consultant distinction awards from 800 to 850 and from 1,500 to 1,700 respectively. Fifth report rejected claim for seniority payments in general practice; recommended [as asked by profession] that payments to general practitioners by hospital authorities, local authorities, and Government departments should be excluded from Pool calculation; rejected claim that payments for maternity medical services should also be excluded from Pool calculation. Profession's claim for general practitioners was for an additional £18m. to their global net pay. Review Body awarded about £5½m. with attached condition that major part was to be used to finance schemes for partial direct reimbursement of certain practice expenses. Review Body stated it found no evidence to support nor did it share the B.M.A.'s view that the overall level of general practitioners' pay ever since 1948 had been far too low.

Profession's Joint Evidence Committee regarded the outcome of its case to the Review Body for general practitioners "as most disappointing." Immediate reaction of Mr. J. R. Nicholson-Lalley (Chairman of Council) and Dr. J. C. Cameron (Chairman of General Medical Services Committee) was that "the nature of the award must inevitably raise in the mind of every family doctor whether . . . he can continue to offer his services through the medium of the National Health Service as long as the Pool system remains the basis of remuneration." G.M.S. Committee recommended that the Council should (1) instruct profession's representatives to discuss with the Minister the devising of "an entirely new contract of service"; (2) obtain an undertaking from the Minister that he would not impose a scheme for more direct reimbursement of practice expenses without profession's agreement, and that he

would unconditionally credit to the Pool for distribution in capitation fees the £5½m. awarded by the Review Body; and (3) through the British Medical Guild advise family doctors to terminate their contract with the N.H.S. after three months' notice had been given. British Medical Guild invited general practitioners to send in resignations to be submitted if necessary to executive councils on 1 April to take effect from 1 July. Central Consultants and Specialists Committee "reaffirmed" its support for general practitioners' case.

Council decided to ask Government to introduce legislation making it an offence for a person with a blood-alcohol concentration in excess of 80 mg./100 ml. to drive a motor vehicle.

March

The Review Body, asked to clarify its recommendation that most of its award should be used to finance schemes for direct reimbursement of general practice expenses, stated that in making the recommendation it had assumed that agreed schemes would be introduced by 1 April: the recommendation could not take effect if schemes not introduced. In view of this statement Government agreed to add the £5½m. award unconditionally to Pool. B.M.A.'s "Charter for the Family Doctor Service," setting out basic needs for general practice in form of new contract for general practitioners involving fundamental changes in methods of pay and terms and conditions of service, sent to Minister of Health with request for his comments without delay. Overall increase in gross remuneration if Charter's proposals implemented estimated at £40½m. Minister of Health stated Government ready to negotiate on all matters in Charter except levels of remuneration: Review Body must "price" new contract.

Special Meetings of Representative Body (Chairman, Dr. Ronald Gibson) and Conference of Representatives of Local Medical Committees (Chairman, Dr. A. M. Maiden) advised British Medical Guild to hold resignations (then about 17,500) until 30 June and in interval Minister to be asked to give "positive and unequivocal assurances" (1) that Government would introduce early legislation for an independent corporation to finance provision of practice premises; (2) more money would promptly be provided for employing ancillary help; (3) certification would be reduced; and (4) if the pricing of the new contract were referred to the Review Body it would be on terms which ensured that (a) the Pool was abolished, (b) doctors' pay would be assessed *ab initio*, (c) the "basis" could be applied to alternative methods of remuneration (capitation fee, item of service, or some form of salary), and (d) the reference would not be restricted by criteria established by the Royal Commission nor prejudiced by the Review Body's fifth report.

April

Annual Clinical Meeting, Dundee.

B.M.A. deputation told by Minister of Health that he could hold out no hope of making drugs available to private patients under N.H.S.

G.M.S. Committee reaffirmed appointment of Drs. J. C. Cameron, I. M. Jones, E. V. Kuenssberg, and A. M. Maiden, together with Drs. D. P. Stevenson and W. H. Hedgcock, to negotiate with Minister of Health.

Joint Consultants Committee (1) asked for meeting with Health Ministers to discuss "the efficiency, development, and reorganization of the N.H.S."; (2) reaffirmed its "full confidence" in the Review Body; (3) recognized the need for improvements in general practice; and (4) asked to be kept informed on the discussions on general practitioners' Charter so that it might "determine its attitude . . . to the possible repercussions on the hospital service."

May

Joint report on discussions between general practitioners' representatives and the Minister of Health published. G.M.S. Committee resolved to recommend to Conference of Representatives of Local Medical Committees (1) that negotiations on the Charter as a whole should continue; (2) that existing undated resignations held by British Medical Guild should now be destroyed; and (3) that the proposed scheme for more direct reimbursement of the cost of ancillary help be implemented from 1 October 1965. The Council resolved to recommend to Representative Body that (1) negotiations should continue; (2) the ancillary help scheme should begin on 1 October; and (3) "That undated resignations should continue to be held by the British Medical Guild."

Report of B.M.A.'s special committee on Alcohol and Road Accidents on the medico-legal investigation of the drinking driver published as booklet, *The Drinking Driver*.

