

Approval of Emergency Treatment Service

SIR,—The suggestion made by Dr. M. Mundy (4 November, p. 299) that the organizers of the B.M.A.-sponsored Emergency Treatment Service are unable to provide a viable service makes curious reading for those subscribers in the several cities where such a service has been running successfully for several years. That the service has so far failed to take hold in London would suggest that medico-political influences are involved, otherwise it is difficult to see why a scheme which has proved acceptable to executive councils in Bristol, Coventry, Glasgow, Leicester, Newcastle, Nottingham, and Sheffield should prove too difficult for the London Executive Council.

The criticisms that Dr. Mundy makes of the service are based on a misunderstanding of the type of service that is available, an integral part of which is that advice is given by the telephone operators (all State Registered Nurses) to a substantial proportion of the calls made to it. It is for this reason that a subscriber needs to be a member also of the Telephone Answering Service Ltd., as the staff need to have control of all incoming messages for which they are accepting responsibility. This does not mean that the subscriber loses control of his phone; he need hand over only during the time he is having cover from the E.T.S. The low cost (a guinea a month) of the Telephone Answering Service is surely sufficient answer to the allegations that this proviso is designed to make a profit. The attraction of this service is such that there are a substantial number of doctors who use it here in Bristol but who do not yet subscribe to the E.T.S.

The inefficiency of the G.P.O. transfer service is deplorable, but many of us are forced by circumstances to use it whether we use the E.T.S. or not, and criticism of this is irrelevant to the merits or otherwise of the E.T.S. But it is worth noting that even this service seems to have improved to some extent since the transfer number has been to the E.T.S. It is certainly absurd that in a so-called technological age it is not yet possible to make a transfer by simple switching; this problem must be solved by

the G.P.O. and the introduction of modern equipment.

The second complaint, that the E.T.S. is too expensive, also falls into perspective when it is realized that advice is given to a considerable proportion of calls, and if these are included in the statistics the cost per call falls to a much lower figure. I would suggest that in any case this is a highly artificial way of looking at it. What is important to the individual subscriber is not the actual number of calls done for him but the potential hours of freedom available with E.T.S. cover, even though only some of these hours may be actually used. The subscription can then be viewed in part as a type of insurance premium (with full tax relief), the total number of calls being relatively unimportant. The figure of 25 calls a month is an upper figure and irrelevant, and presumably included only to avoid the possibility of abuse of the service. It is the instant availability of the service that has proved to be its chief attraction to some of us; this advantage might seem even more cogent to potential subscribers with the advent of breathalyser tests. If the service was really so expensive, as its detractors constantly state, one would expect subscribers who found it so to resign from it; but this does not happen.

At a meeting in Bristol the financing of the service was explained very fully by the manager there, and it was made quite apparent that if you have a service which depends on the use of telephone operators who are State Registered Nurses, and locums experienced in general practice, the subscription cannot be lowered without sacrificing existing standards. Whatever may be the theoretical objections to these criteria, in practice the service is not only viable but successful. If a valid opinion is really wanted about the E.T.S. I would suggest that a survey carried out among subscribers in the cities where it operates would provide this more accurately than casual letters to the *B.M.J.*—I am, etc.,

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Independent Medical Services

SIR,—With reference to your report on the proceedings of Council (*Supplement*, 4 November, p. 29), I feel we at the periphery should have something to say in this rather pathetic business of Independent Medical Services (I.M.S.).

No one who has read the Council proceedings in the past can have been other than dismayed at the apparent isolation that Dr. Ivor Jones and his Committee have found themselves in over I.M.S. Council members appear to conveniently forget their past remarks, but the records will show that many seem to prefer their own views to fully implementing the will of the profession as set down in Annual Representative Meeting resolutions.

Council must also fully realize that Dr. Ivor Jones should never have been left to promote the scheme direct to the profession. The fact that reference is made to "Ivor

Jones's Private Army" reveals a thought association with an individual, and I doubt whether Dr. Jones's image as the man who stood out against the Memorandum of Evidence to the Review Body (Doc. S.C.7)¹ endears him sufficiently to the inactivists among us to further the scheme.

Also, the Private Practice Committee is, in these days of the N.H.S., looked on as a relatively minor committee of the Association and treated as such by the majority of doctors, so why should a scheme, apparently introduced by it, carry much weight. After all, the General Practitioners Association circularized interested general practitioners with their scheme prior to I.M.S., and, on casual inspection, no great difference was apparent, in either content or sales drive, between the two.

No, it was the duty of the B.M.A. to openly proclaim its parenthood of the scheme,

utilize its publicity outlets, and keep pressure on Divisions to ensure that the scheme was sold for both active and latent use. Surely we are not once more to wait until the apathetic mass of doctors revolt before the B.M.A. struggles to regain some form of leadership. The concept of I.M.S. may not have been to the liking of all, but at least, organized thoroughly at Division levels, we should now be in a position to face any eventuality in the political jungle without fear.—I am, etc.,

Peterculter,
Aberdeenshire.

F. L. P. FOUIN.

REFERENCE

¹ *Brit. med. J. Suppl.*, 1964, p. 91.

Casualty Staffing

SIR,—As a general practitioner and a casualty clinical assistant, I was interested to read Mr. Guy Rigby-Jones's letter on casualty staffing (11 November, p. 360).

Since the advent of Birmingham Emergency Locums Ltd.—a general-practitioner deputizing service—an interesting pattern has been emerging. Junior and senior hospital staff in their off-duty periods are largely staffing Birmingham Emergency Locums Ltd. (I understand that this is for primarily financial reasons.) General practitioners, on the other hand, are occupying what spare time they can arrange in order to staff their local casualty units.

This interchange as well as having a financial benefit also has the advantage that the general practitioner keeps in touch with the hospitals, and the hospital staffs gain first-hand knowledge of the problems of general practice. One obvious point is that this existing exchange of roles is reaching equilibrium. House-officers like to enjoy their hard-earned leisure and general practitioners like some time for relaxation. Any strain on either side results in the potential collapse of the whole. Until there are more house-officers and general practitioners available for this interchange then any stresses in the system may prejudice the whole.—I am, etc.,

Yardley,
Birmingham.

BERNARD A. JUBY.

Christmas Cards for Medical Charities

SIR,—As in previous years, I should like to take this opportunity of reminding all readers that Christmas cards are available for purchase from B.M.A. House, all profits from which go to medical charities. The number of applications for assistance which are received by the various funds is continuing to increase, and any support given to the funds by members of the profession to help their less fortunate colleagues or their dependants will be greatly appreciated.

Details of the design and cost of the cards may be obtained on application to the Bursar, British Medical Association, B.M.A. House, Tavistock Square, London W.C.1.—I am etc.,

R. COVE-SMITH,
Chairman, Charities Committee,
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