



ASSOCIATION OF GENERAL PRACTITIONER HOSPITALS

HANDBOOK & DIRECTORY 1985



ASSOCIATION OF GENERAL PRACTITIONER HOSPITALS
(FOUNDED 1969)



HANDBOOK & DIRECTORY

FIRST EDITION
1985

RUPERRA HOUSE, ST. MARY STREET,
BRECON, POWYS, LD3 7AA.

FOREWORD

Twenty years ago it was distinctly unfashionable to believe in a future for general practitioner hospitals which were patently out of step with the advancement of high technology medicine and an accelerating growth of speciality interests. A decade later there was evidence of a growing disenchantment with an over-commitment to high technology secondary care at the expense of the traditional management of the patient within his own community. Today there is a growing appreciation that the changes in demography in our society, carrying implications for the pattern of medical care, together with pressure from patients themselves and the reality of the general economic situation, constitute almost irrefutable arguments in favour of a much greater investment in community based care allowing the general practitioner and his primary care team to have access to general practitioner hospitals.

Patients want to be treated for as long as possible in their homes and then in the community in which they live. A new generation of general practitioners, better trained than their predecessors were, are capable of providing that care to the highest possible standards for the majority of conditions that they encounter. In times of restricted nursing resources patients in community hospitals can be supported by their relatives and friends in ways not yet fully explored.

To use the potential of general practitioner hospitals to the full they must be incorporated into a more flexible system of primary care allowing the general practitioner time to use these resources efficiently and effectively without loss of remuneration. They require to be staffed not only by members of the nursing profession, but also by junior doctors in training responsible to their seniors in general practice. This experience for junior doctors could be an important part of their vocational training and would allow an even greater range of care to be provided in these hospitals.

I would like to congratulate all those who have fought so hard to preserve general practitioner hospitals through a testing period, and I am confident that the future holds a brighter prospect now than for some time in the past.

A G DONALD

Chairman of the Joint Committee on
Postgraduate Training for General Practice.

ACKNOWLEDGEMENTS

This publication has been a team effort if ever there was one. Our particular thanks are due to all those nurses, administrators and doctors who have supplied information, to Dr. Alastair Donald for providing a tangible link with the RCGP, to Dr. Peter Enoch for repeated advice on medico-political matters and Dr. Roger Jones for help with references and bibliography, and to subscribers to the Association for funding the initial draft. We are indebted to Miss C. J. Rowlands for compiling and Mrs. E. V. Jones for typing the gazeteer and tables, to Malcolm Jones Associates for undertaking publication, and to our sponsors Servier Laboratories.

A.J.M. Cavenagh
Editor

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INTRODUCTION

The Association of General Practitioner Hospitals was formed in November 1969 at a meeting in Exeter called by Dr Michael Tuck of Bishopsteignton, Devon. Dr Tuck, incensed by prolonged and fruitless correspondence with the Regional Hospital Board on the subject of remuneration for casualty work in GP Hospitals, had written a letter to the British Medical Journal describing the dilemma of GPs like himself who were inundated by casualty work during the holiday season but forbidden to charge for their services.

The spark that fired the Association was, therefore, financial, but at the inaugural meeting it became plain that the first priority was to retain General Practitioner Hospitals, the majority of which were still very much under the threat of dissolution implicit in the Hospital Plan of 1962. There seemed little point in pressing for proper payment for work if that work was soon to be taken away. In the event the great majority of GP Hospitals have survived, thanks to a change in DHSS policy, and reasonable fees for casualty work were approved just ten years after the foundation of the AGPH.

On December 17th 1969 a steering committee met in Salisbury and set about collecting information. The DHSS was approached for a list of GP Hospitals but there was no such list. The computers of the Regional Hospital Boards were equally unhelpful, providing names which included City Road Hospital, Cardiff and Dudley Road Hospital Birmingham, presumably because there were a few GP Clinical Assistants on their staff. Eventually the names of hospitals likely to fit the bill were extracted from the Medical Directory and circulars addressed to them asking for information as well as support. It seemed that there were about 400 in England and Wales as well as some fifty GP Maternity Hospitals.

