General Practice Observed

Diabetic Clinic in a General Practice

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There are between 400 and 500 diabetic clinics in the United Kingdom. Most of the 500,000 diagnosed diabetics are referred to a diabetic clinic at least once and a majority of them attend regularly. These diabetic clinics are burdened with a heavy load of routine work. Patients tend to rely on them for regular medical care, so that by degrees the family doctor may cease to take an interest in their problems and in diabetes in general. It was to overcome these difficulties that the following experiment was begun.

Present Scheme

The initiative came from a general practice in Coleshill, Warwickshire, which is 10 miles (16 km) from the centre of Birmingham, separated from the city by the narrowest of green belts. The practice of four doctors had a list of 9,500 patients, of whom 50 were known to have diabetes mellitus. Most of them were attending hospital, and all who did so had been referred to the diabetic clinic at the Birmingham General Hospital. The first suggestion was that all diabetic patients from this practice should be seen at the hospital on a single day so that the general practitioners could attend for discussion. It seemed better, however, that the staff of the diabetic clinic should visit the practice for the benefit of the patients and the instruction of those who were used to working solely in the hospital service. The experiment began in 1967 and continues.

An evening in summer is given over to the diabetic visit and appointments begin at 18.00 hours, three patients being called every 10 minutes and three consulting rooms being in use. The hospital team consists of two consultants, a senior registrar, a nursing sister, a secretary, and a technician, while the practice is represented by the four partners, its nurse, and two secretaries. As the patients arrive they are weighed, a sample of urine is collected, and blood is taken into a fluoride tube for later determination of the blood sugar. If necessary an immediate estimate of blood sugar is made by the Destrostix method. The results are charted on both the hospital and practice records. Each patient is then interviewed by a hospital physician and a member of the practice and all three discuss any symptoms and

modifications of treatment. It is now a routine to advise immunization for influenza, and if this is accepted a prescription for the vaccine is issued and arrangements are made for its administration during the following October. The hospital sister checks the details of insulin administration and other practical points in treatment. Follow-up appointments are normally made with the general practitioners, but in the more difficult cases appointments may be made for attendance at the hospital clinic in three or six months.

The evening session is followed by visits to those diabetics who are housebound, an average of five patients each year, by a consultant, a general practitioner, and a nurse or technician. Urine and blood are tested.

Of the 63 diabetics now identified in the practice 56 are registered with the hospital clinic and 42 have been able to attend the annual session in 1971. Of these 42 patients only six have needed to attend the hospital in the interim.

Comment

There can be no question that this experiment has been a success. All the patients have welcomed it. Apart from the ease of attending close to their homes they are glad to come into an atmosphere which is familiar and to be greeted by staff whom they know. They feel that during consultation their personal and social circumstances are fully taken into account.

The benefits to the general practitioner are obvious. He no longer feels that the clinical care of an interesting disease is being taken from him. Instead he develops a new expertise and is able to contribute something of his own. Further, during the course of the ensuing years he notices that the diabetic patients under his care are willing to accept that he is competent to cope with the intercurrent problems of the disease.

The hospital team enjoys the opportunity of seeing patients for once under ideal conditions in which the background to diabetes can be discussed in a leisurely way. Those whose training has been entirely within hospitals gain, especially by the home visits, while some learn for the first time that competent medicine is practised outside the hospital walls.

This method of management has been tried in two other practices with similar success. No doubt a large city with a large diabetic clinic is not the ideal starting point. It should be easier to extend the experiment in a more compact area in which the relationship between practitioners and the district hospital are close. It could, of course, be applied to other common diseases which require life-long care, such as hypertension.

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