A DIRECTORY OF DOCTORS SERVICES

FINAL REPORT OF A PILOT STUDY

FOR THE ASSOCIATION OF SCOTTISH LOCAL HEALTH COUNCILS
EDINBURGH LOCAL HEALTH COUNCIL
SCOTTISH CONSUMER COUNCIL

BY MACKAY CONSULTANTS
AUGUST 1986
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Inverness
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1.0 INTRODUCTION

1.1 We were appointed in April 1985 to undertake a pilot study to test the feasibility of providing local directories of general practitioner (GP) services. The study has been financed by the Scottish Consumer Council (SCC), in cooperation with the Association of Scottish Local Health Councils (ASLHC) and the Edinburgh Local Health Council (ELHC).

1.2 The three sponsors believe that users of National Health Service (NHS) GP services in Scotland will benefit from the availability of more information about such services. This information may be especially important to enable patients to make an informed choice of GP practice when they move to a different area.

1.3 The terms of reference for the study identified three main objectives:

(i) to produce "a pilot directory" of factual information on general practitioner services in one area of Scotland;

(ii) to assess the response to this directory amongst users and providers of general practitioner services in the pilot area;

(iii) to circulate a report of the findings to interested consumers and voluntary organisations and to organisations representing the medical profession, for comment and consultation.

Edinburgh was chosen as a suitable location for a pilot study. This report describes how we have undertaken the study in accordance with this remit.

1.4 It should be stressed that the study had a fairly long history before we began work. Over the summer of 1983 the ASLHC collected comment and information from local health councils about the response of patients and the public to GP services, together with examples of difficulties experienced. This information revealed a lack of knowledge about how particular practices operated and difficulties experienced in changing GPs. Consequently, the Association's work programme for the year accorded a high priority to looking at GP services and in February 1984 the ASLHC submitted a formal proposal to the SCC. This documented the need to conduct a survey of GP services with a view to making information about the services more readily accessible to the public. Several local health councils expressed an interest in participating in such a survey including Edinburgh LHC which had already begun to develop ideas along similar lines.
In March 1984, the Scottish Consumer Council agreed to cooperate with the ASLHC and ELHC in doing work in this area. The Council agreed to sponsor research which would specifically test the feasibility of completing local surveys of GP services and making the findings available to the public. Thus the work would be a pilot study in one locality.

Given the sensitivity of the subject matter the sponsoring organisations agreed to spend at least six months on discussions of the proposed pilot project with representatives of the medical profession and in particular with the General Medical Council. A summary of the attitudes and responses of these bodies is given later in this report but, in brief, there was considerable opposition to the pilot study. One effect was to delay the research. Indeed, when in November 1984 the SCC invited researchers in the medical field to submit proposals there was no one willing to do so, presumably because of the opposition from the medical profession.

Subsequently, Mackay Consultants were invited to submit a proposal for the study. This was accepted by the three sponsors. We would stress that our experience is in survey work (of the type required for the study) rather than the medical field. Thus we began the study with an independent, open mind, not having been involved in the preceding discussions.

We have benefitted greatly from the help and advice of the three sponsors, the Association of Scottish Local Health Councils, Edinburgh Local Health Council and the Scottish Consumer Council. In particular, the Steering Committee set up to oversee the pilot study and the SCC's Health Committee have been extremely helpful. We are also grateful to all the doctors and patients in Edinburgh who have cooperated, and also all the other bodies and individuals who have provided information and advice. However, the views expressed in this report are those of Mackay Consultants unless otherwise indicated.
2.0 PRELIMINARY WORK

2.1 The main tasks to be undertaken at the outset of the study were:

(i) construction of an outline of the directory, setting out what information was to be included;

(ii) the choice of the specific pilot study area;

(iii) the collection of the necessary information.

2.2 Regarding (i) the Edinburgh Local Health Council had already drawn up a draft list of questions, which was included as an annex to the terms of reference. We used this as the basis for the preliminary discussions with the Steering Committee and other interested parties. A revised questionnaire for local doctors was produced and this was circulated to representatives of the medical profession in Edinburgh, including the General Practice Sub-Committee of the Lothian Local Medical Committee whom it had been agreed would act as the main point of consultation with local GPs.

2.3 An extensive analysis of Edinburgh was undertaken and, with the agreement of the Steering Committee, part of North Edinburgh was chosen as a suitable area for the pilot investigation. This area was thought suitable because it was relatively self-contained and had a mix of local authority and private housing, including new housing. It was agreed that the pilot area should cover about 60 GPs.

2.4 There was a very negative reaction to the proposed questionnaire and it soon became clear to us that it would be difficult to obtain any active cooperation from the doctors. With hindsight, given the earlier discussions between the sponsors and the medical profession, this may have been expected but the strength of the reaction was a surprise to us.

2.5 There were encouraging exceptions to this opposition, however, and quite a few of the local GPs consulted have been very supportive of the study. Over time attitudes have also become more favourable but the initial reaction was very unhelpful.
2.6 An account of the preliminary consultations between the sponsors and the medical profession was given in the introduction. That need not be repeated here although a brief summary might be helpful.

2.7 The General Medical Council (GMC) Committee on Standards of Professional Conduct and Medical Ethics made the following points:

(i) They agree with the sponsors that information about GP services published in the local medical lists can be inadequate and they favour the publication of additional information.

(ii) However, they consider it would be inappropriate for specialist services, such as psychotherapy or hypnosis, to be included on the basis that these services are not available from all GPs.

(iii) They have misgivings about GPs directly furnishing details of their services for publication as this could be considered to be advertising as described in the GMC's pamphlet "Professional Conduct and Discipline: Fitness to Practice" (Part II section (iv)). For this reason the GMC favours collection of the information by primary care divisions of Health Boards.

(iv) Finally, the General Medical Council raised the problem of "adjacent areas", that is the exclusion of GPs from the directory whose practice area is immediately adjacent to and perhaps overlapping the survey area and the unfair advantage possibly given to the GPs included in the directory. The GMC believes that this might give rise to complaints of professional misconduct.