June

Junior Members Forum (Chairman, Dr. A. B. Gilmour) met in Edinburgh. Conference of Honorary Secretaries and Press Secretaries of B.M.A. Branches and Divisions in London (Chairman, Dr. C. C. Lutton).

Annual Conference of Representatives of Local Medical Committees in London (Chairman, Dr. A. M. Maiden) considered report on negotiations with the Minister of Health. G.M.S. Committee's recommendation that the negotiations on the Charter as a whole should continue accepted. Conference (1) carried by large majority an amendment that existing undated resignations held by the British Medical Guild "should be retained until such time as the new Charter has been negotiated and the contract priced"; (2) rejected by 113 votes to 98 an amendment that report on negotiations "does not contain the positive and unequivocal assurances which were sought at the Conference on 24 March"; and (3) carried an amendment that the proposed scheme for reimbursement of cost of ancillary help should *not* be implemented until the implementation of the Charter as a whole.

Special Representative Meeting (Chairman, Dr. Ronald Gibson) considered report on the discussions with the Minister. Meeting resolved: (1) "That the resignations should not be destroyed by the British Medi-

cal Guild until a final settlement has been reached between the Minister and the profession." (2) "That negotiations on the Charter as a whole should continue." An amendment, "That, as unequivocal assurances asked for by the profession have not been forthcoming on all four testing points, resignations should be submitted on 1 July 1965," was lost on a vote by roll call of 281 votes against to 143 for the amendment. Amendment, "Despite the decision not to resign on 1 July, this Meeting expresses its dissatisfaction with the assurances given in the joint report," was carried by 186 votes to 65.

Deputation from Joint Consultants Committee, headed by Sir Thomas Holmes Sellors, met Ministers of Health and their chief officials. Deputation asked for closer consultation with Ministers on problems of N.H.S., and expressed the view that its structure should be re-examined in the light of 17 years' experience.

July

Annual General Meeting, Adjourned Annual General Meeting, Extraordinary General Meeting, and Annual Representative Meeting, Swansea.

Extraordinary General Meeting adopted amendments to Articles of the Association as published in *B.M.J. Supplement* of 22 May (p. 209). Sir Clement Price Thomas installed as President by outgoing President, Dr. E. A. Gerrard, at Adjourned Annual General Meeting.

Annual Representative Meeting elected Professor Hamid Ali M. Khan President of B.M.A. for 1966-7. Mr. O. Gayer Morgan and Dr. W. N. Pickles elected Vice-Presidents of B.M.A. Dr. Ronald Gibson re-elected Chairman and Dr. A. N. Mathias Vice-Chairman of Representative Body. Meeting resolved that full rate of membership subscription should be increased from £9 9s. to £12 12s. as from 1 January 1966, and that from same date certain increases be made in the reduced rates of subscription.

A.R.M. resolved, on motion by West Sussex Division: "That payment by the patient of fees for items of service, in part or wholly recoverable from the State, be included in the Charter as one method of remuneration." Statement by Mr. J. R. Nicholson-Lailey (Chairman of Council) that Council regarded resolution as "an instruction not only to the Council but to the negotiating team. . . ."

A.R.M. supported Private Practice Committee's proposal to establish a private medical insurance scheme to provide an alternative medical service.

Mr. Nicholson-Lailey unanimously re-elected Chairman of Council for a period of one year.

"An Appraisal of the Hospital Service," a review of the terms and conditions of service of hospital medical staff by three members of C.C. and S. Committee, circulated by C.C. and S. Committee.

August

Minister of Health stated that the proposal that fees, whether recoverable or not, should be paid by National Health Service patients "was quite unacceptable by the

Government." G.M.S. Committee, having noted the A.R.M. resolution on West Sussex motion and the assurances of the Chairman of Council and the Chairman of the G.M.S. Committee that in the event of difficulty in the negotiations they would seek the guidance of the profession, considered "that the negotiations as a whole should continue and that the opinion of the profession be sought at the conclusion of these negotiations." The Committee also instructed negotiators urgently to pursue the matter of work load of general practitioners.

Recommendations of Hospital Junior Staffs Group of B.M.A. for improving terms and conditions of service of hospital junior doctors published in memorandum "New Deal for Hospital Junior Staff." Salary scales (subject to betterment award by Review Body) ranging from £1,000 per annum for first-year house officer to £2,740 per annum for eighth-year senior registrar recommended. Recommendations also made to prevent "exploitation of junior staff and facilitate introduction of shorter working hours."

September

Report by working party of Hospital Junior Staffs Group on postgraduate education for hospital staff published. Council approved Private Practice Committee's provisional scheme for an alternative medical service with name of "Independent Medical Services Ltd.," but resolved "That any alternative medical service promoted by the Association must include as a prerequisite provision that normally the doctor will charge a fee for each item of service, with discretion to waive it."

Nineteenth General Assembly of World Medical Association held at B.M.A. House: President, Sir Clement Price Thomas (U.K.).