Letters were sent to all M.P.s and to national organisations with an interest in health care, and an interview obtained with the Minister of Health, Mr Crossman, on April 30th 1970. A public relations firm was commissioned and a press conference held on June 24th. Meanwhile recognition of the Association came from the General Medical Services Committee, which pledged its support, and the Association was invited to give evidence to a working party of the Royal College of Physicians. The somewhat clumsy title of Association of General Practitioner Hospitals was chosen carefully, in preference to Association of Cottage Hospitals which seemed to smack too much of a preservation society for Victoriana. The term Community Hospital was considered, since it had been in common use in the USA for many years but it was thought to be untimely in this country and likely to lead to confusion. Nevertheless, by coincidence, the year 1969 saw also the start of the Oxford Regional Hospital Board's Community Hospital project, based mainly on Wallingford Hospital. The Oxford Region was largely rural and the Board recognised that total committal to large centralised hospitals could not possibly give an adequate service.

Wallingford Community Hospital replaced a small old 'traditional' Cottage Hospital with an amalgam of services, including a Health Centre, Consultant Out-Patient suites, rooms for District Nurses and Health Visitors, Dentists, Chiropodists, a Day Hospital Unit linked to the physiotherapy department, and wards for general, maternity and geriatric patients. The project was carefully monitored and formed the basis for the Community Hospital document published in 1974 by the DHSS. In broad terms this new departure was most welcome but the document contained rigid guidelines which were not compatible with the great diversity in size and function essential for scattered hospitals catering for widely differing local needs.

From its initial function as a pressure group the AGPH has matured into a body

One tablet daily



NATRILIX[®]

indapamide

Normalises blood pressure whilst protecting the patient's quality of life.

For prescribing information see overleaf.

Prescribing information

Name of Product

Natrilix tablets (indapamide hemihydrate).

Presentation

Pink biconvex sugar-coated tablets each containing 2.5 mg indapamide hemihydrate.

Uses

For the treatment of hypertension. Natrilix may be used as sole therapy or combined with other antihypertensive agents.

Dosage and Administration

Adults: The dosage is one tablet, containing 2.5 mg indapamide hemihydrate, daily to be taken in the morning. The action of Natrilix is progressive and the reduction in blood pressure may continue and not reach a maximum until several months after the start of therapy. A larger dose than 2.5 mg Natrilix daily is not recommended as there is no appreciable additional antihypertensive effect but a diuretic effect may become apparent. If a single daily tablet of Natrilix does not achieve sufficient reduction in blood pressure, another antihypertensive agent may be added; those which have been used in combination with Natrilix include β -blockers, methyl dopa, clonidine and other adrenergic blocking agents. The co-administration of Natrilix with diuretics which may cause hypokalaemia is not recommended. There is no evidence of rebound hypertension on withdrawal of Natrilix.

Children: There is no experience of the use of this drug in children.

Contra-indications, Warnings, etc.

There are no absolute contra-indications to the use of Natrilix but caution should be exercised when prescribing it in cases of severe renal or hepatic impairment. As with all new drugs, the administration of Natrilix should be avoided during pregnancy although no teratological

effects have been seen in animals. In a very small number of predisposed patients, hypokalaemia has been observed and awareness of this possibility should be borne in mind when prescribing Natrilix. At doses higher than that recommended, Natrilix has a diuretic effect, therefore it is not recommended to prescribe it with a diuretic agent which may cause hypokalaemia. Also, slight weight loss has been reported in some patients taking Natrilix. Reported side effects have included nausea and headache, but they are generally uncommon and mild in nature. Serum urate levels may rise slightly but there is no evidence that glucose tolerance is adversely affected.

Overdosage: Symptoms of overdosage would be those associated with a diuretic effect: electrolyte disturbances, hypotension and muscular weakness. Treatment would be symptomatic, directed at correcting the electrolyte abnormalities and gastric lavage or emesis should be considered.

Pharmaceutical Precautions

Nil.

Legal Category

Available on prescription only.

Package Quantities

Cartons of 30 and 60 tablets (containing respectively 2 and 3 push-through blister strips of 15 and 20 tablets).

Further Information

No interactions have been reported between Natrilix and oral hypoglycaemic agents, anticoagulants, uricosurics and anti-inflammatory agents.

Basic NHS Cost

30 tabs. £6.06, 60 tabs. £11.94.

Product Licence Number

0093/022 POM

representing the majority of GP Hospitals in England and Wales. In 1981 a sister-Association was founded in Scotland where there are about fifty GP Hospitals. Both organisations are now concerned very much with standards of care and methods of providing that care. In this field the work of Dr Charles Shaw of Gloucester has been outstanding.

