

Are the problems of primary care in inner cities fact or fiction?

IO WOOD

The belief that Britain's inner cities have some of the worst social and heith problems combined with some of the poorest primary care predates the beginning of the National Heith Service'. Recent reports on primary care in inner London have reinforced this belief. The Acheson report, for example, stated, "in those areas where need is greatest, the services are least able to cope with the resulting pressure and often appear to be in the greatest disarray." Similarly, the Royal College of cluded, "generally speaking, the areas with the worst social problems have the least suitable primary care sprives available to the least suitable primary care sprives available to the least suitable primary care sprives available to them." As hospital and social services area the springer and the least suitable primary care sprives available to the least suitable primary care sprives available to made to facilitate desired changes in the organisation of simary care in inter London." Mondon's providents are unique and that the capatil should be rearded as a special case. The General Medical Services Com-nitere, on the outer hand, maintains that the problem site systematically collected about primary care specifically in inner cities outside landon to proport either view. This is the first of two article that report on findings from a recent survey innong general whis issue. This acticle provides a profile of general prescuinose that article provides are softed of general prescuinose that article provides around a profile of general prescuinose whis issue. This atter provides a profile of general prescuinose that article provides around a profile of general prescuinose whis suue. The article provides a profile of general prescuinose who have surgery premises in the Manchester-Salford inner area and in adjacent areas of Greater Manchester, and it

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compares where possible the characteristics of general prac-titioners in the Manchester-Salford inner area with those of general practitioners in inner London. The second article will compare the organisation and staffing of general practices in the two inner cities.

Method

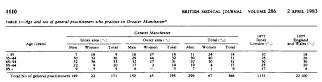
A survey was conducted among all 485 unrestricted principals with surgery premises in five central health suborities in Circuiter Man-ter and State State State State State State State State Trafford. There were 229 unrestricted principals with surgery premises in the Manchester-Salford inner city paramethilp area, delineated under the 1978 Inner Uthan Areas Area, and 260 in the "Control gamethiat in, throng of the surgery area. The survey population of the state of the state of the survey area and the state "people in the five health survey in the survey in the survey premises deliver."

elsewhere. Personal interviews were conducted with 366 general practitioners, 75% of the survey population, by the field force of Research Surveys of Grest Britain in Mil 1981. The response rate was identical among general practitioners in the inner city partnership area and the "outer" area. A comparison of the respondens't profiles with family practitioner committee statistics showed that the doctors who were interviewed loosely represented the survey population. The likelhood of doctors responding, however, decreased with increasing age. Thus information

Findings

DOCTORS AGED OVER 65

It is often said that inner city areas have an above average pro-portion of general practitioners aged 65 and over who practise single handed and have small lists of under 1500 patients. Table I gives the



For definition, see text

age and sex of general practitioners interviewed in the Manchester-Sailord partnership area and the outer area. The inner area has a with both the outer area and England and Wales ($P_{\rm engl}$) (All figures for England and Wales ($P_{\rm engl}$) (All figures for England and Wales ($P_{\rm engl}$) (All figures for England and Wales ($P_{\rm engl}$) (All figures for England and Wales ($P_{\rm engl}$) (All figures for an england the propertion in more Landon ($P_{\rm engl}$), (All figures for an england the the propertion in more Landon ($P_{\rm engl}$), (All figures for more Landon ($P_{\rm engl}$), we are a start of the Manchester-Sailord inner Landon ($P_{\rm england}$) and $P_{\rm england}$) and the more the properties of the Manchester-Sailord inner area that the Manchester-Sailord inner area the discriment of doctors aged 0.5 + in the Manchester-Sailord inner area the discriment of the doctors aged 0.5 + in the Manchester-Sailord inner area the start of the doctors aged 0.5 + whom we interviewed (15 in the inner area and inte in the outer area) first the stretestory of the didery, ungle the "coologies lifely"—interviewed (15 in the the "coologies lifely"—interviewed (15 in the the "coologies lifely")—interviewed (15 in the the statistics of finally practitioners" characteristics as shown in the statistics of family practitioners committees at district level as if they existed at the individual level.

