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No. 3.



**CITY AND COUNTY OF NEWCASTLE UPON TYNE.**

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**Domiciliary Medical Services.**

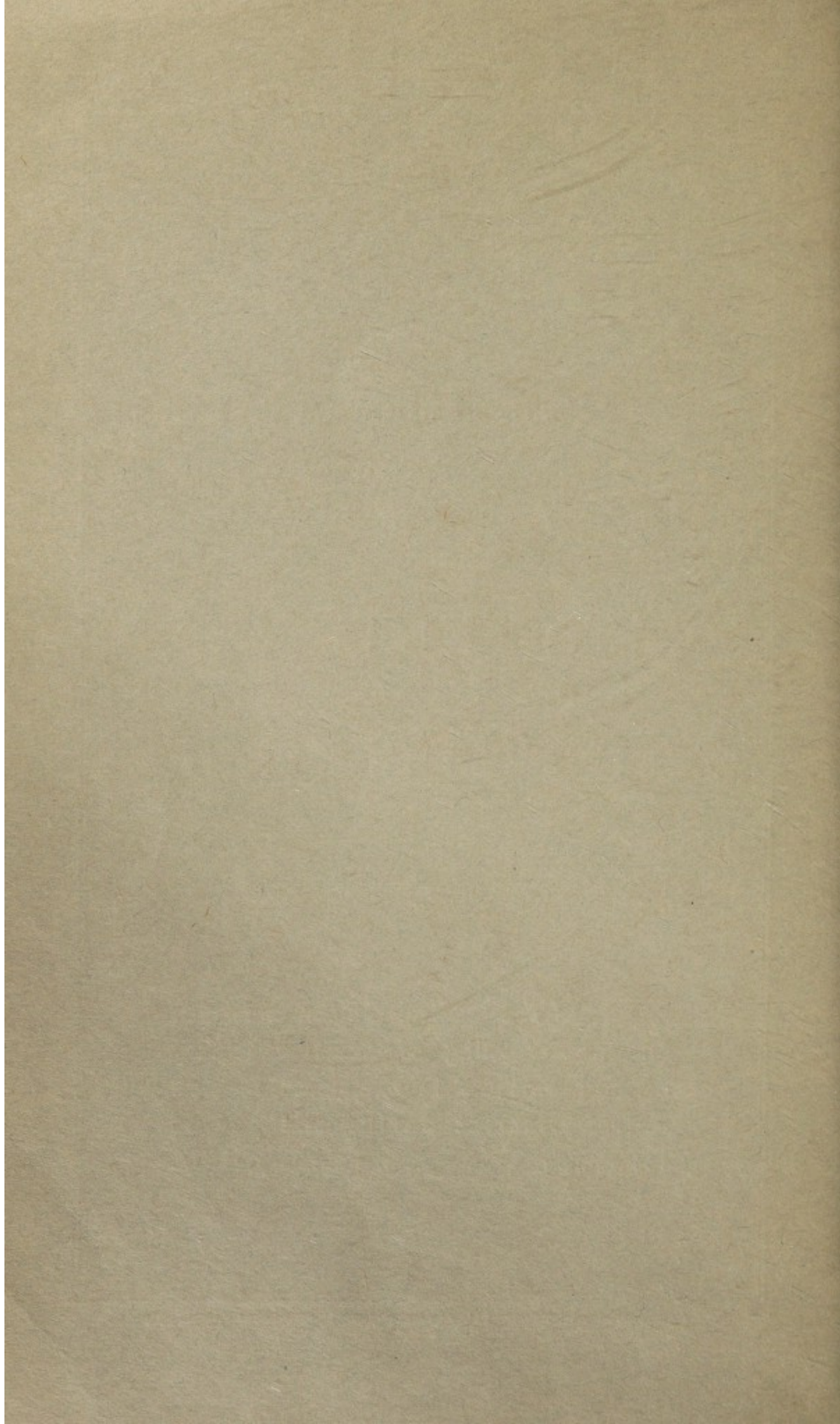
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**Joint Medical Relief District.**

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Report of the Medical Officer of Health  
on the Working of the Domiciliary  
Medical Services in the Joint Medical  
Relief District during the period  
1st March, 1936—28th February, 1937.







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## CITY AND COUNTY OF NEWCASTLE UPON TYNE.

### DOMICILIARY MEDICAL SERVICES.

### JOINT MEDICAL RELIEF DISTRICT.

REPORT OF THE MEDICAL OFFICER OF HEALTH ON THE WORKING OF  
THE DOMICILIARY MEDICAL SERVICES IN THE JOINT MEDICAL  
RELIEF DISTRICT DURING THE PERIOD 1ST MARCH, 1936—  
28TH FEBRUARY, 1937.

1. **Introductory.** Previous reports on this subject were presented to the City Council in March, 1935, and October, 1936.

The first of these reports recorded the establishment of the "open choice" method of providing domiciliary medical services in the City, and described the working of the scheme during the initial period of approximately ten months—*i.e.*, from 8th November, 1933, to 31st August, 1934. It will be recollected that the main features of the original scheme were briefly as follows:—

- (a) It applied to six of the ten medical relief districts, which together were designated the Joint Medical Relief District.
- (b) Drugs and dressings were provided from municipal dispensaries and not at the cost of the medical officers.
- (c) The medical officers on the panel, by which the scheme was operated, derived their remuneration, apart from certain special fees, from a fixed pool of £1,200 per annum. The yield from this pool was equivalent to 5.656 pence per unit service given.