2.8 Having considered the project in some detail the GMC stated that it welcomed the idea of additional information for patients and wished an opportunity to consider the final specification for the pilot project before field work commenced. The sponsors, whilst not necessarily agreeing with the views expressed by the GMC on these four points, concluded that one of the objectives of the pilot study would be to attempt to resolve them to the satisfaction of both NHS consumers and the medical profession.
2.9 The sponsors also met the British Medical Association's (BMA) Scottish General Medical Services Committee to discuss the proposed project. The Committee stated that notwithstanding the GMC's views, it considered that "ethical objections" remained and it was for Health Boards to publish information about GP services. The Scottish GMSC remained opposed to the pilot study, feeling that the consumer information problem could be adequately resolved by the improvement and standardisation of current Medical Lists throughout Scotland. They stressed that they had also recommended that all GP practices produce practice leaflets or booklets.

2.10 The sponsors have supported the BMA proposal to the Scottish Home and Health Department that the medical lists should be improved. However, they believed that although this would be a step in the right direction it would not replace the need for full-scale local directories more readily available to the general public.

2.11 We ourselves have consulted the GMC, BMA and other bodies throughout the study. They have been given every opportunity to comment on the papers and drafts produced. Most of them have responded.

2.12 The GMC appeared to change their attitude from that described above, which might have been interpreted as being in support of the pilot study. However, they stated in writing to us that "the Committee in no way expressed support for the proposal" and "foresaw that any such project .... could give rise to justifiable complaints against the doctors involved in it".

2.13 The BMA's Scottish Office remained opposed to the study and assumed that we were "going to abandon this exercise on the basis that it has been deemed to be unethical for doctors to co-operate".

2.14 The Royal College of General Practitioners in London provided some helpful comments on the draft questionnaire but stated that their reply did "not indicate formal approval of the directory". Various doctors in Edinburgh also provided helpful comments and suggestions on improving the draft questionnaire.

2.15 Two meetings were held with representatives of the General Practice Sub-Committee of the Lothian Local Medical Committee, one of which was attended by a representative of the Lothian Health Board. In writing, the Sub-Committee indicated their strong belief that "increased information should be made available through the nuspaces of the profession through upgraded Health Board lists". It was made clear, however, at the meeting that Lothian Health Board did not believe it had the resources to improve the lists and did not accord that a high priority.
2.16 It was also evident from the meetings with the GPs Sub-Committee that we could not expect to obtain the cooperation of local doctors in completing the questionnaire. We knew from personal contacts with individual GPs in the area that quite a few would have cooperated but, in the light of the GMC, BMA and other attitudes, it was obvious to us that to proceed with the original questionnaire would have been a waste of time and money.

2.17 At this stage the future of the study seemed very gloomy and it appeared that we might have to succumb to the wishes of the BMA. However, we decided to see what information could be compiled from publicly available sources. This proved to be the turning point.

2.18 It became clear that quite a lot of information was available from the Health Board's Medical List, the Medical Directory and the Medical Register, although not in a form easily accessible to the general public. Some additional information was given in the booklets or cards produced by a few of the practices in the area. By simply walking the streets in the neighbourhood we were able to obtain information on the physical state of premises, car parking facilities, proximity to chemists, bus stops etc.

2.19 We should mention that, given the opposition to the study, we were very careful not to trespass on premises. It might therefore have been possible to obtain additional information from, for example, notice boards within GPs premises and from practice booklets which we did not have. Nevertheless we were as comprehensive as possible and were reasonably happy with the quality and volume of information obtained.

2.20 This enabled us to produce a draft directory for 20 practices in the part of North Edinburgh chosen, covering 62 individual GPs. The information included was less than that in the original ELHC list, particularly with regard to specialist services not generally available, but still represented a substantial improvement over the Health Board’s Medical List.

2.21 A further meeting was held with representatives of the GPs Sub-Committee of the Lothian Local Medical Committee. They were clearly very surprised at the amount of information we had been able to collect.
2.22 We indicated that we intended to proceed with the publication and distribution of the directory, whether or not the local GPs cooperated, although we strongly hoped that they would now cooperate, at least by correcting any errors in the draft directory. After further consideration with its members the Sub-Committee concluded that it would not be unethical for the local GPs to correct their entries, if they wished to do so, and circulated a letter to that effect. We were very grateful for this.

2.23 We then sent a copy of the draft directory to each of the GPs covered, asking for any corrections and comments. The draft directory was also sent to the GMC, BMA and other interested parties. Most of the local GPs cooperated by letting us have corrections, eg to surgery hours. Only a few did not and two wrote to us saying that they still considered that it would be a breach of the ethics relating to advertising if they helped us in any way.

2.24 In the light of the comments received from the GPs, the Steering Committee and other parties we then proceeded with the printing and distribution of the directory.
3.0 DIRECTORY AND SURVEY OF PUBLIC

3.1 1,250 copies of the directory were printed. One thousand of these were circulated to patients in the pilot study area, each of the doctors covered was sent a copy and the remaining copies went to other interested parties. Most readers of this report will have a copy of the directory, so it is only necessary here to provide summary details of its content.

3.2 It includes a foreword, explaining the purpose of the directory and the pilot study, a map showing the locations of the 20 practices within the area, an index of the 62 doctors and a list of abbreviations. The area covers the waterfront areas of Granton and Newhaven, extending inland to Craigleith, Stockbridge and Broughton. The map on the next page shows this area, with the locations of the practices and the survey areas (see paragraph 3.6).

3.3 The bulk of the directory is the entries for the 20 practices. An example (for practice no. 2, Dr Holland) is also attached. Information is given on doctors' qualifications, consulting hours, whether or not maternity medical and contraceptive services are provided, and the availability of clinics and other services. In addition there is information on premises, bus services and the nearest chemist(s).

3.4 Of the 20 practices listed, 11 have more than one doctor and nine are single-handed. The information provided is standard for all the practices but inevitably there is more on the larger practices because of the greater availability of ancillary services. However, we stressed in the foreword that the fact that a practice has a large number of facilities or personnel does not necessarily mean that a patient will receive a better service. Many people prefer to have a doctor who works on his or her own. In some health centres different clinics and services may be available within the building, but not all practices may make use of all of these. Similarly, many of these special services may be available to the patients of other doctors outwith the health centre.

