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have difficulties in getting patients to complain at all, but it is interesting that five of these apparently lack a system designed to make it easier for patients to voice their feelings.

There is a smattering of evidence from this survey that the patients of those practices with complaints systems that are designed to be sensitive, discreet, and confidential, thus presenting "exposure", are more willing to express their grievances.

Health education

A patient participation group provides an extremely convenient forum for health education. Not surprisingly, therefore, all but seven groups put on programmes of regular meetings, discussions, and debates covering a wide range of topics.

Attendance at these sessions is seen as a problem, however, by 70% of groups. Often it is only a tiny minority of the patients on the practice list who put on an appearance, and this usually includes a steady band of regulars. This probably reflects the enthusiasm shown by the general public as a whole for evening meetings of any kind.

Several years ago the Aberdare group obtained funding from the area health authority to make videotapes of some of its health education talks. It was realised that a large proportion of the practice was not interested in attending regular evening reading reports of them in the local press.

Community and practice support

This comes under two headings: the use of patients as volunteers and social activities.

Volunteers—Four groups operate community care services of varying complexity to meet some of the needs of fellow patients in difficulties.

Creche facilities at surgeries and clinics and even clinic help are provided by some groups. One practice runs a weekly lunch club for its elderly patients who live alone another has an enthusiastic circle of volunteers who look after newborn babies and send flowers to those in hospital and hampers and presents to a few patients at Christmas.

Both statutory and voluntary, acting as a bridge between them.

Special interest and self help groups

Sixteen groups have arranged a selection of group activities that appeal to certain patients—to help them slim keep fit give up smoking (the three most popular), cope with their condition (diabetes, old age, stroke, hypertension, back pain, alcoholism, bereavement, depression, hay fever, and cystitis)

Fact finding

At least four groups have produced and circulated questionnaires, designed either to find out what patients think of the practice system, particularly appointments, or what their opinions are about their doctors' approach to looking after them.

Ten groups have carried out surveys into practice or health centre facilities and facilities in the practice area either to identify deficiencies or to produce guidebooks.

Providing information

Various publications are provided by several groups. Health education material has already been mentioned.

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and said to the farmer "You don't usually have lambs so early," and he replied "Those are thanks to you."

Digging out of snowdrifts

The worst snowfall for many years was in 1947, when roads became blocked and impassable. One afternoon at the beginning of this I was called to an emergency in a village six miles away.

The railway was our lifeline for many weeks. All sorts of things went by engine—day-old chickens, frozen food and other feedstuffs, groceries. Sometimes the goods had to be dropped

at inconvenient places, to be picked up by the locals. I had to be dropped once on top of an embankment and slide down it, carrying all my essentials in a haversack, as I had been doing all those weeks.

Early in February 1982 he examined the details of the plans and specifications in the tenders and wrote to my partner and the family approving the project and confirmed that the improvement grants had been awarded.

After Acheson . . .

Constructing a primary care unit: the support

IAN KEY

The family practitioner committee had always viewed favourably my proposals for improving the service of the practice by converting it to a primary care unit and modifying the premises.

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application for planning approval for the building work, he accurately calculated the cost/rent, which was of great help in the financial negotiations required, and above all he was constantly available to advise me.

Comments

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the minutes of their committee meetings, and also those of the local community health council, on the practice notice board.

Fund raising

Six groups have been successful in raising money to buy medical equipment; one group alone has bought peak flow

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meters (for asthmatic patients), home blood pressure kits, an enuresis (bed wetting) alarm, and a physiotherapy ultrasonic machine costing £500.

Reference

Curry P, et al. Patient participation in a medical education environment. J Fam Practice 1981;10:244-53.

Looking Back

Doctor in the Dales

J D O'CONNOR

When my husband bought a practice in the Yorkshire Dales in 1933 our two children were very young so I did not intend to practise.

There were two surgeries a day, six days a week, with no half day, and fees were very low: a visit cost 3.6d (17.5p); with a bottle of medicine it was 7/-, and a consultation in the surgery was 3/-, so money was not plentiful.

Before I learnt to drive I walked to visit patients in the town and my husband drove me to my further away. My mongrel dog, who had one leg shorter than the others, hopped along after me everywhere I went and sat outside on the patients' doorstep.

Hallinan, Nigel, Ireland. J D O'CONNOR, MB, BSc, retired general practitioner

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Financing

From the beginning I realised that financing the whole project—purchasing and modernising the premises—would have to be paid for with either free or borrowed money.

When, however, my proposed partner withdrew in August the financial situation altered so far as the bank was concerned, especially because I would be too old to take on a 20 year loan.

Comments

Nevertheless, in a little less than nine months—remarkably quickly—our practice and the surgery premises were converted into a primary care unit.

I thank my staff and my wife for help and cooperation throughout.

Reference

London Health Planning Consortium Study Group. Primary health care in London. London: London Health Planning Consortium, 1981. (Acheson report)