The second report described the re-organisation of the financial basis of the scheme and its working on the new lines during the period 1st March, 1935, to 29th February, 1936. The principal differences between the original and modified schemes were:—

- (a) The service was extended to include an additional medical relief district, making seven in all.
- (b) Payments to practitioners, apart from special fees for certificates, confinements and fractures, were fixed at the rate of 5/- per quarter per patient treated. Where a patient had received treatment during two consecutive periods of three months, and was still found to require further medical attention at the end of the second quarter, he or she was regarded as a "chronic" case, and was paid for at the rate of £1 for twelve months medical care and supervision.\*

\* As from the 1st January, 1938, these fees have been increased *vide* footnote on page 18.

The present report deals with the operation of the scheme during the further period of twelve months from 1st March, 1936, to 28th February, 1937. During this period no alterations have been made either in the remuneration paid to the participating medical practitioners, or in the administrative procedure. The area in which the "open choice" method applies was further extended on the 2nd February, 1936, and eight of the ten original medical relief districts were included in the Joint Medical Relief District as from that date.

2. **Administrative Procedure.** The administrative procedure and the method of assessing the payments due to medical practitioners on the panel are described in the Appendix (page 19).

3. **Number of persons in receipt of Public Assistance.** The average number of persons in the City who were in receipt of Public Assistance during the twelve-month period 1st March, 1936—27th February, 1937, is stated in Table I., where the corresponding numbers for the ten- and twelve-month periods reviewed in the previous reports are also given.

TABLE I.

| PERIOD.                                | Average number of Persons receiving Public Assistance. |        |           |        |
|--|--|--------|-----------|--------|
|  | Men.   | Women. | Children. | Total. |
| 30th Oct., 1933 }<br>25th Aug., 1934 } | 6,274  | 6,611  | 8,510     | 21,395 |
| 2nd March, 1935 }<br>29th Feb., 1936 } | 6,379  | 6,758  | 7,549     | 20,687 |
| 1st March, 1936 }<br>27th Feb., 1937 } | 5,979  | 6,582  | 6,554     | 19,115 |

(It will be appreciated that these numbers indicate the **average** number of persons receiving Public Assistance in each of the quoted periods. The **total** number of individuals who received Public Assistance at one or another time during the period is obviously greater.)

It will be noted that the average number of persons receiving Public Assistance has fallen since 1934, but still represents a considerable proportion of the total population of the City. The reduction in the number of children is very considerable indeed, but as will be seen later, there has been no corresponding change in the number of children receiving medical treatment.



The Public Assistance population was not evenly distributed throughout the medical relief districts of the City. The two districts excluded from the scheme and still worked by part-time salaried officers had an unduly high proportion of their inhabitants on relief. Taking this fact into consideration, it is estimated that during the period under review, the average number of persons in receipt of relief in the eight medical relief districts comprised in the Joint Medical Relief District was approximately 15,095 out of a grand total for the City of 19,115.

**4. Record of patients treated, etc.** Between 1st March, 1936, and 28th February, 1937, in the area of the Joint Medical Relief District, 10,707 persons were attended by medical practitioners under the Domiciliary Medical Scheme.

These 10,707 patients fell into three main groups, both from the medical and the statistical standpoint :—

- (a) **ACUTE CASES.**—All the patients in this group received treatment during one or more separate three-month periods.
- (b) **SUB-CHRONIC CASES.**—These patients received treatment during two, but not more, consecutive periods, each of three months duration.
- (c) **CHRONIC CASES.**—These patients had been under treatment continuously for a period of over six months. In certain instances the period of treatment had commenced before the 1st March, 1936.

More complete details of the groups, and sub-groups, to which the various types of cases were allocated are given in Table II., together with other relevant information.



TABLE II.

| Group and Sub-group of case. | Medical Grouping (approximate). | Duration of Treatment.   | Number of three monthly Record Cards issued. | Cost of Patient to Local Authority. |
|------------------------------|---------------------------------|--|--|-------------------------------------|
| <i>Group A—</i>              |                                 |  |  |                                     |
| A1 ....                      | Acute.                          | One period not exceeding three months.   | 1  | 5/-                                 |
| A2 ....                      | Acute.                          | Two separate periods, each not exceeding three months.   | 2  | 10/-                                |
| A3 ....                      | Acute.                          | Three separate periods, each not exceeding three months.   | 3  | 15/-                                |
| <i>Group B.—</i>             |                                 |  |  |                                     |
| B1 ....                      | Sub-chronic.                    | Two consecutive periods of three months, not exceeding six months.   | 2  | 10/-                                |
| B2 ....                      | Sub-chronic.                    | One period not exceeding three months, followed or preceded by a separate period not exceeding six months. | 3  | 15/-                                |
| <i>Group C.—</i>             |                                 |  |  |                                     |
| C1 ....                      | Chronic.                        | More than six months consecutively.  | 3 or 4                                       | £1-0-0                              |
| C2 ....                      | Chronic.                        | Becoming chronic this year from continuation of treatment last year (1935-6).                              | 1 to 4                                       | 10/- to £1-0-0                      |
| C3 ....                      | Chronic.                        | Chronic stage last year (1935-6) continuing for a further period of chronicity this year.                  | 1 to 4                                       | Nil to £1-0-0                       |

In Table III. the 10,707 patients treated under the "open choice" scheme are distributed amongst the various groups and sub-groups already referred to. The average number of medical services rendered to each patient is also recorded, together with the average remuneration received by the medical practitioners per unit service.

