Van Weel geeft als direct operatierisico voor deze operatie een percentage van 17,6 op. Op grond van de uitslag van de vriescoupes werd dus besloten niet tot deze ernstige ingreep over te gaan.

Tot mijn spijt werd echter bij de tweede operatie een zeer grote tumor in de pancreaskop aangetroffen, die inoperabel bleek te zijn. Zoals ik u aan het begin al zei, is het verre van mij iemand hiervoor ook maar gedeeltelijk aansprakelijk te willen stellen, doch achteraf redenerend, is het waarschijnlijk, dat dit reeds vanaf het begin een maligne zaak is geweest, die ons tot op het laatste ogenblik is ontgaan.

Het stemt echter wel tot een zekere bescheidenheid en tot het inzicht, dat moderne onderzoekmethoden slechts tot op zekere hoogte waarde kunnen hebben bij het bepalen van de gedragslijn. Deze conclusie moge dan toch nog weer een hart onder de riem zijn van ons, huisartsen, die het in de meeste gevallen zonder deze moderne technieken moeten stellen.

Health Centres and general practitioner diagnostic centres

BY GLYN HUGHES, M.D.

When the National Health Service Act of 1946 was introduced into the United Kingdom in 1948, Local Health Authorities (i.e. County Councils and County Borough Councils) were given the statutory duty to provide, equip, and maintain health centres and provide all the staff except doctors and dentists. The services to be provided in these centres, either wholly or in part, included: general medical services, general dental services, pharmaceutical services, specialist and other services for out-patients, any of the services which the Local Health Authority is required to provide, and health education.

Owing to the tripartite division of the National Health Service it was necessary in the case of the medical and dental services for the Local Health Authorities to contract for the services of the medical and dental staff with the Executive Councils who are responsible for these professional men.

It was soon apparent that it might be many years before health centres were developed. In the early days a few experimental centres were established in certain areas but, in the main, they were a failure in the role which they were expected to perform, and owing to financial stringency Local Health Authorities proceeded, to a very limited extent with their plans to implement this requirement; eventually it was agreed to go no further for the time being.

General practitioners themselves had in the beginning looked forward to health centres as offering an opportunity to co-ordinate the three branches of the National Health Service, — the hospital, the Local Health Authority and the general practitioners. In addition it should have been possible to join together in them the diagnostic, curative, and preventative aspects of medical care. Before this, health centres of varying kinds had already made their appearance in different parts of the world, many of them under the name of polyclinics; most of these, if not all, were not quite comparable to those envisaged in the National Health Service.

The present idea was not a new one and various committees during the past thirty years had made suggestions for the establishment in this Country of health centres; the Dawson Committee in 1920 had envisaged the possibility of two different types, primary and secondary. The basic difference between these two were that the primary centre would provide the medical services normally provided by family doctors aided by nursing staff and social workers, and the secondary centre services more of a specialist nature and staffed by consultants and specialists. No action was taken on the report of this Committee but its foresight was recognised by the Medical Planning Committee which reported in 1942; a report on which eventually was based the planning of the present health service, although unfortunately many of their ideas were not incorporated. The Commission suggested that health centres as defined by the Dawson Committee would provide services for general practitioners, and to this end made these recommendations: Health centres should be provided and maintained by Local Authorities; the family doctor should work in the centre and co-ordinate the medical and social services and activities which exist there; nursing and clerical help should be provided for the medical and dental staff; doctors would be encouraged to work together in groups but the freedom of choice as between doctor and patient must remain; diagnostic facilities supervised by consultants would be made available at the centres.

A model health centre might contain accommodation for six general practitioners, each with his own waiting room, consulting and examination rooms. After the inception of the Health Service one was built which almost corresponded with this specification but it was not wholly successful. Little use was made of the diagnostic facilities and at first it was difficult to induce family doctors to practise from it. This is probably one of the main reasons that those few health centres established originally have not been a success. In the main they are more suitable for singlehanded practices, but in this country the number of these is decreasing and there is a greater tendency towards group practice, which can

be defined as a partnership of two or more general practitioners working from a central surgery which normally is not now located in the doctor's private house. There may also have been some fear of regimentation and of spoiling doctor/patient relationship by producing medical care of a more impersonal type.