3.5 Item (ii) of our terms of reference was

- to assess the response to the directory amongst users and GPs in the pilot area.

For the former, we distributed copies of the directory to a sample of 1,000 patients. A questionnaire on the usefulness or otherwise of the directory was included, with a stamped addressed envelope.
QUALIFICATIONS AND DATE

MBChB Edinburgh, 1968
MRCP, 1979
DObstRCOG, 1970
LMCC, 1972

CONSULTING HOURS

Monday  9-10
Tuesday  9-10 : 2-5.30
Wednesday 9-10
Thursday 9-10 : 2-5.30
Friday  9-10 : 2-5.30
Saturday 9-10 Emergency only

MATURENITY  CONTRACEPTIVE
MEDICAL SERVICES  SERVICES
YES  YES

PRACTICE No.

Health Centre
India Place
Stockbridge
Edinburgh EH3 9EH

Tel: 031 226 6070

NAME

HILLAND, Peter JP

PREMISES:

This is a purpose built health centre, housing three doctors' practices, along with other associated personnel. The office is open Monday - Friday 8.30-6pm and Saturday 8.30-11.30am. Access to the centre is easy with both stairs and a lift, and there is a porter's desk. There is a small private car park 30 metres away.

SERVICES:

There are three nurses and four health visitors, a Baby Clinic and a Well Woman Clinic (breast and cervical examinations by appointment). The school dental service, the speech therapy service, chiropodist, community dietician, Psycho-Sexual Problems Clinic and Alcohol Counsellor are available to everybody, not just to patients of the Stockbridge Health Centre practices.

BUS SERVICE:

Nearest bus stops are on North West Circus Place. Nearside: 20 metres - numbers 24, 29. Far side: 60 metres - numbers 24, 29.

NEAREST PHARMACIES:

1. 350 metres away Stockbridge Pharmacy, 7 Deanhaugh Street. Tel. 332 5721. Monday to Saturday 9 - 6.

2. 350 metres away W M Park, 14 Deanhaugh Street. Tel. 332 2045. Monday to Friday 8.30-1; 2-5.30. Saturday 8.30-1.
The sample was chosen by selecting eight streets or areas within the overall area and distributing the directory to each household in the selected areas. These are shown as A to G on the map. We aimed to find as broad a spread of house and patient types as possible, with a substantial number of new houses, so that we might gauge the opinions of incomers to the area who might recently have had to select a new GP. The areas chosen were (with the sample numbers in brackets):

(A) Ferryfield: a new scheme of privately owned houses and flats (96)

(B) Warriston: older style council housing and flats, some of which have been bought by their tenants (200)

(C) Eildon Terrace: new privately owned houses and flats (88)

(D) Summerside and Dudley: privately owned family houses and flats (348)

(E) Ettrickdale Place and Liddesdale Place: new privately owned flats (124)

(F) The Colonies: back-to-back cottages, many of which have been modernised (124)

(G) Saxe-Coburg Place: a crescent of fine 'New Town' houses, some of which are let as flats or have their basements let (40)

In addition to new housing the main criterion used in selecting the sample was proximity to more than one practice, ie to concentrate on areas where patients in theory would have a choice of doctor. This is the main reason why Pilton and Granton, for example, were excluded from this part of the study.
3.8 In the first week we had 225 postal replies and we subsequently knocked on all 1,000 doors where we had delivered questionnaires. Disappointingly, only 65 more were filled on the doorstep, with the promise of more to be sent on. This fieldwork coincided with the period before the recent regional council elections and there was a lot of canvassing in the area, which might explain the low response on the doorstep. However, a further 127 replies were subsequently received by post before our deadline, suggesting that our visits had at least prompted more replies.

3.9 For the analysis of the results, we had to impose a deadline for the receipt of the questionnaires and at that time we had received 417. Subsequently another 73 arrived but they have not been included in the analysis below.

3.10 The total response of 417 (41.7%) is certainly very satisfactory for a survey of this type. We believe that the high response rate provides a very sound basis for judgments on patients' attitudes towards the information which they would like. There were no significant differences between the responses from the 65 doorstep interviews and the 352 returned by post. Also, the 73 subsequent responses give an almost identical picture.

3.11 In terms of geographical response rates, the best was from Ferryfield, with about 60% of the questionnaires returned. Next was Elidon Terrace (46%). Interestingly, these are the two areas with the most recent housing. There have also been good response rates from the Colonies (43%) and Warriston (42%). The poorest rates have been from Ettrickdale Place and Liddesdale Place (30%), Summerside and Dudley (28%) and Saxe-Coburg (25%). Perhaps surprisingly the poorest responses have come from the higher income, more middle class areas.

3.12 We have produced a detailed analysis of the results for the three sponsors. The following is a brief summary of the main results based on the specific questions posed. The analysis is based on the total response (both postal and doorstep).

3.13 Question 1: How helpful do you think the directory is?

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>very helpful</td>
<td>219</td>
<td>53.0</td>
</tr>
<tr>
<td>helpful</td>
<td>183</td>
<td>44.3</td>
</tr>
<tr>
<td>not helpful</td>
<td>9</td>
<td>2.2</td>
</tr>
<tr>
<td>very unhelpful</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>don’t know</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>no response</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>417</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Excluding the "no responses", 97.3% of the responses were favourable, ie in the very helpful and helpful categories. Only nine people (2.2%) thought that the directory was not helpful.

3.14 When the individual components of the directory are analysed in more detail, the following picture emerges. The figures in brackets are the percentage distributions (again excluding the no responses).