TABLE III.

| Medical Grouping and Sub-group of case. | Number Treated. | Total number of services rendered. | Cost to Local Authority. | Average number of Unit services per patient. | Average remuneration per unit service. |
|---|-----------------|------------------------------------|--------------------------|--|--|
| <i>Acute—</i>                           |                 |                                    | £ s. d.                  |  | s. d.                                  |
| A1 ....                                 | 7,391           | 32,023                             | 1,847 15 0               | 4.3  | 1 1.22                                 |
| A2 ....                                 | 1,110           | 9,905                              | 555 0 0                  | 8.9  | 1 1.44                                 |
| A3 ....                                 | 113             | 1,610                              | 84 15 0                  | 14.2   | 1 0.63                                 |
| Total ....                              | 8,614           | 43,538                             | 2,487 10 0               | 5.1  | 1 1.71                                 |
| <i>Sub-chronic—</i>                     |                 |                                    |                          |  |  |
| B1 ....                                 | 721             | 10,448                             | 360 10 0                 | 14.5   | — 8.28                                 |
| B2 ....                                 | 224             | 4,329                              | 168 0 0                  | 19.3   | — 9.31                                 |
| Total ....                              | 945             | 14,777                             | 528 10 0                 | 15.6   | — 8.58                                 |
| <i>Chronic—</i>                         |                 |                                    |                          |  |  |
| C1 ....                                 | 394             | 12,061                             | 394 0 0                  | 30.6   | — 7.84                                 |
| C2 & C3....                             | 754             | 19,100                             | 540 15 0                 | 25.3   | — 6.79                                 |
| Total ....                              | 1,148           | 31,161                             | 934 15 0                 | 27.1   | — 7.20                                 |
| <b>Total of All Cases</b> ....          | 10,707          | 89,476                             | 3,950 15 0               | 8.4  | — 10.60                                |

One further item of information, which is necessary for the understanding of these data, namely, the nature of the services given to the various categories of patients, is supplied in Table IV.

TABLE IV.

| Designation.                  | Number of Patients. | Attendances at Doctor's surgery. | Visits at patient's home. | Total Units of Medical Service. |
|-------------------------------|---------------------|----------------------------------|---------------------------|---------------------------------|
| <i>Acute Cases</i> ....       | 8,614               | 25,394                           | 18,144                    | 43,538                          |
| Average per patient ....      | —                   | 3.0                              | 2.1                       | 5.1                             |
| <i>Sub-chronic Cases</i> .... | 945                 | 10,807                           | 3,970                     | 14,777                          |
| Average per patient ....      | —                   | 11.4                             | 4.2                       | 15.6                            |
| <i>Chronic Cases</i> ....     | 1,148               | 23,387                           | 7,774                     | 31,161                          |
| Average per patient ....      | —                   | 20.4                             | 6.7                       | 27.1                            |
| <b>All Cases</b> ....         | 10,707              | 59,588                           | 29,888                    | 89,476                          |
| Average per patient ....      | —                   | 5.6                              | 2.8                       | 8.4                             |

Ratio of Attendances to Visits :—

|                              |     |          |
|------------------------------|-----|----------|
| <i>Acute Cases</i> ...       | ... | 1.4 to 1 |
| <i>Sub-chronic Cases</i> ... | ... | 2.7 to 1 |
| <i>Chronic Cases</i> ...     | ... | 3.3 to 1 |
| <b>All Cases</b> ...         | ... | 2.0 to 1 |



5. **Expenditure.** Expenditure upon the Domiciliary Medical Services falls under three heads—Medical Practitioners' Services, Dispensary Services and Administrative Charges.

Details of these for the twelve months ending 28th February, 1937, are given in the following paragraphs.

**Medical Practitioners' Services.**

(a) *Remuneration of Medical Practitioners upon the panel of the Joint Medical Relief District.*—The quarterly and annual rates of remuneration are stated in paragraph 1 of the present report. The cost for the twelve months under consideration was £3,950-15-0, equivalent to 7s. 4½d. per patient treated.

(b) *Fees for Certificates.*—6,536 certificates were completed by Medical Practitioners at the request of Relieving Officers. The cost of these at 1/- per certificate amounted to £326-16-0.

It will be noted that this expenditure is equal to 8.3% of the ordinary remuneration of the Panel Practitioners. If this £326-16-0 is spread over the 89,476 unit medical services rendered to patients it is equivalent to an additional 0.88d. per unit service. Added to the average fee per unit service it increases this from 10.60d. to 11.48d.

(c) *Confinement and other Special Fees.*—Under this heading £33-0-0 was disbursed during the year. This amount represents payment for 27 confinements.

Owing to the miserable housing conditions of many of the families in receipt of Public Assistance, the great majority of confinements take place at the Princess Mary Maternity Hospital and the Newcastle General Hospital.

No payments in respect of special fees, *e.g.*, fractures, etc., were made during the period under review.

(d) *Emergency Medicines.*—Claims for the cost of emergency medicines were received to a total of £8-13-10.

The total expenditure under heads (b), (c) and (d) was £368-9-10, equivalent to 8.3d. per patient treated.

**Summary of Expenditure on Medical Practitioners' Services :—**

|  | £      | s. | d. |
|--|--------|----|----|
| Remuneration of Medical Practitioners on the Panel | 3,950  | 15 | 0  |
| Fees for Certificates                              | 326    | 16 | 0  |
| Fees for Confinements                              | 33     | 0  | 0  |
| Emergency Medicines                                | 8      | 13 | 10 |
|  | <hr/>  |    |    |
|  | £4,319 | 4  | 10 |
|  | <hr/>  |    |    |

**Dispensary Services.** These services continue to be provided from the two municipal dispensaries which have been established at the Newcastle General Hospital and the Newcastle Dispensary, New Bridge Street, respectively. The fact that only two dispensaries are available under the Domiciliary Medical Scheme in the Joint Medical Relief District has not proved to be a serious inconvenience either to the patients or their relatives. The extension of the scheme to the Eastern portion of the City, in which are situated the two remaining medical relief districts which are administered under the old arrangements, would necessitate the establishment of an additional dispensary for those areas.