Minister of Health assured Secretary of B.M.A. that inclusion in National Economic Plan of estimates of N.H.S. expenditure by 1969-70 was not intended to affect the basis of current negotiations on a new contract for general practitioners nor would it "affect the freedom of the Review Body to reach whatever conclusions seem right to it on its pending consideration of medical remuneration."

October

Dr. I. M. Jones, chairman of directors of Independent Medical Services Ltd., appealed by letter to all general practitioners for £10 from each doctor to provide capital to launch alternative service: minimum of £80,000 required. Dr. Jones hoped service could be operated in "selected areas" by beginning of 1966.

Publication of second report of joint discussions between general practitioners' representatives and Minister of Health. Report sent to all doctors in United Kingdom. Council adopted G.M.S. Committee's recommendations: (1) That the form of the proposals for a new pay structure is of such a nature that it may go forward to the Review Body for pricing. (2) that approval of recommendation (1) be sought by postal ballot among general practitioners in the N.H.S. (3) That negotiations on the Charter as a whole should continue.

Council appointed special committee, under chairmanship of Dr. E. A. Gerrard, to study therapeutic indications for abortion.

November

Result of ballot among 24,255 general practitioners announced. To question, "Is it your wish that the Government's proposals for a new pay structure (as set out in the second report of the joint discussions between the Minister of Health and the profession's representatives) should now go to the Review Body for pricing?", 17,602 answered "yes," 2,660 answered "no."

Conference of chairmen and honorary secretaries of regional consultants and specialists committees at B.M.A. House (Chairman, Mr. H. H. Langston). Joint working party of representatives of Joint Consultants Committee and Health Departments set up to consider desirable developments in hospital service. Dr. E. A. Harvey-Smith, chairman of Hospital Junior Staffs

Group, added to team to give evidence to Review Body on hospital doctors' pay.

December

B.M.A.'s Gold Medal for Distinguished Merit awarded to Dr. Hugh Clegg, Editor of *B.M.J.* (now retired), for his "outstanding services to the Association and the profession."

Council adopted report and recommendations of B.M.A.'s Working Party on the Medical Examination of Immigrants: main recommendation was that all persons, other than short-stay visitors, admitted to U.K. should be medically examined before admission, and examination should be in their country of origin by doctors approved by U.K. Government.

Government scheme for grants of one-third of cost of improvements to general practice premises came into operation.

C.C. and S. Committee resolved (1) to recommend to Council that representation on

Committee of Hospital Junior Staffs Group should be increased from 2 to 4; (2) to recommend to Joint Consultants Committee that a representative of H.J.S. Group should be added to Joint Consultants Committee and to staff side, Whitley Committee B; (3) to support allocation of seat on Council and seat in the Representative Body to H.J.S. Group Council.

Donations to Independent Medical Services Ltd. amounted to £57,000, £23,000 below minimum target. Chairman of I.M.S. Ltd. stated it was not possible to start scheme in selected areas at beginning of 1966. He hoped to start it in selected areas on a slightly different administrative basis within, perhaps, three months.

Retirement of Dr. H. A. Clegg, Editor, *B.M.J.*; Dr. E. E. Claxton, Principal Assistant Secretary, B.M.A.; Mr. W. S. Giles, Financial Comptroller, B.M.A.; and Miss M. H. Hollowell, Sub-Editor, *Abstracts of World Medicine*.

Jamaica Branch of B.M.A. dissolved. Membership of B.M.A. 70,500.

General Medical Services Committee

A meeting of the General Medical Services Committee was held on 16 December 1965, with Dr. J. C. CAMERON in the chair.

Merit Awards

The Committee considered a report entitled "Additional Payments for Wide Experience and Notable Service in General Practice: An Outline Scheme," published by the Council of the College of General Practitioners.

The CHAIRMAN said he thought the Committee would wish to move towards a closer liaison with the College of General Practitioners. That did not mean that the College wished to be directly involved in medical politics, but there were matters which could profitably be discussed between the two bodies.

Dr. J. C. KNOX said that the College's report was a dodge to try to call a merit award by another name. He was sure general practitioners did not want merit awards. Early in the report it was stated: "The quality of service given by a general practitioner cannot be measured." That, said Dr. Knox, seemed to be the end of the matter: it could not be measured. But then it went on to state that there were other factors, such as research. It was suggested that the doctors' award should be "as confidential as his other earnings in general practice." The College wanted the award to be secret, but it did not want to say so. The report suggested that a doctor would on average be in practice for 30 years and that the awards should continue to be paid until the age of 65. Most applicants would have been in practice for ten to fifteen years before applying. The meaning of these figures, said Dr. Knox, seemed to be that nobody below the age of 40 need apply for an award, and in most cases the award would not be obtained before the age of 55.

Dr. H. N. ROSE said that once upon a time a good general practitioner or consultant used to get a "merit award" by increasing his fees. Since the National Health Service there had been equality of payment by counting of heads. But the services given by doctors were not equal and some doctors deserved recognition of merit. The function of the general practitioner was changing. The only man who could now co-ordinate the work of the various specialties was the general practitioner, and it was time he took the position of general physician.