The suggestion of the Minister of Health was that health centres should be provided on a scale of 1 to 15 thousand of the population. It was obvious that this would prove very costly and the financial stringency that existed soon after the inception of the Health Service was one of the reasons that no progress was made. There were many other reasons for the comparative failure of the statutory authorities to establish the health centres envisaged in the National Health Service Act, and in all only about fourteen came into being. The two that came nearest to the original concept involved very high capital expenditure; the majority are in buildings converted or adapted for the purpose, and they by no means all provide a complete range of facilities.

Other centres which can be classified as health centres of a kind have also been established. A few which can perhaps best be designated as group practice health centres were set up by family doctors working together who wished to improve their premises and were enabled to have new building carried out with the help of the "group practice loan system", on the condition that accommodation for local authority clinics was provided in them. Of these there were not more than two or three.

With the development of „new towns" in this country, in which to accommodate a spill-over of the population from the big cities, there has arisen a fresh opportunity to establish a type of health centre which incorporates something of both kinds, and these should prove successful. The new town of Harlow in Essex is, perhaps, the best example. Here five centres have been built and each accommodates a varying number of general practitioners and of these only one is working single-handed. Even these do not provide the full range of services originally included in the concept of the National Health Service Act, but they are more likely to be successful as the doctors in them are largely concerned, both in their own surgeries and in the local authority clinics, which are staffed by the family doctors, in looking after their own patients. In this they do resemble the group practice health centre. There are no diagnostic facilities at any of the centres and a treatment room at only one. Local Health Authority clinics are held at each centre and at certain of them the services of health visitors are available.

At two centres, Edinburgh and Manchester, which in a way are quite different from each other, organised undergraduate education is undertaken. Edinburgh has done this for a long time as part of the University curriculum and it is carried out in two distinct family doctor practices which can hardly be described as health centres. Manchester on the other hand has some diagnostic facilities available and a full range of local authority clinics. As the four doctors in this centre practise exclusively from it it can perhaps be said to resemble very closely the health centre envisaged in the Act, with the added responsibility of undergraduate education.

Of the others established by the statutory authorities, the most successful is probably at Bristol where there is excellent co-ordination and co-operation between the general practitioner and the medical officer of the Local Health Authority, but here the family doctors do not practise solely from the centre and have their main surgeries elsewhere.

Lastly are the diagnostic centres and of these there are three, each different from the other, although they all set out to provide diagnostic facilities for general practitioners. They are situated at Corby, Edinburgh and Peckham.

Corby is a centre which was established more particularly for a dual purpose, to supply diagnostic facilities for the local doctors and also to provide a full range of consultant clinics for a growing population, as the nearest general hospital was a considerable distance away. It cannot strictly be designated as a general practitioner diagnostic centre.

Edinburgh provides diagnostic facilities for general practitioners only but at each attendance of a patient for investigation whether it be for x-ray, pathology or electrocardiology, the family doctor is required to be present as well. This must lead to some wastage of time for a busy general practitioner and some duplication in case recording. He could just as well initiate most of the investigations from his own surgery reserving his examination of the patients at the centre to those requiring more complete and thorough investigation and perhaps more specialised equipment than he possesses.

Peckham which is probably the newest has been in action for just over a year and sets out to provide diagnostic and treatment facilities for general practitioners over a wide area and for a dense population in the South-East of London, coming from all strata of society. In this it can be looked on as a pioneer project in the Health Service and at present unique in that there is no other centre in this country exactly like it.

The basic object of the centre is to provide diagnostic facilities for the family doctors using it, to enable them to complete the investigation and treatment of their patients who do not, in their opinion, need specialist advice and a visit to a hospital to secure it. Consultant advice is, however, available at the centre from a general physician, a radiologist and a pathologist who are each responsible for the supervision of their department at the centre and for the reports that emanate from it. They visit the centre at specific times on a part-time engagement.

