

courage to review its position, joining with the RCGP in negotiating an honourable and professional solution to these issues.

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SIR,—As a principal in a general medical practice I feel confused over the recent controversy with regard to the use of out of hours deputising services.

For many years I have heard of complaints about the quality of care of some of these services and I am sure that most of us, and even the chairman of the General Medical Services Committee, have admitted that these services were sometimes lacking.

My main concern is that as a profession we have done nothing about it. It has taken the newspapers and television to highlight the problem and so cause Mr Clarke to act. Obviously if we cannot put our own house in order it will be done for us, and if this is our attitude we shall soon be forced into a salaried service.

I notice that we are now having the same problem with retirement age and I suppose excess prescribing costs will follow.

RICHARD WADE

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SIR,—I know that I speak for the vast majority of conscientious general practitioners when I say that the controversy over deputising services and out of hours services generally boils down to the question of payment.

It is total nonsense that a doctor, after a full week's work, should be called out of his bed at night for a sum of money that any artisan would laugh at. What is needed is the maintenance of our contract during working hours (and the per caput system of payment, which, though not perfect, works well), but out of hours payment must be on a fee per item of service. This fee must be a reasonable, professional fee, such as would be paid to a solicitor or any other professional person called out of his bed at night. If this fee adequately reflected the responsibilities and rigours of out of hours calls there would be no problem whatsoever.

I wish to spend the rest of my life as a general practitioner providing out of hours services to my patients, as I do now, but I insist that I am properly paid for it.

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SIR,—Our contract as general practitioners is to look after the people on our lists for 24 hours a day and 365 days of the year. Some of us share that task with our partners. Some of us are now devolving the responsibility to deputising services. It is also true that we have almost contracted out of obstetrics, that by default most developmental assessment is done outside our practices, that many patients

with schizophrenia may be managed by the community psychiatric nurse, and that many doctors allow the hospital senior house officers to look after their diabetic patients and casualty officers to sew up small cuts—and these customs may all happen in the same practice. Do we want to be salaried doctors with a 9 am-5 pm contract and a lower rate of pay? Or do we want to repossess those aspects of general practice care that will be of benefit to our patients and negotiate a better contract that recognises financially our responsibility and workload?

If we continue to escape our responsibilities (and I can see the deputising service is a convenient opportunity) we are in great danger of having the government redefine our status and contract. Alternatively, we could be split and offered two contracts—one for those who accept full care of their patients and one for those who opt out. The price of independence is that we accept our responsibilities.

It should be we ourselves, not the government, who put our house in order. Deputising services could be the weapons that allow the government to change our contract and status.

PETER TOMSON

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SIR,—According to "Letter from Westminster" (4 February, p 417), considerable emphasis appears to have been placed on Mr Christopher Hawkins's evidence to the ministry, and I note with some amusement that Mr Hawkins claims to have shown his evidence not only to the minister but to doctors "who were upset by my campaign until they saw the evidence." It seems strange that Mr Hawkins did not feel able to provide this evidence, particularly relating to the Stockport area, when asked to do so by myself on behalf of the local medical committee. In fact, his reply was as follows: "The evidence I have gained was in confidence. I have shown it to the Minister of Health but again, this was done in confidence." Thus it would appear that Mr Hawkins does not have any evidence. Otherwise, surely he would have allowed the local medical committee to see it, when he appears to consider that Stockport is one of the principal areas in which deputising services are abused.

P I MILLER
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treasurer,
Stockport local medical
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SIR,—My experience of general practice spans more than 50 years, as a son of a GP and as a practitioner. My father worked singlehandedly in the 1930s and 1940s. He expected to carry out out of hours and night visits and had over 100 such calls each year. Now there are NHS claims for 24 night visits per GP per annum.

There is no reliable evidence that practice has become more complex and stressful, or that the volume and hours of work have increased, so why the changes of attitude?

The early deputising services began as commercial ventures to provide a service for local absentee GPs. They also provided work for unemployed doctors after the war. Deputis-

ing services now have an annual turnover of many millions of pounds and must be excellent financial investments. Technologically efficient, they lack deputising doctors of quality and experience: there are fewer "hungry" young doctors seeking deputising work.

The Department of Health and Social Security reacted to media exposures of the dubious quality of some deputising services with remarkable insensitivity. Lack of prior consultation is a feature of the present administration: the contents of its circular raised fundamental issues beyond deputising and created understandable reactions from general practitioners, especially from those using deputising services, who felt victimised. The pseudomedical media aggravated the situation.

General practice has become split into two halves—those using and those not using deputising services in both the BMA and the Royal College of General Practitioners. Consultants have remained remarkably silent, partly because of ignorance, but perhaps also because they have always had their own built in system of deputising provided by junior hospital doctors.

Political battles are won and lost through mistakes, and there have been mistakes on all sides in this controversy. It is time to pause, reflect, cool, and heal. The public and private image of general practice rent apart is sad and harmful. Deputising services are here to stay. They exist in most large cities in Europe, Australia, and North America. They have been allowed too much freedom from supervision of standards and quality. It is essential for a cooling off period during which interested parties get together to ensure better deputising services beneficial to all.

JOHN FRY

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*.*We have received 15 other letters on deputising services. Six support limits on the use of the services, and five are opposed to the government's proposals. One correspondent calls for the standard of the debate to be raised; another wants confrontation to be avoided and supports the proposal to set up a working party; and one doctor has written to tell us of the prompt and comprehensive reply that he had from Mr Kenneth Clarke after writing to him on the issue. Finally, a general practitioner's wife has written supporting the use of high quality deputising services.—ED, *BMJ*.

Open letter to the new CMO

SIR,—In your open letter to the new CMO (24-31 December, p 1903) you wrote: "Shouldn't you seek to ban academic units with sources of income of their own from creating those "honorary" registrar and senior house officer posts which have done so much to snarl up the manpower figures and undermine sensible planning?" You ignored such staff funded from NHS monies under the locally organised research schemes, and presumably you meant "senior registrar posts" instead of "senior house officer posts" as printed. Even so, the figures do not support your comments. National tables that you could have consulted quote the numbers of staff at 30 September 1982. Of the 13 303