Dr. R. W. RAE pointed out that a merit award suggested that the only way to get good general practice was through pay. That was a terrible thing to say. Good general practice should result from doctors trying to educate themselves and keep up to date. Postgraduate courses were being well attended by general practitioners without any question of a merit award.

Dr. T. K. COOKE said that there was concern about recruitment to general practice, and the lack of a career structure was a problem. The range of earnings was too narrow, and the only way of changing that was to have some sort of merit award. Dr. A. WILSON said the majority of his constituents, particularly the younger men, were against a merit award. One major difficulty was in deciding who should receive an award. It was easier to find those who were lacking in merit than those who were outstanding.

Dr. F. M. ROSE said that one of the great limitations of the capitation-fee system of payment was that it did not distinguish between those who did the minimum and those who did the most work. Something was required to encourage doctors to provide a better service; money was one of the things, but not the only thing. That the suggested methods for implementing merit awards had not been popular was no reason for turning them down. The Committee should give the profession a lead in accepting such awards.

Dr. M. A. WILSON said that the Review Body was almost certainly going to recommend merit awards for general practitioners. The doctors could reject the recommendation or accept it. It was vital that some practical scheme for the operation of a merit award scheme should be prepared before the Review Body reported. Dr. C. J. SWANSON pointed out that previously the Committee had turned down schemes for merit awards but not the principle of merit awards.

Practice Expenses

The Committee considered a resolution to the Annual Representative Meeting 1965, passed as a reference to the Council, that an independent outside body should conduct an impartial survey into the actual and concealed running costs of medical practice.

Dr. KNOX said there was a great deal that was not known about the true costs of running a practice, and this was information which the profession should have had before it had started bargaining. The costs of running a practice were much more than was usually believed, and many of them were concealed costs.

Dr. J. C. ARTHUR pointed out that many accountants who compiled expenses for income-tax returns had insufficient information. For instance, the allowance for premises was often unsatisfactory. There was also the question of a wife's remuneration. Dr. A. ELLIOTT pointed out that doctors might soon be paid by a different method, and the Committee should be looking to the future rather than the past.

The CHAIRMAN assured the Committee that all the relevant information which had been accumulated in the past was being used in the current negotiations.

Dr. A. A. CLARK said that when the Review Body stated its recommendation for the basic practice allowance the Committee

should have ready figures which could be measured against what was offered. These figures were not now available. There were indications that the figures for expenses in the past had not been nearly adequate. Perhaps the total amount ought to have been £10m. more, but there were no figures available to prove it. It was imperative to set up machinery immediately to produce such figures.

The Committee decided to obtain expert advice and to reconsider the matter in the light of that advice.

Cervical Cytology Service

Dr. ELLIOTT said that the Association's Cervical Cytology Committee, on which he was the G.M.S. Committee's representative, had concluded that there should be a cervical cytology service run through local authority clinics. General practitioners could take the smears in their own surgeries, but when they did not wish to do so they should be able to refer patients to the local authority clinics. Records should be properly kept, preferably by the health department. The smears should be examined at the local hospital laboratory. The service would require extra money.

Representatives of the Cervical Cytology Committee had had discussions with officials of the Ministry of Health. The Ministry had set up five centres to train pathologists and technicians in cytology, but the rest of the service would have to be financed out of existing Health Service funds. There was already difficulty in providing money for existing services. Some hospital management committees might have to cut down on nursing and other technical staff to introduce a cytology service. That was a disgraceful situation, said Dr. Elliott. Cervical cancer could become a preventable disease. The profession should make it clear to the public what the situation was. The problem of providing the £½m. or £1m. which was needed was a political one.

It was important that general practitioners should take part in the service despite their increasing work load. General practitioners were the only ones who could take part in mass screening, because they saw the women who were most at risk. This was a function of family doctoring. The facilities for examining smears would be provided by hospital laboratories. General practitioners could be instructed how to take the smears.

It was urgent to try to persuade family doctors to take part in this service before the money was made available, otherwise they would be pushed out altogether and the local authorities would take over.

Dr. H. S. HOWIE WOOD pointed out that there was a shortage of trained technicians, and the service could not be satisfactory until there were enough technicians. In his own area the medical officer of health had agreed to the scheme if general practitioners agreed to receive the necessary training to do the job properly. Only a small number of doctors responded at first. They must set their own house in order if the scheme was not to pass to local authorities.

Dr. ELLIOTT, in answer to a question, explained that a technician working full time could not examine more than 100 slides a week, or 5,000 a year, but because the work was so tedious and accuracy so essential it

was impossible for a technician to examine slides for more than half his time. The Ministry had said that by the end of 1965 500 technicians and 300 pathologists would have been trained at special courses in cytology, and had said that that would be sufficient to screen the whole of the population at risk. That was nonsense. It seemed more realistic that there should be 1,500 technicians each examining slides for half their time. But pathology departments were so strained that they could not spare people to be trained.

The Committee agreed that general practitioners should be urged, through their local medical committee, to take part in cervical cytology.

"Help Your Doctor"

The Committee discussed the Ministry of Health's leaflet "Help Your Doctor."

