

Towards a Better Life – Community Health

TOWARDS A BETTER LIFE...

Dawn breaks over Exmoor in south-west England, bordering the village of Porlock in Somerset. To the north lie the waters of the Bristol Channel. Twelve hundred people live in Porlock. It's a tranquil village, with a 12th century church and a 13th century pub.

“Morning, Caroline.

- Morning.
- Not a bad day, is it? A couple of things would you remind me to do?”

Keith Lister has lived and worked in this area for most of his life. He's 59 and will shortly be retiring.

“I want to ring up Martin Elwood before I start, hum, and can I have my post? Is it here?

- There you go.”

Kentish Town is a bustling cosmopolitan area of London. About 60,000 people live here. Iona Heath is at the start of her career. She and Keith Lister are both general practitioners or family doctors. Two different people in different areas, working in different ways, but with one common aim: to provide for their patients the best possible healthcare.

Keith Lister has worked in the National Health Service since it started 35 years ago, when the idea of free healthcare for everyone was revolutionary. But now, people accept the fact that they will be registered with a general practitioner almost from the moment they're born, and they need never pay for treatment, unless of course they want to, by going as private patients.

There are 28,000 family doctors like Iona Heath in Great Britain, whose job is to cure sometimes, to heal often, to comfort always. They deal with 90% of all cases, at a cost of only 6% of the National Health Service budget. Their responsibilities have increased over the years.

“Twenty, doll.”

In the early diagnosis of disease and prescribing powerful drugs, the family doctor holds the lives of patients in his hands.

“We struck oil.

- Put a finger on there, yeah.
- Thank you.”

“Hello. Weasley, yes?

- I went to head the ball, and someone went to catch it and caught me in the eye.
- So, the ball didn't hit your eye? His finger hit your eye?
- Yes.

- Right.”

A health service which is free and available to everyone, will inevitably have problems, especially at times of economic constraint. Many people are concerned about its future, but Keith Lister and Iona Heath would not want to work in any other system.

“Very good indeed. OK.”

What is a general practitioner in the 1980s? These are two doctors with different philosophies and practices, but they both operate under the same free health service umbrella.

“It’s not blurry at all? Just hurts?”

“A general practitioner is the first point of call for the patient who wants to make use of services of the National Health Service. So as soon as a patient feels themselves ill or has any concerns about their health or illness, they will come and see their general practitioner. And if it’s a complaint or problem that’s within the expertise of the general practitioner, they will be able to deal with them, completely, within the context of general practice. But if not, then the general practitioner is able to refer them to the whole range of National Health Service services.”

“This isn’t a bit of a corneal abrasion, that’s...”

“I think a general practitioner is a friend of the people, and he looks after them, and he looks after their health, and I see myself as long-standing here, and I hope the patients in the village look upon me as a friend too.”

Keith Lister has a single-handed rural practice. He’s the traditional image of the paternal country doctor: always available at anytime of the day or night and in all weathers. He’s had both to take to his skis and fly out by helicopter to get to emergency cases on the snowbound moors.

“I’m happy to say, yes, here a doctor.

- Oh, well, it’s much more relaxed here. It’s a bit chaotic out there.”

Iona Heath’s team practice is in a health centre with a staff of a hundred. Therapists, nurses, doctors, receptionists, all working together to provide free unified healthcare for about 30,000 patients.

“Obviously when things are going well in group practice, it is very stimulating. And to have the constant stimulation of, of a large number of people about you working in the same way, it’s very nice.”

There are over 1,000 health centres in Britain. Their aim is to provide more efficient healthcare and to give the patients many facilities in one building

“The most obvious advantage I think for patients coming here is the availability of the service to them, in that they know there’s going to be a doctor here from half past 8 in the morning until 7 o’clock at night.”

This centre houses two team practices, dental practices, chiropody, as well as physiotherapy...

“Does it hurt you? Now I go down...”

...a crèche, where children may be left for a few hours, antenatal care, family planning and child health.

“Can you build me one of those? Can you build me one of those?

Well, that’s one way of approaching it but can you build one over here? I gave you three bricks.”

“Well, the problem is, it’s, er, trouble with my feet.

- Right.
- You know, swelling.
- Swelling.”

“If an examination is needed, if it’s very cursory, we’ll do it actually in the surgery if it’s looking at a foot or a hand, but if it involves a certain amount of undressing, we put them directly over to the examination room and go and examine them there.”

“And that’s tender?

- Yes.
- And that hurts, does it?
- Yes.
- But not in this joint?
- Yes.
- That joint as well?
- Yes.
- OK. No problems with your hands at all?
- No.
- I’m not going to give you any treatment at the moment.”