Question 2: How helpful is the information on:

<table>
<thead>
<tr>
<th>Item</th>
<th>Very helpful</th>
<th>Helpful</th>
<th>Not helpful</th>
<th>Very unhelpful</th>
<th>Don't know</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>doctors' qualifications</td>
<td>169 (41.6%)</td>
<td>182 (44.8%)</td>
<td>43 (10.6%)</td>
<td>2 (0.5%)</td>
<td>10 (2.5%)</td>
<td>11</td>
</tr>
<tr>
<td>consulting hours</td>
<td>306 (74.8%)</td>
<td>99 (24.3%)</td>
<td>1 (0.2%)</td>
<td>1 (0.2%)</td>
<td>2 (0.5%)</td>
<td>8</td>
</tr>
<tr>
<td>maternity services</td>
<td>138 (37.7%)</td>
<td>146 (39.9%)</td>
<td>21 (5.8%)</td>
<td>2 (0.5%)</td>
<td>59 (16.1%)</td>
<td>51</td>
</tr>
<tr>
<td>contraceptive services</td>
<td>132 (36.1%)</td>
<td>153 (41.8%)</td>
<td>20 (5.5%)</td>
<td>2 (0.5%)</td>
<td>59 (16.1%)</td>
<td>51</td>
</tr>
<tr>
<td>special clinics</td>
<td>159 (42.2%)</td>
<td>167 (44.3%)</td>
<td>17 (4.5%)</td>
<td>2 (0.5%)</td>
<td>32 (8.5%)</td>
<td>40</td>
</tr>
<tr>
<td>premises</td>
<td>187 (47.4%)</td>
<td>185 (46.8%)</td>
<td>17 (4.3%)</td>
<td>-</td>
<td>6 (1.5%)</td>
<td>22</td>
</tr>
<tr>
<td>car parking</td>
<td>178 (45.4%)</td>
<td>174 (44.4%)</td>
<td>26 (6.6%)</td>
<td>2 (0.5%)</td>
<td>12 (3.1%)</td>
<td>25</td>
</tr>
<tr>
<td>bus services</td>
<td>210 (52.5%)</td>
<td>169 (42.2%)</td>
<td>12 (3.0%)</td>
<td>-</td>
<td>9 (2.3%)</td>
<td>17</td>
</tr>
<tr>
<td>pharmacies/chemists</td>
<td>240 (59.1%)</td>
<td>155 (38.2%)</td>
<td>8 (2.0%)</td>
<td>-</td>
<td>3 (0.7%)</td>
<td>11</td>
</tr>
</tbody>
</table>

Again, the favourable response is very marked, particularly for items of general information. Many elderly respondents omitted to enter opinions about maternity services or contraceptive services as presumably they considered these subjects of little relevance to them. In relation to the "very helpful" responses, the highest figures were for the information on consulting hours (74.8%), chemists (59.1%) and bus services (52.5%). Very few people thought this specific information not helpful or very unhelpful but the highest figure in this category was for doctors qualifications (11.1% of the two combined answers).
3.15 Question 3: Do you think it would be useful to include other information in this directory, for example on

<table>
<thead>
<tr>
<th></th>
<th>very helpful</th>
<th>helpful</th>
<th>not helpful</th>
<th>very unhelpful</th>
<th>don't know</th>
<th>no response</th>
</tr>
</thead>
<tbody>
<tr>
<td>-whether other health workers, such as district nurses, health visitors, social workers are on the premises</td>
<td>184 (45.4%)</td>
<td>176 (43.5%)</td>
<td>24 (5.9%)</td>
<td>-</td>
<td>21 (5.2%)</td>
<td>12</td>
</tr>
<tr>
<td>-what the arrangements are when the doctor is off duty</td>
<td>267 (66.2%)</td>
<td>119 (29.4%)</td>
<td>11 (2.7%)</td>
<td>1 (0.2%)</td>
<td>6 (1.5%)</td>
<td>13</td>
</tr>
<tr>
<td>-whether there are other clinics like chiropody, physiotherapy or psychiatry</td>
<td>176 (44.3%)</td>
<td>180 (45.3%)</td>
<td>25 (6.3%)</td>
<td>-</td>
<td>16 (4.1%)</td>
<td>20</td>
</tr>
<tr>
<td>-whether the doctor delivers babies at home</td>
<td>87 (24.3%)</td>
<td>145 (40.3%)</td>
<td>57 (15.8%)</td>
<td>1 (0.2%)</td>
<td>70 (19.4%)</td>
<td>57</td>
</tr>
<tr>
<td>-the exact area of town which the practice covers</td>
<td>142 (36.8%)</td>
<td>192 (43.7%)</td>
<td>37 (9.6%)</td>
<td>2 (0.5%)</td>
<td>13 (3.4%)</td>
<td>31</td>
</tr>
<tr>
<td>-how to get a repeat prescription</td>
<td>169 (43.2%)</td>
<td>187 (47.8%)</td>
<td>25 (6.4%)</td>
<td>2 (0.5%)</td>
<td>8 (2.1%)</td>
<td>26</td>
</tr>
<tr>
<td>-whether there are trainee doctors helping in the practice</td>
<td>88 (22.9%)</td>
<td>153 (39.8%)</td>
<td>98 (25.5%)</td>
<td>4 (1.1%)</td>
<td>41 (10.7%)</td>
<td>33</td>
</tr>
</tbody>
</table>

Once more, the overall response is strongly in favour of more information. There was considerable interest in the off duty arrangements. The two categories which were considered least essential for inclusion were home confinements and the presence of trainee doctors in the practice. The former may be explained again by the number of elderly respondents who did not feel competent to answer the question. No adverse individual comments were made about trainee doctors. One person remarked that in serious cases, or where there was some doubt about a diagnosis, then he presumed the opinion of an experienced GP would always be sought.
The answers to Question 4 (Is there any other information which you would like to see in the directory?) elaborated on Question 3 and the following suggestions were made. The figures in brackets are the number of times particular comments were made (if there is no figure it was only mentioned once).

Additional items for inclusion:

Age of doctor (6)
Marital status of doctor
Religion of doctor
Number of patients on doctor’s list (6) - some respondents suggested that this might give an indication of the GP’s popularity, and hence, by inference, of his or her competence.
Access to doctor by phone - how easy? (3)
Policy of practice on home visits (4)
Areas of special interest of the GP (3)
Number of private patients - giving some indication of the doctor’s other interests
Outside interests of a medical nature, eg where the doctor is listed as having a part-time post
Do practices have visiting doctors with special interests or qualifications?
Are doctors involved in practices in other areas?
General arrangements for emergencies, eg heart attack

Exact information on when to phone for an appointment
Number of stairs within the premises
Arrangements in the waiting room for children - provision of toys, books etc
General information about waiting room - cramped/spacious/ reading material/w.c.?
Number of administrative staff - how many receptionists etc?