During the year ending 28th February, 1937, there has been a slight increase in the number of prescriptions dispensed, but having regard to the fact that the area of the Joint Medical Relief District has been extended by the addition of a further medical relief district, the increase is only apparent. The exact position will be seen from Table V., in which are recorded the total number of prescriptions dispensed and the number of prescriptions per patient treated, for the periods covered by the present and earlier reports.

TABLE V.

| Period.                                 | Districts<br>in<br>Scheme. | Patients<br>treated. | Prescrip-<br>tions<br>dispensed. | Prescrip-<br>tions per<br>patient. | Cost per<br>prescrip-<br>tion. |
|---|----------------------------|----------------------|----------------------------------|------------------------------------|--------------------------------|
| 8th Nov., 1933—<br>31st Aug., 1934 .... | 6                          | 6,360                | 30,219                           | 4.7                                | 6.1d.                          |
| 1st Mar., 1935—<br>29th Feb., 1936 .... | 7                          | 8,193                | 61,357                           | 7.5                                | 5.7d.                          |
| 1st Mar., 1936—<br>28th Feb., 1937 .... | 8                          | 10,707               | 63,383                           | 5.9                                | 6.2d.                          |

This marked fluctuation in the average number of prescriptions per patient is difficult to explain. There is at present a tendency on the part of a few practitioners to write two or more prescriptions on one prescription form and this form hitherto has been counted as one prescription. This practice is probably responsible to some extent for the slight increase which has occurred in the average cost of a prescription during the third period.

The costs of the two dispensaries are stated separately in the following summaries, together with other information of interest.



**Summary of Dispensary Services Costs :—***(a) Municipal Dispensary, Newcastle Dispensary, New Bridge Street.*

|  | £     | s. | d. |
|--|-------|----|----|
| Rent, Cleaning, Light, Water, etc. ... | 200   | 0  | 0  |
| Dispensers' Salaries ... ..            | 325   | 0  | 0  |
| Special Saturday afternoon duty ...    | 26    | 0  | 0  |
| Drugs, Dressings, etc. ... ..          | 426   | 0  | 0  |
|  | <hr/> |    |    |
|  | £977  | 0  | 0  |
|  | <hr/> |    |    |

Prescriptions dispensed, 35,310. Average cost per prescription, 6.6d.

*(b) Newcastle General Hospital.*

|                                     | £     | s. | d. |
|-------------------------------------|-------|----|----|
| Transfer from Hospital Account for  |       |    |    |
| Drugs and Dispensary Services ...   | 634   | 0  | 0  |
| Special Saturday afternoon duty ... | 26    | 0  | 0  |
|                                     | <hr/> |    |    |
|                                     | £660  | 0  | 0  |
|                                     | <hr/> |    |    |

Prescriptions dispensed, 28,073. Average cost per prescription, 5.6d.

*(c) General.*

Total cost of Dispensary Services = £1,637.

Total number of prescriptions dispensed, 63,383.

Average cost per prescription, 6.2d.

Average cost per patient treated = 3s. 0.7d.

The average cost per prescription dispensed, namely 6.2d., contrasts very favourably with the average cost per prescription under the National Health Insurance Scheme, which locally is 7.9d.\* The National Formulary is used in both schemes.

**Administrative Charges.***(a) Clerical Services.*—The clerical staff employed on the supervision of the Domiciliary Medical Services consists of :—

One intermediate grade clerk (salary £220) who gives two-fifths of his time—*i.e.*, 14 hours weekly—to the work.

One temporary clerk (salary £184) who is employed full-time on these duties.

\* This figure has been kindly supplied by the Clerk to the Newcastle upon Tyne Insurance Committee.

- (b) *Printing, Postages, etc.*—Apart from the salaries of the clerical staff, the only items chargeable as administrative expenditure are printing, postages and petty cash disbursements, totalling £90.

**Summary of Administrative Charges.**

|                          |     |     |     |     |                  |
|--------------------------|-----|-----|-----|-----|------------------|
| Salaries                 | ... | ... | ... | ... | £272             |
| Printing, Postages, etc. | ... | ... | ... | ... | 90               |
|                          |     |     |     |     | <hr/> £362 <hr/> |

Average cost per patient treated = 8.1d.

The following table summarises the expenditure under the various heads already enumerated :—

TABLE VI.

| ITEM.   | ACTUAL COST<br>YEAR ENDED<br>31/3/37. | AVERAGE COST<br>PER PATIENT<br>TREATED. |
|---|---------------------------------------|---|
|   | £ s. d.                               | s. d.                                   |
| Capitation Fees .....   | 3,950 15 0                            | 7 4.5                                   |
| Special Fees (Certificates, Confinements,<br>Emergency Medicines) ..... | 368 9 10                              | — 8.3                                   |
| Dispensing Services .....   | 1,637 0 0                             | 3 0.7                                   |
| Administrative Charges :  |                                       |   |
| Printing, Postages, etc. ....   | 90 0 0                                | } — 8.1                                 |
| Clerk's Salary, £184 .....  | 272 0 0                               |   |
| Proportion of Intermediate Grade<br>Clerk's Salary, £88 .....           |                                       |   |
| TOTAL .....   | £6,318 4 10                           | 11 9.6                                  |

**6. Number of Practitioners on the Panel of the Joint Medical Relief District.** The number of medical practitioners on the panel was 61 on 1st March, 1936, and had decreased to 56 by 28th February, 1937. Practically 55% of the National Health Insurance practitioners in the area of the Joint Medical Relief District serve on the Domiciliary Medical Services panel.

