

REFLECTIONS ON 35 YEARS IN MILNTHORPE

Mike Warren, General Practitioner
Milnthorpe

I guess that many of us feel we have been born in the best era. Although I remember post-war rationing, austerity and the bomb sites in Coventry, life as a child was comfortable if very basic by today's standards – but I got a grammar school education, university fees paid and a grant payable at a rate which required no topping up at all, enabling me to enter the profession of medicine which would have been impossible a generation earlier, and even more unthinkable to my overwhelmed but very proud parents. Although I initially thought of doing surgery, being taught by and working for JC Goligher, professor at Leeds, my wife and I decided to apply for a general practice in South Westmorland to try it first – now Foundation SHOs will all get a taste.

"I remember you were so full of cold, and Jean was pregnant," said Harry Proctor, a partner in the practice at Stoneleigh when I was appointed after the interview. They must have felt sorry for us. We took on the junior partnership on a year's trial, and after 15 months both parties realised that we had not reviewed the arrangements. We then did it, and we stayed – until now.

As I arrived, Patrick Byrne finally left the practice to take up his post as Professor of General Practice at Manchester (the first in the land). Clearly a brilliant man, it has been interesting to learn about him in the practice: the high esteem in which he was held, the no-nonsense attitude he adopted, sometimes with amazing English, which was the bedrock of his entry in to general practice training. The three of us (Neil Hargreaves, Harry and myself) worked together with Pat's wife Kathleen and later Daphne Lowe until John Gorrigan became our fourth partner in the late 1980s. We had by this time started training and have had a steady flow of registrars. More recently of course we have had the Liverpool medical students, with their formal and structured course increasingly based in our area – we even have a University Hospital Trust now – how about Stoneleigh (and the rest) University Practice! Neil retired in 1990 and was succeeded by Elaine Pearson, and Harry by Carl Darby a couple of years later. Now me!

Two orthopaedic and three general surgeons, one ophthalmologist, one ENT surgeon, four maybe five physicians (one in the care of the elderly) – these were the consultant numbers in Lancaster and Kendal when I joined the practice. How times change – and nights. I can hardly believe the change here – the mainstay of a GP's status and a patient's care was the 24-hour availability of the doctor, a notion espoused by the great and good in colleges and professional associations. The speed with which good patient care has changed from the personal doctor 24 hours a day to a slick out-of-hours service run by a cooperative is, to me, incredible – but very welcome during the last few years, I must say.

The practice covered the St John of God Hospital in Silverdale, where many of the patients were chronically sick or disabled and never left, and it developed a reputation for being a place of last repose. Other patients were convalescing from orthopaedic procedures – open meniscectomy and fracture fixations. One day in 1970 we were asked to take a man for whom his consultant could do no more for his bladder cancer, and thus began the practice of palliative medicine (at that time known as terminal care) in the Lancaster area. The hospital was owned and run by the Order of Our Lady of Apostles, and when two sisters, Aine and Callistus, arrived the service really began to take off and we had a 6-8 bedded unit there. Although I worked hard in the practice, this work became a major feature of my life. I did most of my postgraduate study in palliative medicine with many of the pioneers, including Cicely Saunders. Malcolm McIlmurray and others arrived on the scene and a whole range of developments in cancer services began, in particular the trust to build and run St John's Hospice in Lancaster. I became an early trustee and now chair the trust board as the culmination of my time associated with this aspect of my work. It has been a great delight and privilege to be involved in such a development and still is.

There have been innumerable changes in the management of the NHS too with the move from hospital management committees and executive councils for GPs to primary care trusts and foundation hospitals. I think there has been progressively greater collaborative working between primary and secondary care. Perhaps the biggest stimulus to this was fundholding, but it has continued since then. I know there is still a long way to go and that there is still suspicion between the parties, and at times huge conflicts of vested interests, but I believe that there has been an increase in understanding of our differing roles and an appreciation that in the interests of the patients we should aim to develop services where we work together. I hope from outside – or at least from a slightly less inside perspective – to see this develop further, if only because as one gets older one likes to think that the medical services one may increasingly need in the future are up to scratch! Additionally there has been the recognition that primary care has a vital role in commissioning and developing services, so that the tokenism of a GP on committees has been replaced by a much more collaborative dialogue, although this too has some way to go yet. We are certainly no longer those who had fallen off the consultant ladder as was the view of Lord Moran, Churchill's physician.