Dr. J. E. MILLER said the leaflet was almost laughable. Because there were inadequate supplies their distribution had been limited to six per doctor. The Minister of Health had stated that he was going to mount a campaign during this winter directed towards the efficient use of the Health Service by the public. Doctors had waited with bated breath for this campaign. In fact it was a damp squib which had fizzled out; there had been no campaign. It seemed that the Minister had thought he was going to assuage the anger of the doctors by promising to mount the campaign to reduce their work load, and when they accepted him at his word there the matter ended.

The CHAIRMAN said the Minister had assured him that two further printings of the leaflet were now being distributed to executive councils. There was also a poster which would be sent out before the end of the year to doctors who wished to put it up in their waiting-rooms. He had seen draft sketches of cardboard stands to put in the waiting-rooms of doctors who did not like the posters. He had a preview of four little inserts for television, more for commercial television than for B.B.C., and others were in preparation. The Minister had said there would be a continuing effort which would go on for several months until the spring. In January the Post Office would be overprinting stamps with "Help Your Doctor to Help You."

Dr. E. COLIN-RUSS said he was distressed at the way the matter was being handled. It was not up to him to hand out propaganda to his patients. The Minister should be responsible for distributing the leaflets. Perhaps the Post Office could be asked to put a leaflet through every letter-box. When a doctor handed the leaflet to a patient it showed prejudice, suggesting that he wanted to save himself some work.

Dr. G. CORMACK suggested that the patient's medical card might be reprinted in a more attractive and informative way so that people could get some idea of how to behave properly to their doctor. The television campaign was completely ineffectual. There were organizations which could launch high-powered campaigns for all kinds of commercial goods, and there was no reason why the Minister's message should not be put across in the same way.

Dr. KNOX suggested that the attempt to control the work load was a loser from the start. It was an appeal to the conscience

of the patient, and the patient with a conscience was not the one who was abusing the Health Service. Dr. R. B. L. RIDGE said that his executive council had been asked to include the leaflet in every communication to patients from the council, and this was being done. Perhaps other executive councils could do something similar.

Appeal Expenses

The Committee considered a letter from the Ministry of Health to the effect that the expenses of practitioners who were parties to appeals under the N.H.S. Service Committees and Tribunal Regulations came under the general heading of practice expenses which were reimbursed in full by the Exchequer via the Pool.

Dr. RIDGE said two things were confused in the letter. One was the out-of-pocket expenses, and these were the expenses which the Minister might authorize the executive council to reimburse. The second expense was costs—for example, the cost of legal representation. That was a much bigger and more difficult issue. If the Committee was to support the principle that the costs should go with the decision then the doctor who lost the appeal might find himself bearing the costs of the successful appellant. On balance, the fact that the Minister had never awarded these costs protected the doctor from heavy costs in an appeal which failed.

Disposable Syringes

The Committee was divided on whether the two sizes of needles (25 S.W.G. × ⅜ inch and 21 S.W.G. × 1½ inches) supplied free of charge (*Supplement*, 11 December, p. 241) to general practitioners for use with N.H.S. patients were the most useful.

Dr. RAE said the smaller needle was useless. Dr. E. V. KUENSSBERG pointed out that it was impossible to get any equipment that would satisfy all doctors. The syringes were perfectly all right once doctors became used to them. The Minister had agreed that in due course he would ask doctors for their opinions on whether there should be any changes.

Dr. CORMACK said the scheme was very inflexible. There was no reason why syringes and needles of different sizes could not be supplied. Dr. COOKE said that to order many sizes would greatly increase the cost. It was much cheaper to make two sizes than 30.

The Committee agreed that it could not take any action in the matter until more was known about general practitioners' views on the sizes of syringes and needles supplied.

Item-of-Service Charge

Dr. R. GREEN spoke on a suggestion from the East Sussex Local Medical Committee that the G.M.S. Committee should investigate the fee-paying health service schemes in Australia and New Zealand before the award of the Review Body was published. There was a feeling that the resolution by the Representative Body at Swansea calling for payment by the patient was entirely indiscriminate—that payment should be the same for every patient, regardless of his financial state. There were a large number

of people who could perfectly well afford to pay something for their medical attention. The best method was the one in which a refund could be obtained from the Government, as in the Australian system.

If the Committee could get an accurate assessment of the Australian system and how successful it was, said Dr. Green, there would be evidence to put before the Minister, and he might reconsider his objection to payment by the patient. In Australia the refund was 20s. out of 25s. The Minister might have to reconsider his position as regards payment by the patient. Sooner or later the Health Service would no longer be able to be a free one.

Dr. I. M. JONES welcomed the East Sussex proposal, but said that in the exist-

ing climate of political opinion it would be impossible to run an Australian-type scheme in this country. In Australia the scheme had proved acceptable to both the community and the profession.

Dr. CORMACK said that the Amending Acts Committee had looked at all the schemes it could get information about, and it had evolved a scheme which could be put into operation on a sound actuarial basis. But no political party would alter the existing system of providing medical services. One day in the not too far distant future, however, the facts of the National Health Service would compel politicians to do something about it.

Dr. KNOX did not accept the argument that the politicians would change their minds.