**7. Medical Records.** The medical record cards are kept with a degree of accuracy and completeness not inferior to the standard of record-keeping under the National Health Insurance Scheme.



Some administrative inconvenience is caused occasionally by doctors failing to return expired record cards to the Health Department promptly.

**8. Complaints against Practitioners.** No complaints were preferred by patients against practitioners on the panel during the period under review. The right to change their doctor is rarely exercised by patients on the grounds of dissatisfaction with the services provided.

These two facts only serve to confirm what has been the invariable experience of all who have been concerned with the working of the "open choice" method. No other scheme of domiciliary medical service has ever achieved so large a measure of acceptance and popularity amongst those members of the community whom it is intended to serve.

**9. Relations with Relieving Officers.** The relations between Medical Practitioners and Relieving Officers have continued excellent throughout the year. There is now a very complete and mutual understanding of their respective rôles in the scheme.

**10. Certification of Fitness.** Here again, experience has given the panel practitioner an increased knowledge of his duties in this matter. Complaints as to laxity in certifying fitness have been relatively few, and it is the considered opinion of the Public Assistance Department that the members of the "open choice" panel discharge this duty even more conscientiously than did their predecessors, the salaried part-time district medical officers. In the few doubtful cases the services of the Medical Referee (Medical Superintendent of the Newcastle General Hospital) are called upon.

**11. Recommendations for Medical Extras.** Table VII. states the expenditure on medical extras, and the average cost per patient treated for each of the four periods.

- (a) 1st November, 1932, to 31st August, 1933 (ten-month period operated by part-time salaried district medical officers in six districts).
- (b) 1st November, 1933, to 31st August, 1934 (ten-month period operated by medical practitioners serving on the panel of the Joint Medical Relief District—comprising six districts).

- (c) 1st March, 1935, to 29th February, 1936 (twelve-month period in Joint Medical Relief District—now comprising seven districts).
- (d) 1st March, 1936, to 28th February, 1937 (twelve-month period in Joint Medical Relief District—now comprising eight districts).

TABLE VII.

| Period.                                      | No. of Patients treated. | MEDICAL EXTRAS. |                     |             | Average Cost per Patient treated. |
|--|--------------------------|-----------------|---------------------|-------------|-----------------------------------|
|  |                          | Milk and Eggs.  | Cod Liver Oil, etc. | Total Cost. |                                   |
| a. { 1st Nov., 1932 }<br>{ 31st Aug., 1933 } | 4,957                    | £ 297           | £ 42                | £ 339       | s. d.<br>1 4.4                    |
| b. { 1st Nov., 1933 }<br>{ 31st Aug., 1934 } | 6,360                    | 513             | 56                  | 569         | 1 9.5                             |
| c. { 1st Mar., 1935 }<br>{ 29th Feb., 1936 } | 8,193                    | 657             | 72                  | 729         | 1 9.4                             |
| d. { 1st Mar., 1936 }<br>{ 28th Feb., 1937 } | 10,707                   | 1,001           | 74                  | 1,075       | 2 0.1                             |

It will be noted that the cost of medical extras increased during the second and third periods as compared with the first, and further advanced during the fourth period.

Inasmuch as it has frequently been suggested that the "open choice" method predisposed to excessive recommendation of medical extras, the causation of this increased expenditure has been carefully investigated. The initial increase of the expenditure, *i.e.*, in the second period, is attributable to :—

- (a) the introduction of a number of medical officers with no prior knowledge of the administration of the Poor Law ;
- (b) the increase in the price of milk by  $\frac{1}{2}$ d. per pint ;
- (c) the large number of children who became patients under the scheme and for whom medical extras were undoubtedly prescribed more frequently.

With regard to the latest period the causes which are assigned for the increase in the cost per patient treated are as follows :—

- (a) a large and increasing number of patients of the "chronic" type are being treated under the scheme and are in receipt of extra nourishment ;



- (b) an increased number of tuberculous patients on discharge from hospital or sanatorium are being recommended for milk and eggs ;
- (c) a few practitioners tend to be liberal, rather than extravagant, in their recommendations of medical extras. This is the opinion of the Relieving Officers, but has not been supported by any factual statement.

12. **Association with the Newcastle General Hospital.** There has been a marked advance in the work of the Newcastle General Hospital since 1930 (Table VIII.) To this the success of the Domiciliary Medical Services has certainly contributed but the main cause is the steady progress which the hospital has made in the regard of the inhabitants of the City. There is no evidence that panel practitioners refer cases to hospital unnecessarily.

The hospital provides a general consultative service for out-patients and has established two important clinics for diabetic and anæmia cases. These latter are particularly useful in the case of Public Assistance patients. For example, diabetic patients attend the hospital for blood sugar examinations and the regulation of their insulin dosage. The necessary information on these points is communicated to the panel practitioners together with any suggestions as to special dietetic requirements, which can be recommended for issue as medical extras.

TABLE VIII.

| Year.      | Admissions. | Operations. | Maternity Cases. |
|------------|-------------|-------------|------------------|
| 1930 ..... | 3,048       | 596         | 97               |
| 1931 ..... | 3,598       | 1,125       | 99               |
| 1932 ..... | 4,522       | 1,428       | 161              |
| 1933 ..... | 4,776       | 1,560       | 194              |
| 1934 ..... | 5,544       | 2,076       | 225              |
| 1935 ..... | 6,245       | 2,722       | 273              |
| 1936 ..... | 6,707       | 2,722       | 388              |

13. **Relations with Statutory Health Services.** The association of the Domiciliary Medical Services with the other organised health services of the Local Authority, particularly the Maternity and Child Welfare and Tuberculosis services is being steadily developed.