When I started we had two consulting rooms with a dispensary, a reception/record office, and a cramped room for the secretary and receptionist/practice manager. Ted Shaw had been appointed by Pat Byrne to a role that was at that stage still very embryonic (and unusually held by a man), and indeed it was not until his successor left that we began to acquire true management skills in the practice, although one

of them didn't turn up for two weeks and was instantly dismissed. Her successor is still with us as financial guru, having moved sideways as fundholding manager during that era. The secretary typed referral letters after the patient had received their appointment as a result of sending in a card – I used to dictate mine at the time of referral, record keeping was not as good then, and by the time the patient asked for the letter one's capacity to write a meaningful epistle was somewhat reduced. The letter was read by the consultant when the patient gave it in on arrival. The old garage was used by Dudley, the practice car washer, on Friday evenings, so we went home with a clean car for the weekend, but then it was converted into consulting rooms. This expansion was followed by the buying of the upstairs flat to convert into the management and administration floor giving another consulting suite downstairs, and more recently still we added another floor above, moving management up a storey and freeing space for more consulting rooms and to bring community colleagues into the building to enhance our team spirit. We are still short of space!

We set up an age/sex register on cards, as well as summarising our records on paper, but now of course all this is done on the computer. Although there is still a lot to be desired in respect of GP (indeed NHS) computing it is much more useful in this form, so much so that as I leave the NHS will begin interrogating the system to check on the quality of our work. I have always felt that we should use the evidence base and be prepared to act logically where we have the information to inform us of optimal treatments, but have some fears that as with some of Kenneth Clarke's requirements, there will be a tendency to go for the easy points or concentrate on some areas which carry more points at the expense of those that carry less or require work we do not fancy. And I cannot see it making us (you) rich! Remember Kenneth Clarke again! I did feel rich once – Barbara Castle gave us 20% one year, I think, in the era when that was the annual inflation rate, so the feeling did not last long.

But I and my family have been very happy in Milnthorpe, and have had good colleagues in the practice and in the hospital and management arenas. Our patients have in some instances become our friends, which can create problems needing careful handling, but has never been much of an issue for us. We do not feel any degree of difficulty in living where we work nor in staying here. We have been privileged to be an integral part of the community, and although we found life getting harder as nights took their toll before the advent of the cooperative we wonder if we have enjoyed the

halcyon days of general practice, much as, at the beginning of this piece, we had had the best of the welfare state in its early days. I guess not: feelings like this are common I suspect in people in our position, coming up to retirement, and we certainly hope that as time goes on and the practice adapts to the new arrangements and my successors settle in, that they will feel the same degree of pleasure in their work and with this splendid place in which we live. I know morale has been low of late, recruitment is difficult to the point of impossibility in some practices, that consumerism seems rampant at times and management target-driven with still far too much paper about, but human nature has not changed, and many of those we care for, and many of those who do the caring, are much the same, and there will always be satisfaction to be gained from our job.

In addition to the pleasures and satisfaction of working here I have been blessed with a totally supportive home and family life as well – I guess that without the latter I would not have had the former. This is attributable of course to the most amazing piece of good luck which could have befallen anyone, which is to meet the unique person whose love and support has been the unsung foundation to anything I have achieved in my working life. I only hope now that she gets her just deserts with my retirement. My wife Jean raised with great skill four children who obviously never listened to a word I said. 'Don't become a doctor or work in the NHS'. One is a GP (married to a doctor), one a physiotherapist (nearly heeding my advice to become a lawyer, she married one), another a health visitor (married a teacher) and the fourth a dermatologist (married to a doctor). I hope too that they are satisfied with the results of ignoring me!

I have done my share of grumbling over the years, as I am sure everyone does, but in the cold light of day, working in the country's most attractive area, with friends and colleagues intent on doing their best, for a service with the highest ideals and ambitions despite the political interference, with a pension scheme (for the present at least) safe from the recent ravages of the independent sector, I count myself fortunate. I hope we shall not be too much trouble to you in our declining years – not that we wish to begin declining for some time just yet! And if I seem to have too rosy a view of things, feel pleased, not sorry, for me – and try to see the best in life despite the endeavours of the worst to push it out. I would like these reflections to be a tribute to all those I have worked with over the years in this area, and to be a big thank you to my family and my partners (whose friendship we have both valued over many years, especially as I near retirement), other colleagues and of course the patients.