“If it involves some sort of nursing procedure, particularly like having a blood test, which is quite time consuming for us, or if they need a lot of little things done, like weighing, blood pressure, having their urine tested, having their vision tested, these sort of things, then we will send them around to wait for the nurse, then the nurse will do her bit, and then put them into an examination room for the doctor to come and examine them, and during that time we can be getting on with the rest of the surgery.”

The informal approach and dress of nurses and doctors help patients to relax in this efficient, well-planned building, which has one drawback: the medical record section. Medical records are vitally important.

“The physical storage of our medical records is a problem. They should have all the general practice records and hand-written notes that all their GPs have ever made, and copies of the hospital letters that come back after a referral, and then the results of all the investigations, blood tests, urine tests that we might have ordered.

I like to go out to fetch my patients from the waiting room myself, because it makes the building more welcoming, and I hope it puts them at their ease before they come into the consulting room and have to sit down and divulge themselves.”

“How are your extremities?

- Uh, all right, except for a slight malformation.
- Yes.
- Yes. We’re back to normal, thank goodness.
- Right, no soreness.
- No, with the help of the fibre gel and prunes.
- Fibre gel and prunes.
- Yeah.
- Great.
- Carefully regulated [...] it is.
- Right.
- All I’ve got now is a nerve there, stab like a great sword sticking in, a flaming sword.”

“Some people need help to make the health centre work best for them, so they don’t realize that they can ask for a particular doctor each time. If we find that the patient is tending to see different doctors every time, we try to get them to see one particular doctor.”

“Okay, I’ll be back in a minute.

- Alright, alright.
- Oh, our custom exercise.
- Yes, that’s right. [...].
- Go on.
- Alright? Doesn’t hurt? Doesn’t bring on this?
- No.
- Right, you tell me if it does.
- I’ve never done the cancan before.
- That’s right. Alright, fine, sit up for me.
- The health care there is so splendid. See, when I had my heart attack 3 years ago... Although it wasn’t very serious, nobody knew. I had 4 doctors come to see me in the first 3 days, which was really something you couldn’t have had anywhere else.

In the past, doctors who became specialists needed more qualifications than those in general practice. But now, general practice is regarded as a speciality in its own right, also requiring post-graduate training.

“...practice is a primary concern.

- Do you think, do you feel you’ve had any training in it since you joined uh, let’s call it community care?
- Yes, certainly here, I mean...

Since 1982, these doctors, after 5 years at medical school, have to do 2 years in hospital posts, and 1 year as a trainee attached to a general practice. They work as full members of the team. They do the same number of visits and night calls. They look after their own patients and have time off for seminars and tutorials.

“Good lad. Pull him back up.
That’s it there, up you go. Good fella.”

“I do think that doctors ought to be community-based, very much so, hum, but I think we’ve got, we, a lot to learn...”

Their tutors are usually the doctors they work with, who are qualified as trainers. It is in fact a two-way process. The trainees, while learning from the practice, bring with them all the latest ideas from their medical school and hospital training to pass on to all the members of the team.

“I mean, that’s probably one of the most important things that we’re learning, that, that we have a role as doctors but, and one of them is just being the first port of call to pick up things. We don’t have to be people who do everything, much as we might like to.”

Although Keith Lister is single-handed, he can call in a specialist from the local hospital when he feels a second opinion would be useful.

“You won’t feel anything from it.”

In this case, the specialist is doing an electrocardiograph for a patient who’s complained of heart trouble.

“Well, really, I can find no evidence of any organic heart disease, I think this abnormality is an, an abnormality of function rather than anything else. Even a Rolls-Royce engine can miss a beat once or twice.

- Well, thank you,[...]”

“Oh, good morning, Doctor.

- Hello.
- Hello.
- Timmy not very well? What sort of night?
- Not very good: high temperature, sore throat.”

General practice is the unglamorous end of the medical profession, and it can involve a lot of routine visiting in the patients’ homes especially in the country, where buses are few and people find it difficult to get to the surgery.

“That’s right. Shut, don’t eat it. It’s just over normal [...].”

But a home visit can often tell a doctor a lot. He can pick up clues, which in some cases, can help to pinpoint the exact cause and nature of the illness.

“I didn’t leave anything behind. Here we go, head still.”

In Porlock, it's very much part of the job. Keith Lister knows his patients, their families, and their problems, often from the cradle to the grave. In return, because they know he is committed to them, the patients respond with trust, and this trust, he believes, is a vital part of the healing process.