14. **Relations with District Nursing Associations.** The arrangement which was made by the Health Committee with the local Nursing Associations whereby the latter would provide domiciliary nursing for any Public Assistance patient at the request of the medical practitioner in attendance, has continued to function satisfactorily. During the period under review, 159 requests for nursing assistance were received from practitioners on the panel of the Joint Medical Relief District. These 159 patients received ~~2,115~~ <sup>2,999</sup> visits from the nurses of the various associations or 18.9 visits per patient.

The importance and value of this co-operation cannot be overstated, and the assistance of the nursing associations has been greatly appreciated by all concerned.

15. **Incidence of Sickness, etc.** It has frequently been observed that while the statistics of births and mortality are now adequately recorded by the Registrar-General, there is still but little information regarding the incidence of sickness. From a number of sources—the notification of infectious and industrial diseases, the medical record cards of the National Health Insurance Scheme—it is possible to compile data, which though complete in themselves, relate only to the incidence of a series of diseases, or to the illness experience of special categories and age groups of the population.

The medical record cards of the Domiciliary Medical Scheme constitute another such source of information, and though here again it may be argued that we are dealing with a definite grouping of the population, with its own social and economic background, yet the group has the advantage, that it is made up of males and females of all ages.

It should be possible to obtain from a careful analysis of the sickness records of this population, some clearer knowledge of many matters which are of importance in Preventive Medicine. With proper statistical methods the effect of bad housing conditions, and low income levels upon the health of the Public Assistance community could be investigated. The epidemiology of many of the minor infectious disorders could also be studied, as well as the incidence of those common causes of incapacity, which are diagnosed or rather labelled as anæmia, gastritis, nervous debility and rheumatism.



The essential statistical details are given in Tables IX. and X. in which are recorded respectively :—

- (a) the age and sex distribution of the patients treated under the scheme ; and
- (b) the classified distribution of the diseases experienced.

With a view to providing some information as to the incidence of the Rheumatic Conditions, both acute and chronic, in this special community which had been asked for by Dr. F. John Poynton, the records for the year under review were scrutinised and the details shown in Table XI. were extracted.

It is not proposed to comment further on these various tables, except to point out that the number of children treated under the scheme increased from 3,386 or 41.4% in the year ended 29th February, 1936, to 4,654 or 43.5% in the year ended 28th February, 1937. In addition, one would stress the importance of having available such a body of statistical and epidemiological material, and express the hope that facilities may be afforded for its more detailed study, analysis and interpretation.

**16. Comparison with previous periods.** The medical record keeping of the part-time medical officers who operated the service prior to 8th November, 1933, was not sufficiently reliable to permit of any real comparison with data collected during the working of the "open choice" method. In view of the inadequate remuneration paid to the medical officers under the old arrangement, any comparison of the cost of the two systems is also quite fallacious.

A comparison of the work and costs of the "open choice" method at the various stages of its development is, of course, possible and Table XII. has been prepared to show the more important data for the three periods dealt with in this and the previous reports on the subject.

TABLE IX.  
AGE AND SEX DISTRIBUTION OF PATIENTS TREATED.

| AGE PERIODS. | ACUTE PATIENTS. |             |          |             |               |             | SUB-CHRONIC PATIENTS. |             |          |             |               |             | CHRONIC PATIENTS. |             |          |             |               |             | TOTAL OF ALL PATIENTS. |             |          |             |               |             |
|--------------|-----------------|-------------|----------|-------------|---------------|-------------|-----------------------|-------------|----------|-------------|---------------|-------------|-------------------|-------------|----------|-------------|---------------|-------------|------------------------|-------------|----------|-------------|---------------|-------------|
|              | Males.          |             | Females. |             | Total Persons |             | Males.                |             | Females. |             | Total Persons |             | Males.            |             | Females. |             | Total Persons |             | Males.                 |             | Females. |             | Total Persons |             |
|              | No.             | % of Total. | No.      | % of Total. | No.           | % of Total. | No.                   | % of Total. | No.      | % of Total. | No.           | % of Total. | No.               | % of Total. | No.      | % of Total. | No.           | % of Total. | No.                    | % of Total. | No.      | % of Total. | No.           | % of Total. |
| 0-5          | 1,194           | 33.9        | 1,109    | 21.8        | 2,303         | 26.7        | 74                    | 27.1        | 68       | 10.1        | 142           | 15.0        | 33                | 9.2         | 48       | 6.2         | 81            | 7.1         | 1,301                  | 31.2        | 1,225    | 18.7        | 2,526         | 23.6        |
| 5-15         | 1,022           | 29.0        | 918      | 18.0        | 1,940         | 22.5        | 51                    | 18.7        | 70       | 10.4        | 121           | 12.8        | 27                | 7.3         | 40       | 5.1         | 67            | 5.8         | 1,100                  | 26.5        | 1,028    | 15.7        | 2,128         | 19.9        |
| 15-25        | 213             | 6.1         | 396      | 7.8         | 609           | 7.1         | 12                    | 4.4         | 34       | 5.1         | 46            | 4.9         | 17                | 4.6         | 31       | 4.0         | 48            | 4.2         | 242                    | 5.8         | 461      | 7.0         | 703           | 6.6         |
| 25-45        | 621             | 17.7        | 1,465    | 28.7        | 2,086         | 24.2        | 68                    | 24.9        | 203      | 30.2        | 271           | 28.7        | 106               | 28.7        | 185      | 23.7        | 291           | 25.3        | 795                    | 19.1        | 1,853    | 28.3        | 2,648         | 24.7        |
| 45-65        | 325             | 9.2         | 783      | 15.4        | 1,108         | 12.9        | 53                    | 19.4        | 191      | 28.4        | 244           | 25.8        | 148               | 40.1        | 255      | 32.7        | 403           | 35.1        | 526                    | 12.7        | 1,229    | 18.8        | 1,755         | 16.4        |
| Over 65      | 144             | 4.1         | 424      | 8.3         | 568           | 6.6         | 15                    | 5.5         | 106      | 15.8        | 121           | 12.8        | 37                | 10.1        | 221      | 28.3        | 258           | 22.5        | 196                    | 4.7         | 751      | 11.5        | 947           | 8.8         |
| TOTAL....    | 3,519           | 100         | 5,095    | 100         | 8,614         | 100         | 273                   | 100         | 672      | 100         | 945           | 100         | 368               | 100         | 780      | 100         | 1,148         | 100         | 4,160                  | 100         | 6,547    | 100         | 10,707        | 100         |