Despite the enthusiasm of those who staff and support these small hospitals, and despite the detailed study made by Dr Sandy Cavenagh of Brecon in 1977, the extent to which they contribute to the total health care in Britain is still not adequately recognised. The aim of the Directory is partly to fill this gap but also to ensure that the AGPH, for years recognised as the Authority on this subject, shall be even more widely informed.

R M Emrys-Roberts

R M EMRYS-ROBERTS

President – AGPH

MAIN AIMS AND FUNCTIONS OF THE AGPH

- To defend GP Hospitals from unnecessary threats of closure or changes of role.
- To give help and advice to members in furthering the interests of GP Hospitals.
- To ensure satisfactory terms and conditions of service for those involved in GP Hospital work.
- To work towards developing the range and continuing improvement of services provided by GP Hospitals.
- To gather and disseminate information on all aspects of work carried out in GP Hospitals.
- To demonstrate the cost-effectiveness of patient care provided by doctors, nurses and others in GP Hospitals.
- To promote, assist and co-ordinate medical teaching and research in GP Hospitals.
- To foster and develop strong links between the Association, Member Hospitals and the communities which they serve.
- To work with the Royal Colleges in evaluating, maintaining and improving standards of care within GP Hospitals.

The AGPH – working for you and your local GP hospital.



Further information is available from:
Servier Laboratories Limited, Fulmer Hall, Windmill Road, Fulmer, Slough SL3 6HH.
Telephone: Fulmer 2744 'Natrilix' is a trademark.

EDITORIAL PREFACE

Aims and Credo

Our history and development have been outlined in the President's introduction. But what do we believe and what are our aims? The Association believes that for many medical and surgical conditions, the standards of medical and nursing care provided in GP hospitals are second to none. These facilities are readily available within the community served, with minimal waiting lists, so that the service provided is in many ways superior to that available in the DGH.

We believe that GP hospitals should be defended from their detractors, unless it can be shown that the same quality of care can be provided as effectively and cheaply elsewhere. Indeed, their economy in capital and running costs make them an attractive means of hospital provision in the future.

GP hospital experience has shown that general practitioners have a considerable contribution to make to hospital care within the NHS and we believe this potential could also be realised with the District General Hospital.¹⁻³ Our experience convinces us that this can be achieved without imperilling the concept of primary care and indeed to its benefit. As a pressure group our chief aim is therefore to collect and disseminate information on a wider field, and within the Association to pass on queries to those who can solve them.

Reasons for Handbook

Good communication between hospitals is essential if standards are to rise and if good use is to be made of the wealth of skill and experience available. The Handbook and Directory should facilitate this. Medical staff at these hospitals are playing an increasing part in the training of both general practitioners and medical students; the Handbook is a response to an ever increasing number of requests for information. Mandatory vocational training in the UK and the increasing mobility of medical students, both here and in North America will maintain this demand.

Definition

The term GP Hospital has been taken to include all hospitals where admission to the majority of beds is under GP control.⁴⁻⁷ We have also included GP wards or GP staffed casualty units in other hospitals. GP maternity units, pure and simple, have also been included.

Content of Work

The spectrum of work encompassed by GP hospitals reflects the range of illness found in the communities they serve.⁸ Many are handling up to 98% of the casualties in their community. In-patient care varies from less than 10% of the community workload to 70% of all types of in-patient care in busier hospitals.⁹⁻¹¹ It is difficult however to characterize the 'typical' GP hospital since each is unique. Reference to the gazetteer and listed statistics will emphasise their individuality. Terms of service for the medical staff vary similarly, but certain common ground is apparent.

Terms of Service

In the majority of these hospitals, remuneration of medical staff for in-patient care is via the 'Medical Staff Fund'. This is at present implemented by the Department of Health at the rate of £217 per occupied bed per year. Medical staff remuneration may also be received as sessional payments for casualty work and as clinical assistants or hospital practitioner grade sessions for specialist-type services provided.¹² Rates of remuneration, particularly via the "Staff Fund" are not attractive at present by comparison with that obtainable in general practice. A recent survey showed that GPs who were spending at least 10% of their working time in hospital were receiving, at most, 6% of their remuneration from it. However, the work is attractive for the

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Prescribing information

Presentation

PONDERAX PACAPS: Prolonged action formulation in hard gelatine capsule, size 3 with clear body and opaque blue cap, printed in black with PX PA 60 containing small white pellets. Each prolonged action capsule contains 60 mg Fenfluramine Hydrochloride B.P. PONDERAX 20 mg: Blue-grey, sugar-coated tablet, containing 20 mg Fenfluramine Hydrochloride B.P. PONDERAX 40 mg: White sugar-coated tablet, containing 40 mg Fenfluramine Hydrochloride B.P.