“... laughing and saying you can use this hand if you want to.
- Yes, I use it.”

Keith Lister accepts the fact that because of the role he has chosen, his private life will be constantly disturbed. He can never sit down to a meal, take a bath, go to bed without knowing that a phone call can summon him to an urgent case.

“Now then, this arm, that's right. I’m going to help you up, there you are. I’m going to hold your arm and I want to see you walk just here, a step or two.

- He walks out on his own [...].
- Over there? Yes. Say you walk out to the garden, would he or not?
- I walk on my own.
- Well, I think [...] nobody can avoid being ill from time to time in life. And the worry of being ill associated with the cost of it, is unacceptable in life.”

“Well, really, Porlock is a goldfish pond, in a hill country. On the north side there’s the sea, there are hills as you go west down into Cornwall and Devon, and Minehead is an urban area 6 miles away. And hill country is immediately behind me on the south side, so the majority of my patients are in a small area of about 3, 4 miles.

I don't think I face anything like the problems that one would expect. I think that the hill farms and the rural areas are not at all demanding. I enjoy working the National Health because I'm able to visit when I want to visit. I never have to be worried as to what it will cost and to be honest, though I'm cost-conscious of medicines and drugs which I accept nowadays are very high indeed, if I want to prescribe, yes, I can prescribe. And I do, I prefer it to private practice.”

“You get ten out of ten for clean toes.”

The bane of most doctors’ lives is to be approached while they’re off-duty. But to Keith Lister, it's almost a way of life. He'd feel he was failing his patients if he held back from giving advice and help wherever and whenever it's sought.

“No other problem?

- Not really, no. Well, yes, I just did hit my hand the other day. Would you like to have a look at that? You know, that finger there, it's very stiff and sore there.
- You could have cracked the little bone there, I think. Nothing to do about it, I'll give you something to rub in.”

He carries with him in his car a complete set of medical drugs that might be needed at any time. But he regards his intimate knowledge and the personal touch which he can offer as almost his most valuable contribution to the care of his patients.

“This particular area here is an interesting area to work in, in that we do have a considerable social mix. So, there a lot of poverty, there’s also quite a lot of wealth. There’s an enormous shifting population of young people, between 18 and 35. It’s difficult to provide any real sort of continuity. You’re just getting to know them, and they move on.”

“I wonder, and what came out of the partners’ meeting about the 65-75?

- Oh yes, I think what we felt at the partners’ meeting was that we should have a pre-retirement call up, as it were, where people approaching 65, should be asked to come in and their health needs discussed and assessed, and then what we can do is if they’re at risk...”

“If you actually have your population listed under their year of birth and under their sex, it allows you to do positive health things, as opposed to just the disease side. Well, we have to be looking for a change of access, and I think that has to come in the field of health promotion. Getting people to look at their health, what they’re doing positively towards it, what they’re doing negatively. Keep fit classes, they have a very obvious role in health promotion.

There’s the language class, I think that’s very positive health wise in that, if people can’t speak the language of the country they’re living in, they tend to become very isolated.”

THERE ARE 8 METHODS OF BIRTH CONTROL
THIS ISN’T ONE OF THEM

“We provide a whole range of family planning services within the building, with the exception of sterilization.”

“Perfect as usual.”

“The crèche, when used as a treatment, is promoting health and that is relieving stress within families.”

VILLAGE HALL

“I do a baby clinic once a month, which is vaccination-immunization. I get the opportunity to see all the babies in the village and chat to the mothers.”

Keith Lister believes that the single-handed doctor may be a dying breed, because of the strain it puts on both the doctor and his family. Though there’s not a lot of pressure on his job, the hours can be very long. And he has only two free nights a month when his calls are taken by a colleague in another village.

"I chose to be a single-handed doctor. I think that I very much like the, a theme of the old-fashioned general practitioner who I have very happy memories of in my childhood, and perhaps would like to imitate."

"Hello! It's a lovely morning, how are you..."

Though his practice lacks many of the amenities available to Iona Heath, he's just as concerned with preventative medicine. Through tests, he's discovered many unsuspected diabetics and he's managed to reduce the number of strokes in his practice from 7 or 8 a year down to only 1 or 2, partly by visiting every month, and taking blood pressure of all his elderly patients who can't get to the surgery."

"Pills.

- Well, it's just that I want some of those, hum..."

The hospital at Minehead offers him and other country doctors open access to a number of beds, so that he can if he wants to, always get his patients into hospital and care for them there himself.

"...to talk to Dr. Shreen, to ask him really whether you would be well enough to look after yourself.

- I should think so."