\* This figure represents illnesses suffered by 8,614 acute patients.  
945 sub-chronic patients.  
1,148 chronic patients.  
10,707 total patients.

945 sub-chronic patients.

|         |    |    |    |    |                         |
|---------|----|----|----|----|-------------------------|
| 1990-91 | 11 | 11 | 11 | 11 | 1,716 chronic patients. |
| 1991-92 | 11 | 11 | 11 | 11 | 10,707 total patients.  |

TABLE XI.  
RHEUMATISM.

| CLASSIFICATION.  | AGE GROUPS. |    |    |      |    |    |       |    |    |       |    |    |       |    |    |       |    |     |
|--|-------------|----|----|------|----|----|-------|----|----|-------|----|----|-------|----|----|-------|----|-----|
|  | 0-5         |    |    | 5-10 |    |    | 10-15 |    |    | 15-20 |    |    | 20-25 |    |    | 25-35 |    |     |
|  | M.          | F. | P. | M.   | F. | P. | M.    | F. | P. | M.    | F. | P. | M.    | F. | P. | M.    | F. | P.  |
| Acute Rheumatic Fever .....  | —           | —  | —  | 5    | 1  | 6  | —     | 1  | 1  | 1     | —  | 1  | —     | 1  | —  | —     | —  | —   |
| Chorea.....  | —           | 6  | 6  | 6    | 9  | 15 | 1     | 7  | 8  | —     | 1  | 1  | —     | —  | —  | —     | —  | —   |
| Chronic Myocarditis, etc., Endocarditis .....  | —           | —  | —  | 1    | 1  | 2  | 2     | 3  | 5  | —     | 3  | 3  | 1     | —  | 1  | 6     | 16 | 22  |
| Chronic arthritic conditions.....  | 1           | —  | 1  | 1    | —  | 1  | —     | —  | —  | —     | —  | —  | 1     | 3  | 4  | 6     | 2  | 8   |
| With a diagnosis of rheumatism only (presumed to be sub-acute rheumatism).....   | —           | —  | —  | 2    | —  | 2  | 3     | 5  | 8  | —     | —  | —  | —     | 1  | 1  | 2     | —  | 2   |
| Conditions (sciatica, myositis, etc.) presumed to be rheumatism .....  | —           | —  | —  | —    | —  | —  | —     | —  | —  | —     | —  | —  | —     | 1  | 1  | 3     | 7  | 10  |
| Total of above two groups.....   | —           | —  | —  | 2    | —  | 2  | 3     | 5  | 8  | —     | —  | —  | —     | 2  | 2  | 5     | 7  | 12  |
| Diagnosis of rheumatism occurring in connection with other diseases (with bronchitis, hyperpiesia, neurosis, senility, menopause, etc.) .....              | 1           | —  | 1  | 1    | —  | 1  | 3     | 2  | 5  | —     | 3  | 3  | 3     | 5  | 8  | 9     | 25 | 34  |
| Diagnosis of rheumatism and rheumatic conditions presumed to be wrong diagnoses (cards usually with two or three attendances and then reported cured)..... | —           | —  | —  | 2    | 3  | 5  | 2     | 7  | 9  | —     | 2  | 2  | 5     | 2  | 7  | 10    | 14 | 24  |
| GRAND TOTAL .....  | 2           | 6  | 8  | 18   | 14 | 32 | 11    | 25 | 36 | 1     | 9  | 10 | 10    | 13 | 23 | 36    | 64 | 100 |





TABLE XII.