Whichever party said it would alter the N.H.S. the other party would make play of it and would win the next election hands down. Out of self-protection, each party would say there would be no charge to the patient. That was what had happened over the prescription charges. The doctors themselves were the only ones who could give a political party an excuse for changing the situation. If they had resigned and said they would come back on certain conditions the Government would have had to accept some payment by the patient. The public had the money—£1,500m. was spent on cigarettes alone last year.

The Committee agreed to refer the matter to its Methods of Remuneration Subcommittee.

Abuse and Misuse of the N.H.S.

G.P.A. Study Group Report

The introduction of consultation charges; the acceptance by patients of contractual responsibilities under the N.H.S., and that "costs should go with the event" in medical service committee cases; incentives to improve organization in general practice; and sustained and intensive publicity campaigns are the measures recommended in a report¹ by a study group of the General Practitioners' Association. The report does not represent official G.P.A. policy until its members have voted on it. The study group has been working for over a year on its terms of reference, which were to find out as precisely as possible what was meant by "abuse by patients," to see how serious it was, and to suggest, if necessary, a solution to the problem. Investigations included a survey by questionnaire of doctors and patients. Some 1,863 family doctors and 1,222 patients answered.

The study group separates the term "abuse" into abuse, misuse, and over-utilization. Abuse it regards as premeditated; misuse as the use of the N.H.S. in a way for which it was not intended; and over-utilization as growing demands by patients seeking an increasing amount of medical attention ("typical of increasingly affluent societies"). Over-utilization can, it is pointed out, and most certainly does, become abuse or misuse in certain circumstances. "Over-utilization which is acceptable and may be desirable in an ideal system can become . . . misuse in a system [the N.H.S.] which has thoroughly inadequate resources and manpower."

In Britain, the study group states, it is the general practitioners who "pay" for over-utilization. "There is no check on the patient presenting for attention as much as he or she wishes and [save for prescription costs] the State is not affected by this over-utilization."

While admitting that abuse and misuse are essentially subjective issues in which objec-

tive methods of evaluation are of limited use, the study group reports that 70% of the doctors returning the questionnaire believed that "unnecessary and thoughtless" use of their services was a major factor in their dissatisfaction with the N.H.S. Some 53% thought abuse by patients had increased in the past five years (10% thought it had declined). About 41% thought that between 21% and 50% of requests for "out-of-hour visits" were unjustified.

Consultation Charges

The study group "reluctantly" concludes that only the introduction of consultation charges will reduce over-utilization (when the available resources are inadequate to cope with it) and counter abuse and misuse. It is realized that consultation charges raise wider issues, and the study group reviews those which concern "such fundamental problems as how the N.H.S. is to be financed."

The argument that charges must adversely affect those least able to afford them is rejected, because full provision can easily be made for these patients to receive free treatment. "We feel frankly that—not only to curb abuse and misuse and to limit the growing cost of the N.H.S. to the State, but, more important, to improve medical care—health charges in some shape or other will come. . . . Such a view is not to deny the admirable objectives behind the creation of the N.H.S. nor to diminish the view of surely all G.P.s that those genuinely in need of medical attention should not be prevented from seeing their doctors through lack of money. If the State were to provide the conditions and incentives with which 'free-at-the-time medicine' could be satisfactorily practised little if anything would be heard from G.P.s about charges. The State, however, shows little inclination even now to tackle this major problem in a realistic and thorough manner. It is for that reason that we . . . would like to see and support the development of non-N.H.S. medical care schemes, for they are

not only desirable in themselves but may yet prove the means of getting reforms in the N.H.S."

The study group concludes: "It will be easy for the Government to do little. If this is what happens then we feel the future will be bleak indeed not only for the doctor but for the patient. . . . The lack of solutions to the problems we have examined will have an inevitable effect not only on the doctors coming into general practice but upon those deciding to leave general practice in this country. . . . A heavy responsibility lies on doctors' leaders, on patients, and—most of all—on those in Government."

The general-practitioner members of the study group were Dr. W. Lambie (Sheffield), Dr. M. R. Salkind (London), and Dr. Derek Wilson (Hay-on-Wye, Hereford). The fourth member was Mr. H. J. P. Arnold, B.A., economic journalist and Executive Officer of the G.P.A.

Charter Flight to New York

The Camden Division of the B.M.A. is expecting a large number of applicants for a three weeks' trip to the U.S.A. by chartered plane it is organizing for October. Priority was being given to members of the Division and their families who had applied by 28 December. Applications for vacancies will now be considered in strict rotation from members of the Metropolitan Counties Branch of the B.M.A. Inquiries (not by telephone) should be made to the Honorary Secretary, Camden Division, 12 Oakley Square, London N.W.1.

The tentative date of departure to New York is 2 October and of return 24 October. The price of the charter flight will not be more than £72 a head, and with a full load it might be reduced to about £56. A tourist agency will arrange package tours of the

¹ *Abuse and Misuse: A Critical Problem in the Family Doctor Service*, 1965. General Practitioners' Association, London, 25s.

U.S.A. if required. An all-in two-week tour of the east coast would cost approximately £140 per person. Only members of the Metropolitan Counties Branch and their immediate family qualify for inclusion in the chartered flight.

