

year, and were concentrated in certain general practitioners' lists.

There was a yield of 1.2 conditions per person screened; 47% of the conditions were previously known to the medical service. Of all conditions found, 56% were classified as minor and only 10% as major or life threatening.

These results show that only a small proportion of conditions found were considered to be life threatening. The majority of these major conditions were already known to the medical service; 15% of those previously unknown required observations, drugs or operation. In contrast, one-half of the minor conditions were previously unknown and 10% required management.

Evaluation of Screening Tests for Unreported Disability in the Elderly. JOCELYN CHAMBERLAIN (*London School of Hygiene and Tropical Medicine*).

Many studies of elderly people have shown a large prevalence of medical and social disability much of which, although it can probably be alleviated, is not known to the health and social services. Screening as a means of bringing this unreported need to light is frequently recommended, but so far there has been little evaluation of practical methods of testing for these disorders.

This paper described a study which aims to measure the error rates and repeatability of screening questions and tests used by nurses to screen elderly people at home for four common disabilities—impairments of vision, of hearing, and of mobility, and financial need. To determine the validity of screening in this way, it is necessary for each subject to be seen three times, being screened twice and examined definitively once.

People over the age of 70 on the list of a group practice are being screened in a domiciliary interview conducted by a nurse. A few days later each subject is visited again and the screening procedure is repeated; by comparison of the results from the two interviews, the repeatability of the screening questions and tests can be calculated. Subsequently each person is given a specialist definitive examination at a clinic of each of the systems being studied. By comparing the findings of this with the findings of screening, the false negative rate, false positive rate, and predictive value of each screening test can be worked out.

Results from the pilot survey indicate that screening is satisfactory for visual, auditory, and foot disabilities, and improvements have been made in screening for general impairment of mobility and for financial need. It is hoped that when the main survey is completed a reasonably valid instrument for screening elderly people for all these disabilities will have been developed.

THIRD SESSION (Chairman: M. D. WARREN)

The Distribution of General Practitioners in England. J. R. BUTLER, J. M. BEVAN and R. C. TAYLOR (*University of Kent at Canterbury*).

The study investigated patterns of mobility and settlement among general practitioners in England and examined the effect of the Designated Areas Allowance,

first introduced in 1966, on the distribution of family doctors. The data are drawn mainly from a postal survey conducted in 1969/70 among a 1 in 8 sample of all principals in designated areas and a 1 in 10 sample of principals in non-designated areas. The response rate was 85%; the total number in the survey was 1,721.

The majority of respondents had changed practices at least once during their careers as GPs, often moving across county and regional boundaries in the process. Only 40% had remained in the same practice up to the time of the survey, and as many as one-third had moved at least once across standard regional boundaries. The influence of birthplace, family home area, and medical school was examined, and it was shown not only that a doctor's chances of returning to an area increase with the number of ties he has, but also that the influence of each was interdependent with the others.

The assumption that the designated areas are professionally deprived and socially depressed was found wanting. A series of questions about various social and professional aspects of life in each type of area yielded no substantial distinguishing features: in some cases the designated doctors enjoyed superior facilities, in other cases it was doctors in non-designated areas who recorded higher scores of satisfaction. It is estimated that the Designated Areas Allowance was paid to about 800 principals in England in 1968 with personal lists below 2,500, and automatically withheld from about 5,000 principals with lists above this size who were in non-designated areas.

The Role and Function of the Practice Nurse from the Patient's Point of View. DIANE J. CUNNINGHAM, J. M. BEVAN and G. B. FLOYD (*University of Kent at Canterbury*).

This paper reported on the one aspect of a study designed to evaluate a number of innovations in a group practice in a London borough, viz., the assessment of patients' attitudes to the role of the nurse in general practice. It was hypothesized that a number of variables might influence the attitudes of patients to the practice nurse; these were sex, age, marital status, social class, education, frequency of interaction with the doctor, the nature of the doctor-patient relationship, and previous contact with the nurse. Information was obtained from two sources—a postal survey of a 1 in 8 random sample of the entire practice population in the age range 18–64, complemented by an interview inquiry of a separate 1 in 6 random sample from one of the practice doctor's list. Both surveys produced a high response rate (postal survey 73%; interview inquiry 81%). The results from the two surveys were similar.

Over three-quarters of all the respondents felt that the nurse was an important aid to the doctor, whereas only half felt that the nurse was an advantage to the patient. Respondents who had experienced the nurse assisting the doctor reacted more favourably towards the practice nurse than those who had not, independently of sex, age, marital status, education, or frequency of visits to the doctor. Broadly speaking the manual classes expressed the most consistently favourable opinions towards the