There are very good facilities here in the village. The council have built bungalows for elderly people; they won an award., There's one [...] in the centre, and they're all heated and they're extremely efficient.

I have a district nurse who works closely with me. She is a district nurse, midwife and health visitor, all combined.

Thanks in part to better healthcare, people in this country are living longer, and care of the elderly is stretching the National Health Service to the limit. A lot of people retire to Porlock, which means that many of Keith Lister's patients are over 65.

"Not a sound, and you?

- It's looking better.

- Is it?"

Kentish Town doesn't have above the average of elderly patients, but a lot of them haven't got families nearby and live alone in small flats. One of the aims of community health care is to make sure that they all have the support they need to help them to live comfortably and safely on their own.

"How are you? May I come in?

- Yes, please.

- Hi."

"And now you're feeling better?

- Yes, thank you.
- You are.
- You sound a little bit puffed this morning.
- Yes, well, that's a bit of heart trouble.
- And have you got..."

"We are very privileged in this area to actually have geriatric visitors. In most primary health care teams, the work that we allocate to the geriatric visitor is done by either the health visitor or the district nurse, or a combination of the two."

"That's the most, the worst one.

- I was wondering, had you got the stand for your kettle?
- Yes.
- You know the one I ordered for you.
- Yes, and it's most useful.
- Is it?
- Yes.
- Good."

"We use the well-baby clinics both as a place where people can come to just have their babies weighed and to talk to the health visitor. The health visitor is always available within the well-baby clinic."

"You didn't think to weigh Kurt then.

- Make sure you get an [...] night is when you stop..."

The health visitor has responsibility for all children under 5. She'll visit families to make sure they're coping with the problems of new babies and toddlers, and also to help out where there are difficult social conditions. There's a fine line between responsibility for health and general welfare, but if social conditions are poor, the physical and mental state of the families can be affected, and the health visitor's job is to try and prevent this happening.

"And it is actually 2 bedrooms.

- And the real reason you want to move is this lift business, isn't it? Being so high up. What's the worst thing about the lift?
- In case it got stuck, and the mess it's always in, and...
- So it's just with a new baby, it's often unhygienic."

"I personally visit almost only on one half-day a week, where I concentrate all my visits."

A sharp contrast to Keith Lister, who is out visiting his patients for several hours everyday. But here, the need is much less. Most patients in Kentish Town live within walking distance of the health centre and frequent buses make travelling easier. Also, because Iona Heath is part of a team of 7 doctors, they take it in turns to be on duty each day, and at nights and weekends, to do any emergency visits which takes the strain off the individual doctor, and means that their family and social life is much less disrupted, giving Iona time to spend with her two young children.

“Fine, you haven’t got bronchitis yet.

- No.”

“I’ve had to do a lot of standing, over the last 3 weeks.

- Why?
- Cooking.
- You’re cooking, why? What’s the matter with Mrs...
- She’s absolutely down, totally down.”

A lot of the family doctor’s life is routine, tests, prescriptions, visiting. But there is always the chance that the routine call or test will show up some hidden problem, of which the doctor and patient are quite unaware.

“Hello, Doctor.

- Hello.
- Hello.
- Good morning.
- Now, he tells me you’ve been flat on your back and he’s having to be doing all the cooking. Is that right?
- Yes.”

Though Iona Heath can’t know all her patients as intimately as Keith Lister knows his, she equals him in her determination to preserve their health and in her concern for their well being

“Yes, I wasn’t well enough to come and see you funnily enough

- All right, take it from the end of November, your appetite went. Still bad or picking up?
- Well it’s, I eat dinner but I don’t eat much during the day. I have to eat my dinner because I can’t bear to disappoint him.
- OK, so pain anywhere?
- I’ve had terrible pains in my stomach, yes.
- Really?
- You’ll find there’s a sore spot there somewhere.”

There may be fewer single-handed doctors like Keith Lister in the future. Over the past 10 years, there’s been a steady growth in the number of team practices. Doctors can, as a rule, make their own choice. One of the strengths of the National Health Service is its flexibility, which keeps it one of the best in the world, thanks also to the sterling work of people like Keith Lister and Iona Heath.

“This funny thing on here. Let me see his bum as well.

- Hold on, sweetheart.”

“I’d find it very difficult to work in any other situation. I believe fundamentally that medical care has to be free at the time of need and if it’s not free at the time of need, I don’t know how I could possibly work as a doctor.”

“I’m a staunch champion of the National Health Service. I think it’s here to stay and it must stay. I would be very sad to see any other form of medicine here in England. I think it does a good job.”

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