DOCTORS AGED UNDER 35

DOCTORS AGED UNDER 35 I. is often at the data there is a relative searcity of young doctors in mark cities. The properties of doctors aged under 35 in the Manchester-Silor darear zers is similar to that in inner London (10°-), and just under half the proportion in England and Wales (18°-) (stable). The lack of a stretment policy and the lack of the doctor of the stretment policy and the lack of the doctor of the stretment policy and the lack of the doctor of the stretment policy and the lack of the doctor of the doctor aged under 35 may be linked to the spatial Concentration of doctors aged under 35 may be linked to the spatial Concentration of doctors who qualified overseas, who spatial is also hows that there are relatively for young women forces in heart-bachester-Silor linear term. Although the RCOT boys of accent and then in Britism.

ORS WITH SPECIFIC TRAINING

DOCTORS WITH SPECIFIC TAMENIG It is often aligned that there is a lack of doctors in inner cities who have been trained specifically for general practice. But this is not true of the Mancheter-Salford inner area. When also dis whether they crecognised or self organized vocational training, trainey year, assistan-ting) a similar proportion of doctors in the inner and outer areas (37%, and 42%, respectively) claimed that they had (table 11). The Mancheter-Salford inner see has according justiced they had (table 11).

Age of general practitioners (years) Inner area (*...) Outer area (*...) Total (*...) - 40 40-54 55 + - 40 40-54 55 + < 40 40-54 55 +</td> 24 27 18 65 41 25 69 34 21 26 73 85 35 97 31 66 74 With training Total No of general practitioners 39 .83 49 67 92 36 106 175 85

of young trained doctors than the outer area. This is in contrast to the time before vocational training for general practice was com-training for general practice but fewer of them seem to have entered, and taryed, in practice in the inner area. A detailed look at the educa-tional qualifications of young, trained doctors shows that most of those in the inner area first qualified overses, whereas most of those in the outer area first qualified overses, whereas most of those in the outer area first qualified overses, whereas most of those

DOCTORS WHO QUALIFIED OVERSEAS

TABLE II-Training and age of general practitioners

DOCTORS WHO QUALIFIED OVEREAS It is often side that there is a concentration of overses born or qualified doctors in inner city stress. In inner London 47%, of doctors were not born in Britsian, almost double the anomal average for 1980 (26%). Table III confirms that the picture is similar in the Manchester-Salford inner area, with the proportion of overseas qualified doctors—that is, doctors who did not qualify in the United Kingdom or Einz-being almost double the proportion in the outer area. A distribution map showing the statter of doctors in the outer declining areas of older housing smould the periphery of the inner area, a very few are found in the very affluent areas.

TABLE 111—Percentage of general practitioners who qualified in Britain and overseas

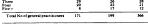
	Inner area (%)	Outer area ("o)	Total (*.)
Britain Overseas	63 37	80 20	72 28
Total No of general practitioner	171	195	366

Analysis of doctors' country of qualification by age shows no sign that the inner area is increasing its share of British qualified doctors. In the Manchester-Salford inner area one in two doctors under age 40 the outer area. Taking pootgraduate medical qualifications, doctors who qualified overses are better qualified throughout the area than British doctors who qualified overses are better qualified throughout the stres than British doctors who qualified overses are better qualified throughout the stress have had some specific training for general practice, even after area and the specific training for general practice, even after area and the specific training College of General Practitoners, which many consider to be the most appropriate postgraduate qualification for general practice (16% compared to 25%).

BRITISH MEDICAL JOURNAL VOLUME 286 2 APRIL 1983 SINGLE HANDED DOCTORS

SINCLE RANDED DOCTORS According to propulse built there is a concentration of isolated single handed doctors in inner city sees. An atalysis of family protectioner committee statistics shows that there is a relatively high proportion of single handed doctors in both the inner and outer area (27%, and 18%), compared to the proportion in inner area (18%), however, compared to the proportion in lance doctors in their practice—that is, the number with whom they worked—suggests, however, that family practitioner committee statistic overestimate the proportion of doctors who actually work single handed. According to doctors' with assessments of the number of principals in their precise (table 11%), the proportion of single committee classified as single handed. Anded) doopsde to 20%,—shout the same proportion as in the outer area (18%).