Uses

1. Obesity. **2. Maturity onset diabetes.** For the control of post-prandial hyperglycaemia in maturity onset diabetics who achieve marginal control either with diet alone or diet plus sulphonylureas.

Dosage and Administration

Dosage: (1) Obesity: Adults: 1-2 mg per kg of desirable body weight according to the severity of obesity. PONDERAX PACAPS: The recommended adult daily dose of 60 mg capsules is 1 or 2 capsules taken at the same time, once daily, according to the severity of obesity. When a dosage of 2 capsules is prescribed the dosage for the first and last week of treatment should be 1 capsule daily. PONDERAX 20 mg and PONDERAX 40 mg: The recommended adult dose of PONDERAX tablets is as follows: Severe obesity: (1st week) 20 mg twice a day; (maintenance) 40 mg three times a day. Moderate obesity: (1st week) 20 mg twice a day; (maintenance) 40 mg twice a day. Mild obesity: (1st week) 20 mg twice a day; (maintenance) 20 mg three times a day. On stopping treatment the dosage should be gradually reduced. Children: Recommended children's daily dose of PONDERAX tablets. 6-10 years: 20 mg. 10-12 years: 40 mg (in divided doses). This may be increased to 60 mg if the child is grossly obese. A gradual build-up and reduction of dosage is advised. PONDERAX PACAPS: The capsule form is not suitable for children's dosage.

Dosage: (2) Maturity Onset Diabetes: Adults: The dosage must be adjusted to the needs of the individual patient and may vary between 80-120 mg daily, taken either as tablets or PONDERAX PACAPS. PONDERAX may be given together with sulphonylureas. Children: Not applicable. Administration: PONDERAX tablets and PACAPS should be taken orally. PONDERAX tablets should be taken in divided daily doses and PONDERAX PACAPS, because of the slow release of the active constituent, need to be taken only once daily preferably before breakfast. If possible the tablets or capsules should be taken half-an-hour before food.

Contra-indications, Warnings, etc.

Should not be used concomitantly with MAOI's. There should be an interval of three weeks between stopping MAOI's and starting PONDERAX. Care should be exercised when giving PONDERAX to depressed patients or those receiving antidepressant therapy. Following sudden withdrawal on high therapeutic doses of PONDERAX occasional reports of depression, lasting a few days, have been received. The effect may be avoided by a gradual reduction of dosage. PONDERAX may potentiate the action of antihypertensive, antidiabetic and sedative drugs. The dosage of these drugs should be reassessed when PONDERAX is prescribed. In those patients who experience sedation with PONDERAX care

should be taken when driving, working machinery or taking alcohol. It is recommended that PONDERAX is not given concomitantly with other appetite suppressants. There should be an interval of two weeks between stopping any other appetite suppressant and starting PONDERAX to allow for any possible withdrawal symptoms to subside. Although both human and animal studies have demonstrated that there are no harmful effects on the foetus, it is not recommended that PONDERAX be administered during the first trimester of pregnancy unless the physician considers that the benefits outweigh any possible risk.

Side-effects: In some patients looseness of the bowels, mild sedation and giddiness may occur. Nausea and headache have been reported. Side-effects may be avoided by using a gradual build-up of dosage, in other patients the effects are often transient and a temporary reduction of dosage will usually eliminate them. Side-effects only rarely necessitate any interruption of therapy. **Overdosage:** The following symptoms have been reported: dilated pupils, tachycardia, facial flushing, hypertension, agitation, fine tremor, which can progress to vomiting, convulsions, unconsciousness, hyperpyrexia. Depression of respiration, cardiac arrhythmias, ventricular fibrillation and death may occur following very high overdosage.

Action to be taken in the event of overdosage:

i) continuously monitor ECG ii) use diazepam to control convulsions; iii) reduce hyperthermia; iv) use anti-arrhythmic drugs (e.g. betablockers) to control cardiac tachyarrhythmias.

Pharmaceutical Precautions

Storage: PONDERAX PACAPS should be stored in a cool, dry place.