Is contraceptive advice limited to women and the pill?
List female doctors employed under the Local Retainer scheme, where married women are employed for up to three sessions a week: this may aid the patients of single handed male doctors whose patients may prefer to consult a woman for gynaecological problems

How many hospital ante natal visits does the doctor consider necessary, and what is the attitude to 48 hour discharge from hospital after the birth of a baby?
Does the doctor participate in shared care arrangements for maternity cases?
Information on those doctors who work in the maternity units at the hospitals
Availability of ante natal classes
Does the practice run a baby clinic?
Is there a specialist paediatrician?
Regularity of routine developmental checkups for under 5s
Policy on prescribing antibiotics to children
Addresses of baby clinics not attached to surgeries

Attitude of doctor to alternative medicine
Arrangements for home visits to the elderly (7)
Availability of complete physical checkups for the elderly (4)
Facilities in the area for the elderly and handicapped
Access to bereavement counselling

Location of nearest hospitals on the map (2) and the emergency
arrangements for these (5)
Hospital policy on children and parents' visiting arrangements
Hospital policy on childbirth

Services provided by nursing staff, eg routine blood pressure
and weight checks for the over 40s
List of registered chiropractors, osteopaths, homeopaths and
acupuncturists
Information on dentists on the same basis (6)
Information on opticians on the same basis
Bus service frequency
24 hour pharmacies.

3.17 These comments and suggestions illustrate the wide range of
information which some patients would like on local medical
services. Not all of these are appropriate topics for a
directory of the type we have produced but there are other ways
of making some of this information available.

3.18 Questions 5 to 7 covered the information currently available
about General Practices.

Question 5: Do you have a copy of an information booklet
produced by your doctor/practice?

<table>
<thead>
<tr>
<th>Table 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
</tr>
<tr>
<td>44</td>
</tr>
<tr>
<td>(11.9%)</td>
</tr>
</tbody>
</table>
If yes, how helpful is it?

Table 5a

<table>
<thead>
<tr>
<th>very helpful</th>
<th>helpful</th>
<th>not helpful</th>
<th>very unhelpful</th>
<th>don't know</th>
<th>no response</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>26</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>368</td>
</tr>
<tr>
<td>(46.9%)</td>
<td>(53.1%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The numbers having a copy of the booklets or cards produced by some practices are surprisingly small. In the various discussions with doctors before producing the directory, the existence of such booklets was a frequent reason given for not needing a directory, but it appears that very few patients are provided with such booklets.

3.19 Question 6: Do you know that Lothian Health Board publish a Medical List?

Table 6

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>143</td>
<td>274</td>
</tr>
<tr>
<td>(34.3%)</td>
<td>(65.7%)</td>
</tr>
</tbody>
</table>

Question 7: Have you consulted this list in the last two years?

Table 7

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
<th>no response</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>405</td>
<td>3</td>
</tr>
<tr>
<td>(2.2%)</td>
<td>(97.8%)</td>
<td></td>
</tr>
</tbody>
</table>

If yes, how helpful is it?

Table 7a

<table>
<thead>
<tr>
<th>very helpful</th>
<th>helpful</th>
<th>not helpful</th>
<th>very unhelpful</th>
<th>don't know</th>
<th>no response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>409</td>
</tr>
</tbody>
</table>

About one third of the respondents knew of the existence of the Health Board’s Medical List but only nine people (2.2%) had consulted it in the last two years. Suggestions for improving the Medical List, made by those who knew of its existence, were:
- Make it more readily available to the public
- List all the doctors in any one practice together (as is the case with the Highland Health Board but not in Lothian)
- Include a map.

3.20 Question 9 provided information on the method of choosing a GP and the results are summarized below.

Table 9

<table>
<thead>
<tr>
<th>How did you choose your present doctor?</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>was already family doctor</td>
<td>123</td>
<td>31.2</td>
</tr>
<tr>
<td>by asking Lothian Health Board</td>
<td>6</td>
<td>1.5</td>
</tr>
<tr>
<td>by asking the local Health Council</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>by asking a neighbour or friend</td>
<td>113</td>
<td>28.7</td>
</tr>
<tr>
<td>by going to a nearby surgery</td>
<td>85</td>
<td>21.6</td>
</tr>
<tr>
<td>by looking in the phone book/yellow pages or Thomson local directory</td>
<td>11</td>
<td>2.8</td>
</tr>
<tr>
<td>other</td>
<td>56</td>
<td>14.2</td>
</tr>
<tr>
<td>no response</td>
<td>23</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>417</td>
<td>100.0</td>
</tr>
</tbody>
</table>

While over 30% had a family doctor, those who had to choose a new one most usually asked a friend/neighbour or went to the nearest surgery.

Those who had moved into the area since 1980 chose their doctors as follows:

<table>
<thead>
<tr>
<th>How did you choose your present doctor?</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>was already family doctor</td>
<td>35</td>
<td>23.8</td>
</tr>
<tr>
<td>by asking Lothian Health Board</td>
<td>2</td>
<td>1.3</td>
</tr>
<tr>
<td>by asking the local Health Council</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>by asking a neighbour or friend</td>
<td>47</td>
<td>31.9</td>
</tr>
<tr>
<td>by going to a nearby surgery</td>
<td>32</td>
<td>21.7</td>
</tr>
<tr>
<td>by looking in the phone book/yellow pages or Thomson local directory</td>
<td>9</td>
<td>6.1</td>
</tr>
<tr>
<td>other</td>
<td>24</td>
<td>16.3</td>
</tr>
<tr>
<td>Total</td>
<td>147</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The most recent newcomers were even more likely to ask the advice of a neighbour or friend.
'Other' reasons for choosing a doctor were:

- Because he/she did not have an appointment system (25)
- Reallocated by Health Board on previous doctor's retirement (7)
- On recommendation of previous doctor (2)
- On recommendation of chemist (2)
- On recommendation of hospital (2)
- On recommendation of university (2)
- Personal knowledge of the doctor (6)
- Used our directory (5)

3.21 The final comments on the directory (Question 11) were as follows:

Cost:  
- too expensive, ie too glossy (6)
- too expensive if for general circulation, but all right if available on a limited basis (4)
- waste of money and unnecessary (4)
- if money was diverted from primary care for the directory, then it was wasted (4)

Size:  
- too big (4)

How will the entries be kept up to date? (2)

Good idea for people moving into the area (10)

Should be available at Post Offices (4)
- GP practices
- Chemists
- Social services offices
- Estate agents
- Conveyancing solicitors

Make as available as the telephone directory, with one for every area.