Information that doctors gave about the number of other doctors working from their premises also thows that family practitioner committee statistics may give a mildealing impression of physically isolated doctors. Only 10% of all doctors interviewed (48%, of single handed doctors) work from premises with all \$1^{+}_{-0}\$ of single handed doctors in the factors interviewed (48%, of single handed doctors). The single handed doctors is the single handed doctors are observed interviewed (48%, of single handed doctors) work from premises and not, so often support, and the single handed doctors are observed with the single handed doctor are single hand and doctors are observed with the single handed doctor are single hand and practice may be dying out and more quickly in the Manchester-Sider diarrameter that in adjector areas. In inter London Side doctor areas areas was proved that the single factor areas and was produced theoring the satter of vacancies that might arise from retrements over the net five years. If Man means that if group precise is to be found.

Manchester-Salford's virtually completed ilum clearance and dedvelopment programme and Manchester Area Health Authority health centre programme, which gave priority to the inner area. Remed premises are also much more common in the inner test, one in 10 in the outer area. I do not know, however, whether this is elisted to the standard of practice premises and, if 6, how. The standard of practice premises and, if 6, how. The standard of practice premises and, if 6, how. The standard of practice premises and, if 6, how. The standard of practice premises and, if 6, how. The standard of practice premises and, if 6, how. The standard of practice premises and, if 6, how. The standard of practice premises and, if 6, how. The standard of practice premises and, if 6, how. The standard of practice premises and if 6, how. The standard of practice premises and if 6, how. The standard of practice premises and if 6, how. The standard of practice premises and if the standard of practice was assument. Camped premises are not a distinctive feature of the transformer and the staff who worked with them. According to doctor's was assument, camped premises are not a distinctive feature of the transformer and the staff who worked with them. According to doctor's was assument, camped premises are not a distinctive feature of the transformer and the the difference were and the hielehold of doctor start the difference were more likely to use a deputing were included before 11 mon weekdays and homenime over the weekded. But the difference were not great. Moreover, there is no ways of testing from the unrey findings whether the two factors are analay related.

TABLE V—Percentage of general practitioners and estimated list siz

(25%) decline in the population of the inner area in the past 10 years. Perhaps by accident rather than design there is an element of positive discrimination in favour of the Manchester-Sallord inner area as a whole on this crude measure. Despite this, we tail be another area. Although average list sizes are appreciably smaller in the inner than in the outer area, there is no positive association at the cooling all level with private practice, the properties of the inner than in the outer area, there is no positive association at the cooling all level with private practice, the properties of the start and outer areas (21%, and 24%, respective), in group practice private practice is most common among doctors with large lists—2006 — in the coult area.

It is often said that there is a lack of purpose built premises in inner cities. Table VI shows, however, that contrary to popular belief a subsamilly higher proportion of doctoris in the Manchester-Salford inner area than in the outer area are in beshin centres and purpose built premises (25% compared to 25%). This reflects

TABLE VI-Percentage of general practitioners with different types of premises

16

25 23 24

Inner area (%) Outer area (%) Total (%)

13

61 10 13

14

45 16 18

Inner area (%) Outer area (%) Total (%)

4173431

No of patients on list

<1500 1500-1999 2000-2499 2500-2999

Premises Purpose built: Owned Rented

Rensed Owned Rented Fealth cer

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and more attention to the ways in which most doctors in inner cities can be helped to care for some of the most deprived and unhealthy members of our society.

Conclusions

Conclusions In Greater Manchester 366 general practitioners out of a survey oppulation of 485 in five health districts were personally interviewed in 1981. A comparison of the characteristics of general practitioners with surgery premises in the inner city partnership area and of those in adjacent areas of Greater Manchester showed that although the popular image of inner city general practice contains elements of truth, it diverges from reality in several respects. The results of the study show that though inner London may be unique because of the artention should perhaps be paid to a marginal group of elderly general practitioners in inner city areas can be helped to care for some of the most deprived and unhealthy members of our society.

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References

Keterences
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Labour." (Read before the Westminster Medical Society). London Medical and Physical Journal 1833; new series 14:109-20.)