Legal Category

POM

Package Quantities

PONDERAX PACAPS: Push-through blister strips of 10 capsules. Carton of 60 capsules (6 strips).
PONDERAX 20 mg and PONDERAX 40 mg: Push-through blister strips of 20 tablets. Carton of 100 tablets (5 strips).

Further Information

Although fenfluramine is chemically allied to amphetamine the introduction of a CF₃ group into the molecule alters the pharmacological characteristics of the compound which are evident from its lack of central nervous system stimulation and its lack of abuse or dependence potential. PONDERAX is not a controlled drug under the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 1973.

Basic NHS Cost

PONDERAX PACAPS 60-£7.26.
PONDERAX 20 mg 100-£3.41.
PONDERAX 40 mg 100-£6.80.

Product Licence Numbers

PONDERAX PACAPS 009350013
PONDERAX 20 mg 0093/5004
PONDERAX 40 mg 0093/0026



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clinical interest it provides and the continuity of care it affords to doctor and patient alike. Most GPs with hospital access would agree with the Tamworth practitioner who said some years ago "the hospital is the most expensive hobby I've got, but it's the reason I'm here."

Effects on General Practice

Hospital work may consume up to 25% of the GPs time, but there is no evidence that his practice suffers in proportion. The typical GP working in a hospital has a list of patients somewhat larger than the national average, refers less clinical decisions to other doctors, performs more investigations himself rather than referring them elsewhere, and preserves better continuity of patient care than doctors without hospital access.

SOME ACTIVITIES ARE CONTENTIOUS

The role of surgery, anaesthetics, obstetrics, paediatrics and geriatrics have recently been subjected to considerable debate.

Surgery

Half of all GP hospitals perform selective surgery.¹³ In hospital beds which represent only 3% of acute NHS beds, more than 6% of NHS operations are being performed,³ two-thirds of them by consultant surgeons. The range of operations is limited, but the volume is large, and there is no evidence that this type of surgery is more hazardous when performed in small hospitals. Waiting list times are shorter and the fact that the majority of operations are performed either by consultants themselves, or by experienced GPs, may represent a higher standard of care than that obtained in many DGHs where a large proportion of this type of surgery is performed by staff in training.

The higher standard of nursing care obtainable in GP hospitals is one reason why consultants like operating in them.

Anaesthesia

Anaesthesia is said to be the key to operating in General Practitioner Hospitals. It is beset with difficulties. With the continuing shortage of trained anaesthetists, it is difficult to lure consultants out of the District Hospitals, and the service must therefore be provided by general practitioners. It has been said that general practitioners should only give 'minor anaesthetics', a dangerous suggestion since there is no such thing as a minor anaesthetic. If one is going to induce general anaesthetic of any kind, one must be prepared for respiratory obstruction, cardiac arrhythmia, prolonged coma and paralysis, and even hyperthermia. To deal with these problems in an isolated situation, a general practitioner should probably have been trained to registrar level in the specialty and possess a DA if not the fellowship. This training, combined with the now mandatory vocational training of general practitioners, constitutes a very long preparation for a career that very few people have the opportunity to practice. Once established, there is the equally important obligation of keeping up-to-date. Ideally, this should be achieved by regular sessions in a local district hospital, but if this should prove impossible, then week or fortnight locums in such a hospital, at two yearly intervals, are the best alternative. In this way the general practitioner anaesthetist can both maintain his competence and be seen to do so by his consultant colleagues. There remains the question of cover. Once such a service is established, the demands on it will widen and erode the leisure of a single handed practitioner. There seems no answer to this but to provide another practitioner with the same background. It follows that only a large group practice, or two smaller practices with a very good relationship, can hope to establish an anaesthetic service of this kind.

Obstetrics^{14,15}

Correct case selection is the key to obstetric success. This handbook now includes GP maternity units, many of which are part of a GP hospital serving other functions. The case for high-technology delivery is far from proven, and there is some evidence that uncomplicated cases do better in GP rather than specialist care. General practitioners are at present involved in 15% of total confinements, but only about 2.5% take place in GP hospitals. The low perinatal mortality figures obtained suggest that overall case selection is correct.