## COMPARATIVE STATEMENT OF COSTS AND STATISTICS.

| SUBJECT.  | PERIOD.  |   |   |
|---|--|---|---|
|   | 8th Nov., 1933,<br>to<br>31st Aug., 1934<br>(10 months). | 1st Mar., 1935,<br>to<br>29th Feb., 1936. | 1st Mar., 1936,<br>to<br>28th Feb., 1937. |
|   | (1)  | (2)                                       | (3)                                       |
| Average number of persons receiving Public Assistance in the City....                                   | 21,395   | 20,687                                    | 19,115                                    |
| Medical Relief Districts in the Scheme.....   | 6  | 7   | 8   |
| Estimated number of persons receiving Public Assistance in Medical Relief Districts in the Scheme ..... | 12,850   | 13,500                                    | 15,095                                    |
| Number of cases treated ..  | 6,360  | 8,193                                     | 10,707                                    |
| Total Services rendered ..  | 42,432   | 63,113                                    | 89,476                                    |
| Attendances .....   | 19,114   | 40,151                                    | 59,588                                    |
| Visits .....  | 23,318   | 22,962                                    | 29,888                                    |
| EXPENDITURE.  |  |   |   |
| <i>Medical Practitioners.</i>   | £ s. d.  | £ s. d.                                   | £ s. d.                                   |
| Fees for cases treated .....  | 1,000 0 0  | 2,992 0 0                                 | 3,950 15 0                                |
| " " certification.....  | 185 9 0  | 281 14 0                                  | 326 16 0                                  |
| " " confinements, etc.  | 40 10 6  | 50 11 6                                   | 33 0 0                                    |
| " " emergency medicines .....   | 4 17 5   | 4 16 0                                    | 8 13 10                                   |
| Total .....   | 1,230 16 11  | 3,329 1 6                                 | 4,319 4 10                                |
| Unit cost per service rendered on fees for cases treated only.....                                      | 5.656d.  | 11.38d.                                   | 10.6d.                                    |
| DISPENSARY SERVICES.  |  |   |   |
| Prescriptions dispensed ..  | 30,219   | 61,357                                    | 63,383                                    |
| Cost of dispensary services   | £770   | £1,474                                    | £1,637                                    |
| Average cost per prescription .....   | 6.1d.  | 5.7d.                                     | 6.2d.                                     |
| ADMINISTRATIVE CHARGES  |  |   |   |
| Salaries.....   | £75  | £250                                      | £272                                      |
| Printing, Postages, etc. ..   | £100   | £76                                       | £90                                       |
| TOTAL COST OF DOMICILIARY MEDICAL SERVICES IN THE JOINT MEDICAL RELIEF DISTRICT .....                   | £2,175   | £5,129                                    | £6,318                                    |
| Average cost per patient treated .....  | 6/10   | 12/6                                      | s. d.<br>11 9.6                           |

NOTE.—Period 1. Payments to Practitioners were from a pool of £1,000.  
 Periods 2 and 3. Payments to Practitioners were based on a capitation payment of 5/- per quarter per patient treated.



17. **Conclusions.** The essential features of a model Domiciliary Medical Scheme can be variously stated but the following are probably its main requirements :—

- (a) The Scheme should supply to public assistance patients a complete range of medical, dispensing and ancillary services not inferior to those provided under the National Health Insurance Acts.
- (b) Its administration should be identified as little as possible with the Poor Law, and wherever feasible it should allow free choice of doctor by the patient.
- (c) From the administrative standpoint it should be efficient, convenient, elastic and not unnecessarily expensive.
- (d) It should work in close co-ordination with the statutory health and hospital services of the local authority, and should co-operate effectively with the voluntary organizations which are concerned with the nursing and medical treatment of the sick poor.
- (e) It should offer a reasonable remuneration to those medical practitioners engaged in its service.\*
- (f) Its medical records should be capable of throwing light upon the problems of sickness and invalidity in the community.

It would be premature to suggest that at the present stage of its development the Newcastle Scheme complies with all these requirements, but it is submitted that during the period covered by this report it has been steadily approximating to the ideal which was present in the minds of its originators.

J. A. CHARLES,  
*Medical Officer of Health.*

*Health Department,  
Town Hall,  
Newcastle upon Tyne,  
April, 1938.*

\* Since the foregoing report was prepared, an increase of 25% in the standard quarterly scale of fee—i.e., 5/-, has been granted by the Health Committee, to take effect from the 1st January, 1938.

## Appendix.

**Administrative Procedure.** The administrative procedure under the present arrangements, and the method of assessing the payments due to members of the panel is as follows :—

A patient requiring treatment presents to the panel practitioner of his choice the relieving officer's order, together with a medical record card which is valid for a period of three months from the date of issue. At the end of that period the record card is forwarded to the Health Department, and if the treatment of the patient has been completed, the practitioner is credited with a fee of 5/-. If, in the opinion of the doctor, treatment is still necessary, a note to that effect is made on the record card, and the Public Assistance Officer is instructed by the Health Department to issue a renewal of treatment card, valid for a further period of three months.

All cards returned to the Health Department are carefully scrutinised by a medical member of the staff, and in certain cases where it is found that a recommendation for further treatment has been made in error, the issue of an additional record card is not authorised. Where the necessity for the continuance of treatment would appear to be open to question, the case is reviewed by the Medical Referee (*i.e.*, Dr. G. P. Harlan, Medical Superintendent of the Newcastle General Hospital) in the presence of the panel practitioner, if the latter so desires. In actual practice recommendations of the panel practitioners as to continuance of the treatment are usually confirmed by the Medical Referee.

The amounts payable to members of the panel are based primarily on the number of three-monthly record cards which they send to the Health Department, each card being valued at 5/-. Practitioners are also credited with one shilling in respect of every medical certificate issued by them at the request of a Relieving Officer, with the fees payable for confinements and other special services, and with the actual cost of emergency drugs dispensed by them to patients.

The financial statement of accounts is made quarterly.



Appendix

Administrative Organization of the Department of the Interior  
The Department of the Interior is organized into three main divisions: the Bureau of Land Management, the Bureau of Reclamation, and the Bureau of Indian Affairs. Each of these divisions is further subdivided into various offices and sections, each with specific responsibilities. The Bureau of Land Management is responsible for managing the public lands of the United States, while the Bureau of Reclamation is responsible for managing the water resources of the United States. The Bureau of Indian Affairs is responsible for managing the affairs of the Native American tribes of the United States.

The Department of the Interior also has a number of other offices and sections, including the Office of the Secretary, the Office of the Assistant Secretary, the Office of the General Counsel, the Office of the Inspector General, and the Office of the Chief of Staff. These offices and sections are responsible for providing administrative support to the Department and its divisions.

The Department of the Interior is also responsible for a number of other functions, including the management of the National Park System, the management of the National Wildlife Refuge System, and the management of the National Monument System. These functions are carried out by various agencies and organizations within the Department.

The Department of the Interior is a key part of the federal government, and its actions have a significant impact on the lives of the people of the United States.