The Camden Division was formed on 10 June 1965 from the old St. Pancras and Hampstead Divisions of the B.M.A., and includes all the area of the new Greater London Borough of Camden except the part that was originally Holborn.

Hospitality

A doctor's daughter, aged 23, living in Civray (Vienne), France, would like to stay with a British medical family, preferably living in the area of Exeter. The girl would like to stay on an *au pair* basis for about one year beginning on 1 February. She would be pleased to help with children and light household duties.

Would anyone who is interested please get in touch with Dr. R. A. Pallister, Medical Director, International Medical Advisory Bureau, B.M.A. House, Tavistock Square, London W.C.1.

Association Notices

Diary of Central Meetings

JANUARY

- 4 Tues. Food Subcommittee (Public Health Committee), 2.15 p.m.
- 5 Wed. Staff Side, Committee C, Medical Whitley Council, 10.30 a.m.
- 5 Wed. General Purposes Committee, 2 p.m.
- 5 Wed. Car Parking Subcommittee (Private Practice Committee), 2.30 p.m.
- 6 Thurs. Finance Committee, 11 a.m.
- 7 Fri. Medico-Legal Subcommittee (C.C. and S. Committee), 10 a.m.
- 10 Mon. Film Committee Final Viewing Panel, 10 a.m.
- 11 Tues. Committee on Therapeutic Abortion, 12 noon (*change of time*).
- 12 Wed. Council, 10 a.m.
- 13 Thurs. Forensic Medicine Subcommittee (Private Practice Committee), 2 p.m.
- 13 Thurs. Medical Education Evidence Committee, Working Group on Postgraduate Medical Education, 2 p.m.
- 14 Fri. Joint Subcommittee of Ophthalmic Group Committee and Faculty of Ophthalmologists, 2 p.m.
- 14 Fri. Subcommittee on Area Health Boards (Welsh Committee) (at Cophthorne Hospital, Shrewsbury), 2 p.m.
- 17 Mon. Public Health Committee (Scotland) (at 7 Drumsheugh Gardens, Edinburgh), 2.30 p.m.
- 17 Mon. First Aid Steering Committee, 4 p.m.
- 18 Tues. Committee on Medical Science, Education, and Research, 10 a.m.
- 18 Tues. Armed Forces Committee, 2 p.m.
- 19 Wed. Occupational Health Committee, 10.30 a.m.
- 19 Wed. Annual Meetings Committee, 11 a.m. (*all-day meeting*).
- 20 Thurs. General Medical Services Committee, 10.30 a.m.
- 21 Fri. Committee on Overseas Affairs, 1.30 p.m.
- 27 Thurs. General Medical Services Committee, 10.30 a.m.

FEBRUARY

- 1 Tues. Medical Education Evidence Committee, Working Group on Institutions Providing Medical Education, 11.30 a.m.

Branch and Division Meetings to be Held

Honorary Secretaries of Branches and Divisions are asked to send notices of meetings to the Editor at least 14 days before they are to be held.

HARROW AND HILLINGDON DIVISION.—At Whittington Rooms, Cannon Lane, Pinner, Monday, 3 January, 7.30 p.m., teenage dance.

LEWISHAM DIVISION.—At Medical Centre, Lewisham Hospital, (1) Wednesday, 5 January, 2 p.m., Dr. M. O. J. Gibson: "Lessons Learned from Interesting Chest X-rays" (lunch 12.30 p.m.); (2) Friday, 7 Janu-

H.M. Forces

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Lieutenant-Colonels (Acting Colonels) J. N. Walton, T.D., and I. C. Seymour to be Colonels. Lieutenant-Colonel H. I. Jory, T.D., has been granted the acting rank of Colonel.

Majors (Acting Lieutenant-Colonels) B. K. Scott, R. Price, A. R. Horler, W. Brabbin, S. Curwen, T.D., A. G. MacKinnon, W. B. Ashby, G. D. Rees, and R. M. Stewart to be Lieutenant-Colonels.

Major J. H. Challenger, T.D., has been granted the acting rank of Colonel.

Majors K. A. Cowan, T. B. Begg, S. Mattingley, T.D., P. E. G. Mitchell, and N. Maclean have been granted the acting rank of Lieutenant-Colonel.

Captain (Acting Major) F. K. A. Laing has been granted the acting rank of Lieutenant-Colonel.

Captains A. S. B. Dickson, R. G. Clark, H. W. Chambers, J. A. A. Hakes, J. L. Canton, I. C. Balfour, J. Higham, and E. T. Robinson to be Majors.

Captains J. D. Evans and I. D. Walters have been granted the acting rank of Major.

TERRITORIAL ARMY RESERVE OF OFFICERS:

ROYAL ARMY MEDICAL CORPS

Colonels E. H. Evans, T.D., and R. W. Nevin, T.D., having attained the age limit, cease to belong to the T.A.R.O., and retain the rank of Colonel.

Colonel R. W. Evans, T.D., from Active List, to be Colonel.