Paediatrics

It has been recommended that no children should be admitted except to consultant paediatric units. All doctors would agree that seriously sick children should be in these centres of optimum care. However, there is a definite place for admission of less sick children to care near their home for observation, treatment of minor or recurrent known conditions, and selective surgery.¹⁶⁻¹⁸

Geriatrics¹⁹⁻²¹

There is a clear role for the GP in continuing to look after his own patients in hospital, where chronic or terminal illness supervenes. Initial assessment in acute beds, either by GPs or geriatricians, may be necessary, but no geriatrician wishes to carry the long term workload single-handed. In all geriatric units there is at present heavy dependence on junior staff, mostly recruited from overseas, and unless these staff are being genuinely and adequately trained, this cannot be justified. GPs are willing and able to assist in this work, but there is no surer prescription for loss of morale in a GP hospital than to hand over large numbers of acute beds to the care of the geriatrician, upsetting the natural balance of activities that most hospitals have established.

Consultant Co-operation

The fact that some activities are contentious should not blind us to the widespread help of consultants on which the majority of GP hospitals largely depend. Whilst 16% of NHS general practitioners are on medical staffs, 22% of NHS consultants are working in these hospitals. Regular consultant contact is highly valued by the GPs concerned.

WIDESPREAD SERVICES

Casualty

There are casualty departments in almost all the hospitals. The activities of each unit vary enormously, but the overall referral rate to larger centres is only 2%³. Over 13% of casualties treated by the NHS are dealt with in GP hospitals, representing a large saving on transport costs and the more expensive services provided in the DGH.

X-rays

Two-thirds of hospitals have an X-ray department, and 4% of all NHS films are taken in GP hospitals³. Services vary from limited simple radiography to contrast and screening examinations. More than 25,000 contrast examinations are performed annually. For these to be done elsewhere would in many cases be wasteful, time-consuming for patients, and expensive.

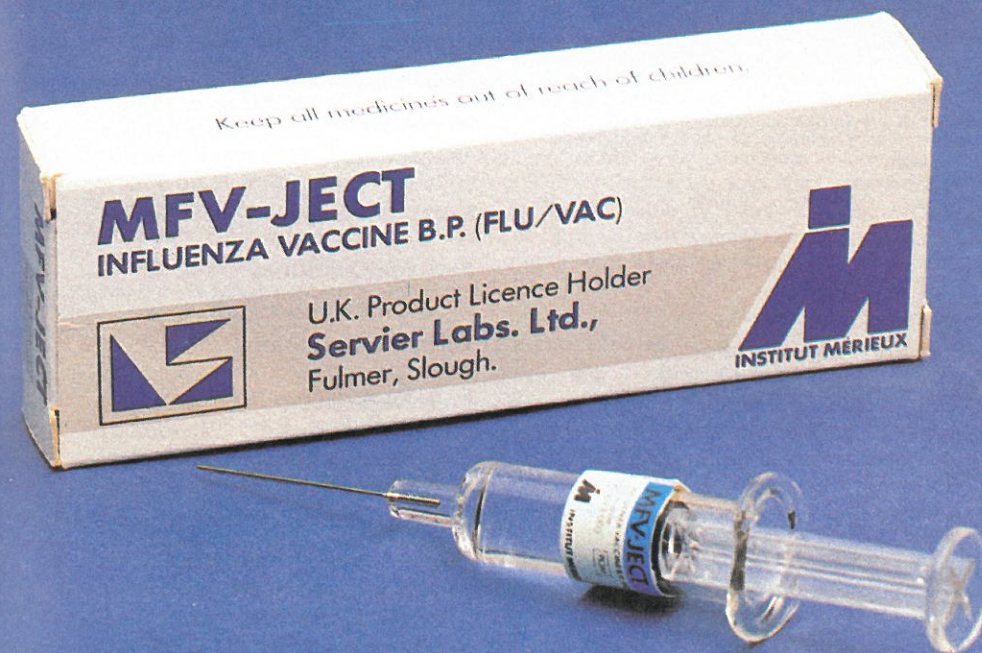
Physiotherapy

Four out of five hospitals have a physiotherapy department, and the role of the hospitals in rehabilitation and supportive therapy to their communities is very large. Open access to this service is a facility valued by GPs and patients alike. Waiting time is reduced by comparison with physiotherapy provided via consultant referral only.

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Prescribing information

Name of Product

MFV-JECT®
MERIEUX INFLUENZA VACCINE
Influenza Vaccine B.P.

Presentation

MFV-JECT is available in mono-dose pre-filled syringes and multidose vials. MFV-JECT is Influenza Vaccine BP, purified by zonal ultra-centrifugation and extraction with ether. The strains of influenza virus contained in the vaccine are those currently recommended by the World Health Organization.