The general practitioners have the use of two consulting rooms which they can book by appointment for the more complex examination of problem cases which may need more specialised equipment than they possess and investigations which can be order-

ed and carried out on the spot. Nursing staffs are available to assist. An operating theatre enables family doctors to carry out minor procedures for their patients who would otherwise have to be sent to the casualty department of a hospital or operated on at the doctor's surgery with all the time consuming preparation that would be necessary. At the centre appointments can be made for the use of the theatre at a specified time and everything will then be ready.

There is a good range of instruments, and apparatus for general anaesthesia is available should the doctor wish to make use of it. There are cubicles where patients can be treated and procedures carried out by the trained nursing staff. Dressings, courses of injections, local treatment and radiant heat can all be organised to save the busy family doctor. The diagnostic facilities that are available are x-rays, the normal pathological investigations required by a family doctor and electrocardiography. There is also an allergy testing service in which the nursing staff have been fully trained. A health visitor has an office in the centre and is available to deal with social problems of all kinds.

The advance of medicine, with new drugs, new techniques and the help available from social workers now enables the family doctor to treat many more of his patients himself without sending them to hospital. The availability of the resources which can be made available to him at such a centre as this must act as a stimulant. It is evident that the feeling of increased responsibility has acted as an incentive to better general practice and without doubt helps to increase the stature of the family doctor and to raise his status in the eyes of his patients. At the same time it provides a service which is appreciated by the patient in that his own doctor can complete the clinical investigation, and he will not be compelled to attend a hospital out-patient department with its fresh contacts and the possibility of delay, both in the arrangement for the appointment and when he gets to the hospital. Nor will he have to tell the history of his condition all over again to a stranger.

During the time that this centre has been open it has become apparent that the success of the experiment stems from the wish of the doctors to do better medicine, but possibly also, without their realising it from the fact that they have come to look on it as something of their own, and for this reason utilize it whenever they can. For cases which may require frequent progress reports it is invaluable as the general practitioner might be diffident in worrying hospital departments too often for this purpose.

To a reasonable extent patients can choose the timing of their appointments, and if these are made before mid-afternoon, for all ordinary investigations the general practitioner will get the report next morning. This quick service has been very much appreciated by the patients who, even with hospital appointments, may be subjected to quite long delays. There is the added attraction that the atmosphere and decor is not that of a hospital and a feature which has impressed itself on the nurses and technicians is that the investigation and treatment of young children is carried out with much less fuss and distress than is the case in the austerity of a hospital department.

There are many other ways in which attempts have been made to make this a live medical centre for family doctors. A small selection of library books and a wide range of periodicals are provided in the common room which is perhaps the most important room of all and should be provided in every centre of this kind. It must be large enough to hold meetings, seminars and case conferences. The use of the consulting rooms and treatment cubicles also make it possible to combine these with clinical meetings.

Another way of bringing the doctors together has been to arrange buffet luncheons and, during these, short tape recordings and films of value to family doctors are put on; at the end a consultant in the specialty concerned is present and available to answer any questions. The whole proceeding is carried through in the space of one and a quarter hour and enables the local doctors to meet each other on common ground much more frequently than they otherwise would do. These functions are always well attended and there are never less than fifty present.

A service of information on all subjects which may be of use to General Practitioners is being built up. This is of a very wide range and includes a list of literary articles of interest to family doctors, all the social services that are available to them, the days and times of clinics at the general hospitals, post-graduate meetings, statutory requirements and a list of all the nursing homes in South London with the facilities they offer and their cost.

A centre such as this offers a very good opportunity to carry out research of a kind which may only be possible at general practitioner level.

During the first year of its existence no attempt was made to rush into new projects and this period was utilised as a time of assessment to appreciate whether the centre was a success and what it might be capable of. A start has now been made with certain research projects.

Careful statistics have been kept from the commencement and a morbidity survey carried out by the classification of every patient passing through the centre, under a "disease" heading. The classification used has been that devised by the College of General Practitioners which is a simpler form of the "International Classification of Diseases, 1955". From this it is possible to evaluate the pattern of work and the morbidity of general practice in the area. It does indicate the ordinary requirements of a family doctor.