Major (Acting Lieutenant-Colonel) J. B. Walter, T.D., from Active List, to be Major, retaining the acting rank of Lieutenant-Colonel.

Major (Honorary Lieutenant-Colonel) A. J. Pikeathly, O.B.E., having attained the age limit, ceases to belong to the T.A.R.O., retaining the honorary rank of Lieutenant-Colonel.

Major (Honorary Lieutenant-Colonel) W. O'Callaghan, having attained the age limit, ceases to belong to the T.A.R.O.

Major (Honorary Lieutenant-Colonel) D. J. Wiggington, M.B.E., T.D., has resigned his commission, retaining the honorary rank of Lieutenant-Colonel.

Major A. Cowie, D.S.O., having attained the age limit, ceases to belong to the T.A.R.O., and has been granted the honorary rank of Lieutenant-Colonel.

Major C. R. Tilly, M.C., having attained the age limit, has ceased to belong to the T.A.R.O., retaining the rank of Major.

Major J. H. Green, having attained the age limit, ceases to belong to the T.A.R.O.

Majors E. S. Hughson, T. M. Dauncey, D. Y. McD. Hart, and H. Neubauer, from Active List, to be Majors.

Major R. J. O. Catlin has resigned his commission, retaining the rank of Major.

Captain (Honorary Major) G. P. Fox has resigned his commission, retaining the honorary rank of Major.

Captain (Honorary Major) F. W. M. Plant, M.C., having attained the age limit, ceases to belong to the T.A.R.O.

ary, 8.30 p.m., Dr. C. E. Stroud: "Anaemia in Childhood." Followed by meeting to consider adoption of revised ethical rules.

SOUTH WALES AND MONMOUTHSHIRE DIVISION.—At The Friars, Royal Gwent Hospital Grounds, Newport, Thursday, 6 January, 7 p.m., jointly with Monmouthshire Division, clinical meeting. Cases will be presented by Dr. R. Evans, Mr. L. P. Thomas, Dr. E. Grahame Jones, and Dr. P. Thomas.

MANCHESTER REGIONAL CONSULTANTS AND SPECIALISTS COMMITTEE.—At Boyd House, Upper Park Road, Victoria Park, Friday, 7 January, 7 p.m., meeting.

Branch and Division Officers Elected

BATH, BRISTOL, AND SOMERSET BRANCH.—President, Dr. Beryl Corner. President-elect, Dr. W. H. Hylton. Vice-presidents, Mr. R. D. Rowland. Dr. Alistair Sutherland. Honorary Secretary, Dr. P. Phillips. Assistant Honorary Secretary, Dr. A. L. T. Beddoe.

BRISTOL DIVISION.—Chairman, Dr. R. H. Butcher. Chairman-elect, Mr. J. Angell James. Honorary Secretary, Dr. A. S. Anderson. Assistant Honorary Secretary, Dr. A. W. Macara. Honorary Treasurer, Dr. W. Woolley.

HARROW DIVISION.—Chairman, Dr. Margaret Paul. Vice-chairman, Dr. W. B. Knapman. Honorary Secretary and Treasurer, Dr. J. B. Clark. Assistant Honorary Secretary, Dr. P. Knight.

LIVERPOOL DIVISION.—Chairman, Dr. T. R. Robertson. Vice-chairman, Dr. W. F. Jones. Honorary Secretary and Treasurer, Dr. W. D. Gray. LONDONDERRY DIVISION.—Chairman, Dr. J. Moffett. Chairman-elect, Dr. J. J. Cosgrove. Vice-chairman, Dr. J. Duff. Joint Honorary Secretaries, Dr. J. J. Cosgrove, Dr. R. G. Vine. Honorary Treasurer, Lieutenant-Colonel D. G. C. Whyte.

MANCHESTER DIVISION.—Chairman, Dr. S. Freeman. Senior Vice-chairman, Dr. A. A. Brown. Junior Vice-chairman, Dr. D. L. Cooke. Honorary Secretary and Treasurer, Dr. T. D. Culbert.

NEWCASTLE UPON TYNE DIVISION.—Chairman, Dr. G. W. Anderson. Chairman-elect and Vice-chairman, Mr. J. K. McCollum. Honorary Secretary and Treasurer, Dr. D. Gascoigne. Assistant Honorary Secretary, Dr. R. J. Dias.

SOUTH-WEST WALES DIVISION.—Chairman, Dr. J. E. Crane. Chairman-elect and Vice-chairman, Dr. T. H. Richards. Honorary Secretary and Treasurer, Dr. C. L. Perry. Assistant Honorary Secretary, Dr. J. S. Lewis.

THAMES VALLEY DIVISION.—Chairman, Dr. M. G. Webber. Vice-chairman, Dr. P. Willcox. Honorary Secretary and Treasurer, Dr. D. Paton. Assistant Honorary Secretary, Dr. M. Charrett.

Correction.—Dr. C. S. Sandeman (Durness, Sutherland) is the Chairman of the General Medical Services Committee (Scotland) and not Dr. E. V. Kuenssberg (*Supplement*, 25 December, p. 251). Dr. Sandeman was appointed chairman in succession to Dr. Kuenssberg in October 1965.