The foreword should be multi-lingual, since we live in a multi-racial society.

Such a directory would have prevented one respondent from making a mistake in choosing a doctor.

And finally - we should have had one before.
If we accept that most of our response was from those interested in more information being made available anyway, it is still very clear that there is a strong desire for greater provision of information about the workings of general practice and the various services available. Indeed, most of the items on the original ELHC/ASLHC/SCC "shopping list" are included in the suggestion list from our respondents. It is clear that patients are also very interested in information on the wide range of primary care services and not just those of GPs.
OTHER RESPONSES

Copies of the directory, the questionnaire and the questionnaire results were circulated to the GPs covered, the bodies mentioned in Section 2 and other interested parties. Comments were invited.

It must be said that the response to this invitation was very disappointing, in marked contrast to that from the sample of patients.

As indicated earlier, the GPs Sub-Committee of the Lothian Area Medical Committee has been our main point of contact with the local GPs. The Sub-Committee has collated the responses of local doctors and put various specific points to us, including:

(a) "the gross social bias in the sample of local residents chosen. The majority of questionnaires went to private houses and there does not seem to have been any attempt to sample areas such as Pilton, Granton, Wardieburn, Royston Mains, Pennywell or Muirhouse."

(b) "we did not feel that 41.7% made a very satisfactory response considering the follow-up visits to every house that had a postal questionnaire."

(c) "it is human fact that many people who are generally satisfied with their doctor would not criticise a directory in the format that was presented to them and, therefore, it is not surprising that 97.3% of the response was favourable in general terms."

(d) "the additional items for inclusion, question (9), indicates the paucity of additional information required as very few people have responded from the numbers quoted."

Overall the local doctors consulted by the Sub-Committee concluded that "in general terms we do not feel that directory, in its present format, is particularly helpful to patients. As you know it is the General Medical Services desire to provide more information about Primary Care and it is now acceptable for Practices to provide In-House Booklets for prospective patients. The majority of the information in your directory as well as the additional information asked for in the survey could be included in a much more meaningful way in those In-House Booklets. As you know we have always felt that it would be much more sensible to provide information based on a Practice than on individual doctors within a Practice". The Sub-Committee has offered to meet the three sponsors to discuss these comments and the contents of our final report.
It is very important to bear in mind that the study has been a pilot one. An implied hope is that future exercises of this type will learn from the experiment and be able to incorporate improvements. Neither the sponsors nor ourselves regard the pilot directory as "perfect" and any constructive criticisms are extremely welcome. The comments from the GPs Sub-Committee, and from individual doctors, certainly fall into that category.

Our response to point (a) is that the two main criteria for choosing the sample areas were the existence of new housing (and therefore the possibility - in theory at least - of choosing which practice or doctor to use). There was no intention on our part to discriminate against the lower income, higher unemployment areas nor the local authority estates. The exclusion of most of Granton and Pilton, for example, was because of the lack of new housing and the lack of choice, as is clear from the map of the practices.

Further, as mentioned in paragraph 3.11 above, the best response rates to the questionnaire came from the local authority estates and the worst from the higher income, more middle class areas. More importantly, there are no significant differences in the answers between these areas. Patients in all the areas covered were very strongly in favour of the directory. It could be argued that if we had included in the sample more people from Granton, Pilton and the other areas mentioned by the GPs Sub-Committee, the support for the directory would have been even greater.

Regarding point (b), we have undertaken many similar questionnaire surveys in Scotland and elsewhere. Our expertise is indeed in such analysis and not in the medical sector. With similar surveys in other sectors we - and other consultants - would expect a 20% response rate. In that light the 41.7% response rate (49.0% if the late responses are included) is excellent. We believe that this very positive reaction to the pilot directory is an indication of consumers' desire for more information on GPs services.

We do not disagree at all with point (c) of the local doctors. However, we would stress that is has been no purpose of the directory nor the study as a whole to criticize the services provided by local GPs. The purpose has been to test the usefulness of a directory in providing information to patients about GP services, in order to enable them to make the best use of such services. We are aware that some doctors regard such an exercise as an implied criticism of their activities and that has clouded the attitude of some of the pilot study, but there is clearly no justification for taking this view.
4.10 Point (d) presumably refers to question 4 (is there any other information which you would like to see in the directory?). A long list of suggestions was given in paragraph 3.16 above. It is true that the numbers volunteering these suggestions were small but the fact that they took the time to do so is, in our opinion, encouraging. These answers also need to be considered together with those of question 3, which listed specific subjects for possible inclusion (see 3.15 above).

4.11 As far as the doctors' general conclusion (para. 4.4) is concerned, we would repeat the view of the three sponsors that they would be delighted if doctors and/or health boards provided patients with additional information. However, the pilot study was undertaken because of the continuing reluctance to do that and we have seen few real signs of progress in this regard.

4.12 The questionnaire responses (para. 3.18) showed that only 12% of patients surveyed had a copy of a booklet or card produced by their doctor/practice. Of those that had, 46.9% found it very helpful and 53.1% helpful! Only nine patients (2.2%) had consulted the Heath Board's Medical List in the last two years. These low figures speak for themselves.

4.13 It should be pointed out that the practice booklets/cards are only made available to patients who have already registered with a doctor or practice. The SCC, ASLHC and ELHC are particularly concerned about prospective patients who are seeking information prior to making a choice. Improving the booklets/cards does not help prospective patients. We do not see this as a satisfactory alternative to the compilation of directories of the type with which we have been concerned.

4.14 A few local doctors made their views known directly to us. Most expressed their strong support and approval of the directory. Other comments concerned the difficulties of keeping the directory up-to-date, the implications for adjacent areas (particularly where the doctor had surgeries both in our pilot area and outwith) and the possibly misleading use of our term practice "booklet" (as distinct from "card").