The use of the centre has grown steadily and no doubt has filled a gap in the professional life of the practitioners of the neighbourhood. In the development of these services it has been shown to be in-

Table I Work carried out at the centre during the first year

	First 3 months 1 March 1961 to 31 May 1961	Second 3 months 1 June 1961 to 31 Aug. 1961	Third 3 months 1 Sept. 1961 to 30 Nov. 1961	Fourth 3 months 1 Dec. 1961 to 28 Feb. 1962	Totals
Total doctors using the Centre	62	83	97	106	106
Number of new patients	825	843	821	961	3450
Number of patients seen each quarter	1043	1193	1281	1413	4930
Number of investigations treatments, etc.	1268	1481	1592	1842	6183

Table II Work in the various departments

Time	Patients	X-Ray	Path.	E.C.G.	Allergy	Nursing	Ops.	Total
March to August	2.236	905	1005	159	68	493	69	2699
September to February	2694	1117	1261	163	61	715	64	3381
Year 1961-62	4930	2022	2266	322	129	1208	133	6080

Table III Age and sex ratio of 3428 patients using the centre

		Age Groups								
Male	Female	0-4	5-15	16-19	20-29	30-39	40-49	50-59	60-69	70 +
1372	2056	121	439	182	652	539	539	484	306	166

Table IV Laboratory investigations

Haematology	1483	67%
Bacteriology	427	20%
Chemical Pathology	140	6%
Miscellaneous	165	7%

controvertible that one of the most important requirements of a family doctor is access to diagnostic facilities and thereby to early diagnosis. When these amenities are combined with the ability to carry out special investigations himself and minor operative procedures it can be assumed that he is equipped to carry out general practice under the best possible conditions and to carry out the skills for which he was trained.

Some figures may be of interest in illustrating the various points that have been brought out in this article.

Summary. An outline has been given of the various types of health centres that have been inaugurated since the advent of the Health Service and the events which led up to them. Special attention has been paid to the pioneer project which commenced at Peckham in South-East London in 1961. The objects, ideals, and the work carried out have been dealt with in some detail as it is felt that the success which it has achieved in the eyes of the local doctors may be an incentive to the establishment of other similar centres. There is no doubt that with the idea of bringing the family doctor and the hospital service more closely together any new building of a hospital could well incorporate some parts of such a centre, not all. To have certain facilities in a general hospital would certainly provide a closer link for them with the consultants. If such an idea is implemented the common room is an essential.

If and when the new "Hospital Plan" for this country, outlined by the Minister of Health in 1962, is implemented, with the closing of many hospitals with existing large outpatient attendances and the concentration of them in a small number of large general hospitals, there is no doubt that in populous areas the development of general practitioner diagnostic and treatment centres would take a load from the hospitals and at the same time be of advantage to general practitioners and their patients.

Table V The pattern of morbidity

1	Symptoms, and ill-defined conditions	20,4
2	Diseases of respiratory system	14,3
3	Diseases of blood and blood forming organs	13,0
4	Diseases of bones and organs of movement	10,6
5	Accidents and violence	10,3
6	Diseases of genito-urinary system	6,5
7	Diseases of circulatory system	4,5
8	Allergic, endocrine system, metabolic and nutritional diseases	4,3
9	Communicable diseases	3,4
10	Complications of pregnancy, childbirth and the puerperium	3,3
11	Diseases of skin and cellular tissue	3,2
12	Prophylactic procedures	2,2
13	Diseases of the digestive system	1,2
14	Mental, psychoneurotic and personality disorders	0,8
15	Neoplasms	0,7
16	Congenital malformations	0,7
17	Diseases of the nervous system and sense organs	0,6
18	Certain diseases of early infancy	—

Symptoms and ill-defined conditions: This was naturally far the longest group as it contained a majority of the results which were within normal limits. The requests, when related to the clinical details supplied, were all well justified, and in most cases made as a precautionary measure or in checking up the progress of a patient following some acute incident. Accidents, chest conditions and possible cases of anaemia figured largely in the number.