PRACTICE OBSERVED

BRITISH MEDICAL JOURNAL VOLUME 286 2 APRIL 1983

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Practice Research

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

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The belief that Britain's inner cities have some of the worst social and health problems combined with some of the poorest primary care predates the beginning of the National Health Service.¹ 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."² Similarly, the Royal College of General Practitioners (RCGP) report on inner London concluded, "generally speaking, the areas with the worst social problems have the least suitable primary care services available to them."³ As hospital and social services at the cut back problem takes on a new urgency, and recommendations have been made to facilitate desired changes in the organisation of primary care in inner London.⁴

Opinion is divided about whether action along similar lines is needed in other cities. The RCGP's reported view is that London's problems are unique and that the capital should be treated as a special case. The General Medical Services Committee, on the other hand, maintains that the problems of London cannot be seen in isolation from those of other deprived areas.⁵ Up to now, however, little information has been systematically collected about primary care specifically in inner cities outside London to support either view. This is the first of two articles that report on findings from a recent survey among general practitioners in Greater Manchester which shed some light on this issue. This article provides a profile of general practitioners who have surgery premises in the Manchester-Salford inner area and in adjacent areas of Greater Manchester, and it

compares where possible the characteristics of general practitioners 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 authorities in Greater Manchester—Manchester North, Central, and South, Salford, and Trafford. There were 225 unrestricted principals with surgery premises in the Manchester-Salford inner city partnership area, delineated under the 1978 Inner Urban Area Act, and 260 in the "outer" area. A comparison of the respondents' profiles with family practitioner committee statistics showed that the doctors who were interviewed closely represented the survey population. The likelihood of doctors responding, however, decreased with increasing age. Thus information about doctors over 65 is slightly less reliable than other information.

Personal interviews were conducted with 366 general practitioners, 75% of the survey population, by the field force of Research Surveys of Great Britain in mid 1981. The response rate was identical among general practitioners in the inner city partnership area and the "outer" area. A comparison of the respondents' profiles with family practitioner committee statistics showed that the doctors who were interviewed closely represented the survey population. The likelihood of doctors responding, however, decreased with increasing age. Thus information about doctors over 65 is slightly less reliable than other information.

Findings

DOCTORS AGED OVER 65

It is often said that inner city areas have an above average proportion of general practitioners aged 65 and over who practise single handed and have small lists of under 1500 patients. Table 1 gives the

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TABLE 1—Age and sex of general practitioners who practice in Greater Manchester*

Age (years)	Greater Manchester			1977 England and Wales		
	Men	Women	Total	Men	Women	Total
<35	7	18	25	18	14	32
35-44	29	16	45	32	20	52
45-54	22	17	39	24	17	41
55-64	22	9	31	14	10	24
65-74	11	17	28	10	12	22
75-84	4	10	14	4	6	10
85+	1	2	3	1	1	2
Total No of general practitioners	149	222	371	159	229	388

*For definition, see text.

age and sex of general practitioners interviewed in the Manchester-Salford partnership area and the outer area. The inner area has a disproportionate share of general practitioners aged over 65 compared with both the outer area and England and Wales (6%). All figures for England and Wales relate to 1 October 1980. But the proportion of general practitioners aged 65+ in the Manchester-Salford inner area is half the proportion in inner London (18%).⁶ All figures for inner London relate to the area covered by the four teaching authorities wholly within inner London in 1979.⁷ Furthermore, since the population of the Manchester-Salford area is about an eighth of the population of inner London the number of doctors concerned is much smaller; when the survey was conducted there were roughly 25 doctors aged 65+ in the Manchester-Salford inner area compared to about 200 in inner London in 1979.

None of the doctors aged 65+ whom we interviewed (35 in the inner area and nine in the outer area) fitted the stereotype of the elderly, single handed doctor with a patient list of under 1500. Although some of the doctors aged 65+ who did not take part in the survey may have fitted it, this finding emphasises the need to guard against the "ecological fallacy"—that is, interpreting correlations between general practitioners' characteristics as shown in the statistics of family practitioner committees at district level as if they existed at the individual level.