4.15 The point about up-dating was also raised by Professor Howie of Edinburgh University’s Department of General Practice. He also suggested that we include information on whether practices are teaching practices (in which case undergraduate students may be attached) or training practices (in which case a trainee may be consulted "independently").
4.16 The comments from the Scottish General Medical Services Committee (SGMSC) of the British Medical Association (BMA) were in line with their initial reaction to the pilot study. They are as follows: "As you should be aware the SGMSC’s policy is that more information should be available to patients. The Committee has already approached the SHHD to improve the information available in official lists and has recommended that practitioners should also prepare practice booklets giving factual information on the services available within the practice. However, the SGMSC remains opposed to lists of GP services being prepared by organisations other than the official health boards."

4.17 Again, our response to this is that the three sponsors and ourselves would be very pleased to see doctors and health boards providing more information. Unfortunately there continue to be very few signs of that happening. Further, it is clear from our study that there are major differences between what information patients would like to see and what doctors believe that patients should have. In our opinion there must be a "consumer voice" in any discussions on the nature and provision of such information, and we believe that the local health councils are proper and responsible bodies to provide such an input.

4.18 The Royal College of General Practitioners (RCGP) commented that "in the presently rapidly changing circumstances, attitudes towards the production of such directories may change but, when the pilot directory was being considered, no way was seen by which the difficulties of accurate and effective updating might be overcome, however such directories might be produced."

4.19 One of the circumstances to which the RCPG presumably refer was the publication in April - just after our directory was circulated - of the Government's Green Paper "Primary Health Care: An Agenda for Discussion" (Cmdn. 9771). On information about services the Green Paper says that (Chapter 3, para. 15) "In order to meet the Government's objective of helping the patient to choose his doctor it is necessary to supply the public with information about the different types of services available from medical practices. FPCs and Health Boards are currently required to prepare lists of doctors in their area but these only give the doctors' names and addresses, surgery times and particulars of any appointments system. These lists are only available from FPCs or Health Boards and in some cases from post offices. The need for more comprehensive and accessible information is increasingly being recognised by the profession itself. The Royal College of General Practitioners has recently been examining the extent and type of information that should be available to patients from the practice with which they are registered and has encouraged practices to produce brochures outlining the organisation of the practice, listing the doctors available, any special interests they hold, details of surgery times, and use of deputising services. The standards committee
of the General Medical Council is reviewing its advice about dissemination of information and the British Medical Association has said that the information in official lists should be made more useful in assisting members of the public to choose a family doctor. The Government welcomes these initiatives and would like to build on them so that information is provided on every practice and made widely available in the locality through surgeries and through Family Practitioner Committees and Health Boards. Local consumer groups might also play a role in ensuring that patients have as much information as possible about the services provided by various practices in the area. The local media could also be used to disseminate factual information about practices, for example, surgery hours, times to telephone, and description of the clinics held. Information such as this would help patients to choose the sort of practices they want. It would also help raise public awareness of doctors and encourage people newly moving into an area to sign on with a doctor rather than leave it to the time when treatment is needed, when they might have to have recourse to a hospital accident and emergency department.

4.20 Further, regarding choice of doctor (para. 16) "The Government believes that the freedom of patients to choose their doctor can be an effective influence on the quality of services. A doctor's income is derived from the patients registered with him and the satisfaction of those patients ought to be, and generally is, a prime concern. Though this is not always fully understood, patients have the right, wherever practicable, to take their needs to the doctor of their choice. A number of suggestions in this chapter should strengthen the patients' position when choosing a doctor. There should be adequate incentives to doctors to practise in ways that encourage people to join their lists. Patients who are dissatisfied should have all the information they need to choose another doctor. Other measures may be needed. For example, the system for registering with a new doctor is already very simple but could be made easier still by allowing a patient to register with a new doctor without, as at present, having first to approach the FPC or Health Board or the doctor whose practice they wish to leave. The Government would welcome views on these and other measures to promote patients' freedom of choice and also on whether the arrangements for controlling the entry of new doctors into practice, particularly in inner cities, are unduly restrictive."

4.21 We believe that our directory is a good example of what can be done to help patients on both these issues. The publication of the Government's Green Paper shortly after the circulation of our directory was purely a coincidence but it has meant that the directory has been given a great deal of attention in the medical press and the Scottish media. At the very least it will help to inform the debate on these aspects of the Green Paper.
4.22 The Scottish Home and Health Minister, John MacKay MP, referred enthusiastically to the directory in his press conference on the Green Paper. In that light the Department’s official comments on the directory are very surprising and could have come from the BMA: "Now that we have had an opportunity to consider the directory, we have no major comments to offer on its content or format." No minor comments were offered either.

4.23 The Minister himself was more forthcoming: "Mr MacKay has asked me to thank you for your letter of 16 May about the Directory of General Practitioners Services in North Edinburgh and the results of your survey of patients' views on the Directory. Mr MacKay was interested to learn that many of the respondents to your questionnaire found the Directory helpful. As you know, the dissemination of information about the local general medical practices is referred to in the Government’s discussion document "Primary Health Care - An Agenda for Discussion", and Mr MacKay will be paying particular attention to the comments which are received on this issue during the consultation period. As he said at the press conference, the North Edinburgh Directory is an example of how factual information about practices - an important factor when members of the public are choosing a family doctor - might be made available."

4.24 Overall, we believe that these responses from the medical profession, particularly the local doctors, are very disappointing. They are certainly in marked contrast to those of the patients surveyed, as described in the preceding section. Nevertheless, we believe that they are a significant advance on the initial attitudes (outlined in Section 2) and we have been encouraged by the fact that in the course of the pilot study the minority of doctors in support has increased substantially.

4.25 The two key issues appear to be:

(i) what information should be provided to patients?

(ii) who should provide it?
CONCLUSIONS

"Not a change for the better in our human housekeeping has ever taken place that wise and good men have not opposed it - have not prophesied that the world would wake up to find its throat cut in consequence."

J R Lowell: Democracy, 1884

Despite the difficulties caused by the attitudes of the British Medical Association and other parts of the medical profession, and the consequent delays, we believe that the pilot study has been a very successful one and provides the groundwork for similar efforts in other parts of Scotland.