Diary of Urban Marks: 1880-1949

Diary of Urban Marks: 1880-1848 I could not hope for any more assistance from my father. I had now to face the world. I rerunned on wijdoings and packed my belongings. I then hied myself to "Dicky Bird," the medical superintendent of truttendent of St. Mary's an Dick, 'I littly, 'I littly was not point the truttent through his career and I have no doubt that his advice was sought after qualification by may generation of students. He must have induced handress of them. He filled the post for many years and thim in the "St. Wary's Casterly, the local magnitude insued monthly at the hospital. Dicky was good enough to offer ne the post of assauly officer to St. Mary's to the charming December. This post was unpild by the hospital. Dicky was good enough to offer ne the post of assauly officer to St. Mary's (as there, 'No, fater speeding the intervening month at home. The experience I gained in that month as cassauly officer was involved to the squalified. There was a cheep weekend to Newsatie. The post could be hid douby by fully qualified monther man who of course had to be qualified. There was a cheep weekend to Newsatie on Type and as 1 had not seem my finance. Mar (Chapman, for some time I dickided to go if possible. I behavior for (2-10-6). The was the first and only time in my life that I behavior for (2-10-6). The was the first and only time in my life that I behavior the particular of the start of the only my life that I behavior the particular of the was the first on the the two was the rest my finance.

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DOCTORS WITH SMALL LISTS

DOCTORS WITH SMALL LISTS It is widely believed that there is a concentration of doctors with mail ints--under 1500 patients--in inner city areas and that these small ints--under 1500 patients--in inner city areas and that these the average for the practice, based on doctors' estimates of the overall list size. As such they do not take into account 'His inflation' or any tendency doctor may have to overestimate the proportion of doctors with small list of under 1500. It seems unlikely, however, built be the second take into account 'His inflation' of doctors with small list of under 1500. It seems unlikely, however, the thread take the second take into account is the proportion of doctors with small list of under 1500. It seems unlikely however, the thread take the second take the second take the proportion is half the national average (ϑ^{+}_{12}) and a quarter of the proportion is half the national average (ϑ^{+}_{12}) and a quarter of the proportion is half the national average (ϑ^{+}_{12}) and a quarter of the proportion is half the national average (ϑ^{+}_{12}) and a quarter of the proportion is half the national average (ϑ^{+}_{12}) and a quarter of the proportion is half the national average (ϑ^{+}_{12}) and a quarter of the proportion is half the national average (ϑ^{+}_{12}) and a quarter of the proportion is half the national average (ϑ^{+}_{12}) and a quarter of the proportion is half the national average (ϑ^{+}_{12}) and a quarter of the proportion of between 2500 and 2590. On present citeria, therefore, the inner city is overdoctored rather than underdoctored—an unsurprising finding in view of the steep

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Discussion
The selected findings from the survey reported in this stricter shallow in receiving and years of mothe popular image in several solution of the selecter shallow in receiving the selecter shall be selected in the selecter selecter in

A NEW MEMBEY AGAINST CANCEN-1835 The Hippomanes Mancinella, of the family of the Euphorbiane, has been known since the conquest in the second second second second second second second second landma complex to enveronm their arrows; and it is extensively com-poyed by the horders which inhabit the Oronolos as an auticarcino-matous remedy. Numerous experiments have proved that assence is neutralised by the secretion of a context with any other soor. The same phonomenous are for high manner neutraline by the secretion of cancerous ulcers. The Indust who employ this substance in the treatment of cancers, surround the wound with a pays material, and then apply to the centre of the soor a few drops of the juice of the man-cincula; and eachs noon forms, and coming away in about forty-right hours, here a sice no ker wound, which mybel or center Meterial by the explocation of this remedy, which the recommends to the attention of physicians. (Jour des Com Med Chir April.) (Lenser 1834-5;ii:106.)

FACTORY LABOUR At Bradford: "Children of these years (thirteen) are obliged to be at the factory, winter and summer, by six in the morn-ing, and to remain there till serve in the versing with but one brief interval of thirty minutes, every day except Saurday, ceasing work on Not infrequencily this labout is extended till eight on this of the the Automation of the server of the server of the server of the server have been confined in the factory from six in the morning till eight at sight, force no boars, continue also the take while at the machines; and this the practice of years." (John Malyn. "On Factory