DOCTORS AGED UNDER 35

It is often said that there is a relative scarcity of young doctors in inner cities. The proportion of doctors aged under 35 in the Manchester-Salford inner area is one in two doctors under age 40 (10%) and just under half the proportion in England and Wales (18%).⁸ Table 1 shows that the proportion of doctors aged under 35 in the Manchester-Salford inner area is half the proportion in inner London (18%).⁶ All figures for inner London relate to the area covered by the four teaching authorities wholly within inner London in 1979.⁷ Furthermore, since the population of the Manchester-Salford area is about an eighth of the population of inner London the number of doctors concerned is much smaller; when the survey was conducted there were roughly 25 doctors aged 65+ in the Manchester-Salford inner area compared to about 200 in inner London in 1979.

Table 1 also shows that there are relatively few young women doctors in the Manchester-Salford inner area. Although the RCGP report does not comment on this point, it shows a similar scarcity of women doctors in inner London.³ This imbalance may be some cause for concern, particularly in inner cities where ethnic minorities are concentrated and there may be cultural barriers to women consulting men doctors.

DOCTORS WITH SPECIFIC TRAINING

It is often alleged 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 Manchester-Salford inner area. When asked whether they had had one of four different types of training for general practice (recognised or self organised vocational training, trainee year, assistantship) a similar proportion of doctors in the inner and outer areas (37% and 42%, respectively) claimed that they had (table 1). The Manchester-Salford inner area has recently gained a higher proportion

TABLE 2—Training and age of general practitioners

	Age of general practitioners (years)			1977 England and Wales		
	Inner area (%)	Outer area (%)	Total (%)	Inner area (%)	Outer area (%)	Total (%)
<40	60-64	55	58	40-64	55	55
With training	74	71	72	74	71	72
Without training	26	29	28	26	29	28
Total No of general practitioners	39	43	82	92	36	128

of young trained doctors than the outer area. This is in contrast to the time before vocational training for general practice was compulsory and not only were there fewer doctors who had any specific training for general practice but fewer of them seem to have entered, and stayed, in practice in the inner area. A detailed look at the educational qualifications of young, trained doctors shows that most of those in the inner area first qualified overseas, whereas most of those in the outer area first qualified in Britain.

DOCTORS WHO QUALIFIED OVERSEAS

It is often said that there is a concentration of overseas born or qualified doctors in inner cities. In inner London 47% of doctors were not born in Britain, almost double the national average for 1980 (26%).⁹ Table 11 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 Eire—being almost double the proportion in the outer area. A distribution map showing the scatter of doctors in the outer area also shows a concentration of those who qualified overseas in the declining areas of older housing around the periphery of the inner area; very few are found in the very affluent areas.

TABLE 11—Percentage of general practitioners who qualified in Britain and overseas

	Inner area (%)			Outer area (%)		
	Inner area (%)	Outer area (%)	Total (%)	Inner area (%)	Outer area (%)	Total (%)
Britain	53	30	42	30	17	24
Overseas	47	70	58	70	83	76
Total No of general practitioners	171	195	366	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 first qualified overseas compared to one in five in this age group in the outer area. Taking postgraduate medical qualifications, doctors who qualified overseas are better qualified throughout the area than British doctors who qualified in Britain. They are also more likely to have had some specific training for general practice, even after allowance is made for differences in the age structure of the two groups. But they are slightly less likely to have passed the membership examination of the Royal College of General Practitioners, which many consider to be the most appropriate postgraduate qualification for general practice (16% compared to 25%).

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SINGLE HANDED DOCTORS

According to popular belief there is a concentration of isolated single handed doctors in inner city areas. An analysis of family practitioner committee statistics shows that there is a relatively high proportion of single handed doctors in both the inner and outer areas (27% and 18%) compared with the national average (14%).¹⁰ The proportion of single handed doctors in the Manchester-Salford inner area is low, however, compared to the proportion in inner London (34%).¹¹ Information doctors gave about the number of doctors in their practice—that is, the number with whom they worked—suggests, however, that family practitioner committee statistics overestimate the proportion of doctors who actually work single handed. According to doctors' own assessments of the number of principals in their practice (table IV), the proportion of single handed doctors interviewed (8%) of doctors the family practitioner committee classified as single handed) dropped to 20%—about the same proportion as in the outer area (18%).