The response from patients and consumers in the area chosen for the pilot study has been very encouraging. It is clear that the information included in the directory is useful to them and also that they would like to have access to additional information on such topics as deputizing arrangements and specialist services.

The medical profession still has objections to the directory, although it seems in increasing agreement that patients should be provided with more information. The main difference of opinion is over who should provide it. The medical profession seems to want this to be done by the profession itself, eg by the Lothian Health Board and its counterparts elsewhere in Scotland, and clearly there is opposition to "outside bodies" such as the three sponsors becoming involved.

However, our experience with the study raises doubts about the extent to which patients' needs or wishes will be taken into account in any such arrangements. There was considerable opposition to some of the questions on the original ELHC list and, indeed, our revised questionnaire. Some of the information sought had therefore to be left out of the directory itself. It was included in the question on other information in the questionnaire circulated to local patients and it was very clear from their responses that the great majority would have preferred to see such information in the directory.

Subsequent comments from the medical profession suggest that the usefulness of this additional information to patients has still not been accepted, although we suspect that attitudes will become more enlightened over time. Nevertheless we believe that it is essential that the consumer interests are thoroughly taken into account in any future exercise.
5.6 Although improvements in the medical lists and practice booklets are to be welcomed, we do not believe that they are an acceptable alternative to a directory of the type with which we have been involved. The range of information sought by patients is greater than that which an individual practice could provide, notwithstanding the clear reluctance in the profession to provide patients with certain information.

5.7 More importantly, there is the issue of choice and making information available to prospective patients, as distinct from existing patients. We share the view of the sponsors that at present people moving to a new location are not provided with the information necessary to enable them to make a sensible choice of a new GP.

5.8 Ideally, future directories should be a joint venture of the local health board, medical committee and health council. We recommend that the sponsors pursue the possibility of such cooperation. If it is not forthcoming, then it would certainly be feasible for local health councils to produce directories of the type done in the pilot study. They need not be as "glossy" or as expensive.

5.9 The cost of the pilot study has been approximately £6,500. A rough breakdown of the cost is:

<table>
<thead>
<tr>
<th>Description</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>wages and salaries</td>
<td>2,750</td>
</tr>
<tr>
<td>interviewers</td>
<td>300</td>
</tr>
<tr>
<td>printing of directory</td>
<td>1,600</td>
</tr>
<tr>
<td>postage</td>
<td>650</td>
</tr>
<tr>
<td>travel</td>
<td>750</td>
</tr>
<tr>
<td>photocopying, telephones etc</td>
<td>450</td>
</tr>
<tr>
<td></td>
<td>£6,500</td>
</tr>
</tbody>
</table>

5.10 The wages and salaries element amounts to around 55 days work. This has covered all the preliminary research, meetings with the sponsors, arrangements for the fieldwork with patients etc. We estimate that to produce a directory of similar scope and quality would take about 10 days work, ie for around 60 GPs and/or 20 practices. To cover larger or smaller areas this time input could be altered correspondingly. Greater cooperation from local GPs might reduce the time required by a little but not by a great deal and the main benefit of that would be the additional information which could be included.
5.11 Although we are aware that there is great pressure on the staffing resources of the local health councils, it seems to us that it should be possible to find 10 days (two weeks) to produce a directory. Of course, the size of some health council areas may be such that it would be necessary or desirable to produce more than one directory or a much larger version than we had to do. The time required would be greater but, because of economies of scale, not correspondingly so.

5.12 The resource implications of this expansion of the current activities of the local health councils should be discussed with the Scottish Home and Health Department. In the green paper on "Primary health care", the Government is very enthusiastic about the better provision of information for patients. If the local health councils can provide such information through directories of services, SHHD may be willing to provide the additional resources required.

5.13 We do not believe that it would be worthwhile producing directories for all local areas in Scotland. The main need is in areas where there is an evident choice among GPs and where there is a lot of new housing. In many rural areas there is only one GP and therefore no choice available. However, it is extremely important that patients in rural areas have access to good information about services available. Perhaps, particular effort should be made in such areas to ensure that practice leaflets are produced which include comparable information.

5.14 However, the study has highlighted some information which is of widespread interest to patients, both existing and new, notably those aspects for which "high scores" were recorded in the survey, such as off duty arrangements, availability of other medical personnel and specialist clinics. We believe that efforts should be made to let all patients have access to this information, either through practice booklets, the Medical List or some other means. It should be possible on the basis of our study to draw up an "ideal list" of information which should be made available to all patients.

5.15 It will not be necessary to produce directories as expensively as the one for North Edinburgh. Given that it was a pilot study and one of the objectives was to persuade the medical profession that such documents were useful, we thought it was important to produce a directory that looked attractive and was well presented. A much cheaper version could have been produced but we felt that would have been inappropriate for the pilot.
5.16 It cost £1,600 to have 1,250 copies printed, an average of £1.28 per copy. The artwork for the cover and map, and the typesetting for the first few pages cost £120, with the actual printing and production just under £1,500. The text and map totalled about 35 pages, so that the cost per copy is very reasonable in the light of the 10 pence per page charged by many commercial concerns for simple photocopying.

5.17 For widespread use we believe that a simple looseleaf arrangement with photocopied pages would be perfectly adequate. The production costs would therefore be very small. Copies could be made available in public libraries, doctors surgeries and health board offices for consultation, rather than print sufficient copies for each household. It might be possible to make a small charge to people wanting their own copy.

5.18 Updating is an issue which requires careful consideration. The difficulty in doing this was mentioned in quite a few of the responses. The looseleaf arrangement allows for relatively easy updating but the Health Board has pointed out to us the problems that they have in keeping the Medical List up-to-date, even with items such as surgery hours. Nevertheless it should be possible to produce a revised version at least once a year and with a limited (and known) number of copies in existence major changes like new or closed practices could be immediately updated.

5.19 As mentioned above, we believe that the ideal arrangement would be for future directories to be produced jointly by the local health board, medical committee and health council. In the light of the recent publication of the green paper on "Primary health care" it is a very opportune time for the three sponsors to draw on their experience with the pilot study to put specific recommendations to the Government.