

**Letter to the editor:
Progress Backwards**

It was a dark and icy February Tuesday night when I awoke with sudden severe unprecedented abdominal pain which made me walk the floor. There was no obvious cause and simple remedies like a hot water bottle and paracetamol were of no help. We decided to seek medical assistance.

This proved difficult. The local hospital has an Urgent Care Centre, since the new GP contract excludes out of hours commitments to list patients. Patients are only seen at the UCC with an appointment. We rang but were told by an answering machine that they were very busy, there would be delays, and to seek help from NHS Direct. This organisation played endless music rather than answer the phone at all.

This now left two other public options. (1) Turning up in the local hospital Accident and Emergency department and waiting: though it does see everyone within four hours this seems like an eternity to the acutely ill. (2) Alternatively dialling 999 for an emergency ambulance, which would probably transport me to the surgical casualty department of another hospital miles away. Since we had our own transport and were close to the local District General Hospital this seemed another tactic of unnecessary delay, and inappropriate.

In times past the local GP practices operated an out of hours covering system, which would enable contact with a familiar but not necessarily personal doctor and a speedy result. How on earth the Department of Health agreed to pay more for primary care which now excludes this service is baffling.

My wife bitterly pointed out that the present circumstances resembled what we had felt was a very deprived system in East London in 1970. Then no professional wanted to live in Docklands, and all the GPs had lock-up premises. At night the patients and their relatives regularly used the casualty department of Poplar Hospital (now closed) as an out of hours primary care facility with huge queues. The alternative system was of moonlighting medical registrars who were driven around by taxi to emergency home calls. They either treated on the spot, or more usually put the patients on the Emergency Bed Service, so that they were guaranteed a bed somewhere eventually. Duty doctors in hospitals spent their lives fending off these referrals, since if you became known as a soft option your beds were filled up with dubious material and the boss wouldn't like it at all. Eventually the medical referee would tell

one hospital that they had to take this case.

How have we come to this point, with such a dramatic deterioration in emergency medical care, and such poor access to advice and treatment out of hours?

Obviously the GPs were delighted to withdraw from this service which was increasingly over-used, but why did the managers allow it while paying more money? Perhaps the implications were not realised. This is quite possible as medical managers have an average life expectancy in post of 3 to 4 years, and politicians' scale of time seems to be the life of the Parliament. We are paying greater amounts for a worse service, and this is particularly galling under an "NHS – friendly" Labour Government.

How did I resolve my dilemma? By playing the system in a way I disapproved, and regret being forced to use as a medical consultant.

My wife rang up the duty medical SHO at my hospital, told him I was coming in her car right away, to find a bed, and that we would take it from there.

There was a personal happy ending, but we need to rethink what must be a rotten outcome for most patients.

Old Labour Champagne Socialist Northern Physician

Name and address withheld