TABLE IV—Percentage of general practitioners in practice of different sizes

No of doctors in practice	Inner area (%)			Outer area (%)		
	Inner area (%)	Outer area (%)	Total (%)	Inner area (%)	Outer area (%)	Total (%)
One	20	18	19	18	17	17
Two	24	18	21	24	18	21
Three	10	10	10	10	10	10
Four	10	10	10	10	10	10
Five+	8	17	12	8	17	12
Total No of general practitioners	171	195	366	171	195	366

Information that doctors gave about the number of other doctors working from their premises also shows that family practitioner committee statistics may give a misleading impression of the proportion of physically isolated doctors. Only 10% of all doctors interviewed (48% of single handed doctors) work from premises they do not share with at least one other doctor. It is also noteworthy that 61% of single handed doctors in the Manchester-Salford inner area work from health centres or purpose built premises and not, as doctors supposed, from premises that are not purpose built.

On average, single handed doctors are older than doctors in partnership. For example, in the inner area 6% of single handed doctors are under 40 compared to 29% who are in groups of three or more. In the outer area the respective figures are 17% and 37%. These figures suggest that single handed practice may be dying out and more quickly in the Manchester-Salford inner area than in adjacent areas. In inner London it has been suggested that forming group practices might be accelerated by "packaging" forthcoming vacancies in one and two doctor practices. To explore whether this was feasible in the Manchester-Salford inner area a map was produced showing the scatter of vacancies that might arise from retirements over the next five years. It was found, however, that because of the geographical scatter of the possible vacancies there was little scope for "packaging." This means that if group practice is to be encouraged in the short term other means of doing so will have to be found.

DOCTORS WITH SMALL LISTS

It is widely believed that there is a concentration of doctors with small lists—under 1500 patients—in inner city areas and that these doctors take private patients. The survey figures about list size show the average for the practice, based on doctors' estimates of the number of patients on their list. As a result, however, of the small list size, any tendency doctors may have to overestimate the number of patients on their list. Thus they may underestimate the proportion of doctors with small lists of under 1500. It seems unlikely, however, that these factors will seriously distort relative differences in list size between doctors in the inner and outer areas.

Table V shows that there is no concentration of doctors with lists of under 1500 in the inner area. Although direct comparisons cannot strictly be drawn, the proportion is half the national average (8%) and a quarter of the proportion in inner London (17%).¹² Twice as many doctors in the inner area as in the outer area have lists of between 1500 and 1999 and half as many have lists of between 2000 and 2999. On present criteria, therefore, the inner city is overconcentrated in lists under 1500—an unsurprising finding in view of the steep

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Discussion

The selected findings from the survey reported in this article show that the reality of general practice in the Manchester-Salford inner city area diverges from the popular image in several ways that are considered to be important. There is no concentration of isolated, elderly, single handed doctors with small lists of patients and no lack of purpose built premises in the Manchester-Salford inner area. But there is a definite concentration of doctors who qualified overseas and a below average proportion of young doctors. The reasons for this imbalance in the distribution of general practitioners and its effect on the pattern of primary care are far from clear, but they are being studied.

In the meantime the survey findings highlight two dangers. Firstly, there is the danger of generalising about inner city general practitioners on evidence that largely derives from family practitioner committee statistics at district level and anecdotal evidence relating to inner London. The analysis of doctors' characteristics in the Manchester-Salford inner area suggests that inner city general practitioners may be more diverse and intensive of some of the medical manpower problems and so should be treated as a special case.

The dislocation of the primary care services expected in inner London over the next few years as a result of the death and retirement of general practitioners is unlikely to occur in the Manchester-Salford inner area and the need for measures to deal with this particular problem that much less. It seems unlikely that introducing compulsory retirement at 65 or excluding doctors aged 65 with small lists from calculations regarding the designation of particular areas, or both, will make much immediate difference to general medical services in the Manchester-Salford inner area.

This leads on to a second danger—that of concentrating on a marginal medical manpower problem. If the characteristics of the medical manpower in other inner city areas outside London are similar to those in the Manchester-Salford inner area then it seems more appropriate for politicians, administrators, and leaders of the profession to pay less attention in the future to the few isolated, elderly doctors with small lists

TABLE V—Percentage of general practitioners and estimated list size

No of patients on list	Inner area (%)	Outer area (%)	Total (%)
< 1500	5	4	5
1500-1999	31	17	24
2000-2499	36	34	35
2500-2999	16	31	24
3000 +	11	13	12
Total No of general practitioners	171	195	366