Each 0.5 ml dose contains:
A/Philippines 2/82 (H₃N₂) 10 µgHA
A/Brazil 11/78 (H₁N₁) 10 µgHA
B/Singapore 222/79 15 µgHA
and not more than 0.05 mg of thiomersal as preservative.

Uses

Prophylaxis against influenza.

Dosage and Administration

By subcutaneous or intramuscular injection.

Adults and children over 13 years of age:

Single dose, 0.5 ml.

Children under 13 years of age: Not recommended.

The vaccine should be allowed to reach room temperature before use.

Contra-indications, Warnings, etc.

Contra-indications: Persons known to have sensitivity to egg protein.

Side effects: The incidence of side effects with the vaccine is minimal due to the purification method; however, a transient erythema, tenderness or pain at the site of injection or mild fever may appear within the first 48 hours.

Precautions: The vaccine should be used with caution in patients with a history of allergy.

Overdosage: Not applicable.

Pharmaceutical Precautions

Protect from light and store at 4°C. Do not freeze.

Legal Category

POM.

Package Quantities

Mono dose in pre-filled syringe (0.5 ml) unit dose pack;
10 dose (5 ml) vial; 50 dose (25 ml) vial.

Further Information

Nil.

Basic NHS Cost

0.5 ml, £2.75; 5 ml, £25.16; 25 ml, £118.88

U.K. Product Licence Number

0093/0033



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Telephone: Fulmer 2744 'MFV-JECT' is a trademark.

Nursing Staff

The high quality of nursing staff and the relatively high proportion of trained to auxiliary staff is responsible for the exceptionally good nursing which patients in these hospitals enjoy. Recruitment is seldom a problem, since most communities have a pool of trained nurses on which to draw.

Administration²²

The very size of the units concerned is conducive to good administration and morale. Administrators, secretarial, domestic and portering staff are all known to each other and naturally identify with the interests of the hospital as a whole. Disruption by industrial action over the past 10 years has been minimal.

Leagues of Friends

The power base of the hospitals is in their Leagues of Friends. The hospitals' interests are supported and defended with passionate intensity by each community under the leadership of the League. It is commonplace for £1 per head of the population served to be subscribed in less than six months for any named project, which represents a source of capital which few larger units can call on. Relationship with other bodies in the NHS is usually congenial, and community health councils can almost always be relied on to support the interests of small hospitals.

Advantages to Patients

The value to patients of providing hospital facilities near at hand is well documented. Prominent among these advantages is the saving of time and expense of travel and of reduced waiting, both for out-patient appointments, casualty services and in-patient treatment. Communication problems are minimised since only GPs and visiting consultants are immediately responsible for the patient's care. The role of the hospitals in providing convalescent care in conjunction with major procedures in the DGH frees more expensive DGH beds and simplifies visiting for relatives.

USE OF THE HANDBOOK

Limitations

The data provided are the most up-to-date we have been able to obtain. The Handbook is divided into three sections, England and Wales, Scotland and Northern Ireland. An explanatory preface for the Scottish and Irish sections has been written by Dr. Jarvie of Crieff and Dr. Garvin of Armagh. Listing is in alphabetical list of place name and the following abbreviations are in use:—

- (a) = Approximation where full data are not available
 - (i) = Incomplete data provided
 - (s) = Suburban hospital. Population served figures cannot be accurately determined.
 - (sep) = Separate. Hospitals' functions are divided on two sites.
 - (w) = Ward. The GP ward of a larger hospital serving another function.
- Recent alterations in bed status have been standardised to the gazetteer figures.

Statistics in decimals have been rounded up to the nearest whole number. It has been necessary to approximate populations served in some cases. Some physiotherapy statistics include in- and out-patient services. X-ray work has been recorded as units. This is a national system whereby comparison between departments is made possible. Thus extremities are awarded 6 units, long bones 8, spinal films 10 per area, IVPs 60 etc. The average number of units per case is 8. **AT THE BACK OF THE DIRECTORY is an updating sheet and the future accuracy of the publication depends on these being returned.** We have found that nursing officers are the most reliable source of this information. The updating sheet contains spaces for information on

trainee vacancies and doctors who should be contacted for enquiries about these. Many UK telephone numbers and codes have been altered recently and correction of these is essential.

REFERENCES

- 1 Royal College of Physicians of London and Royal College of General Practitioners. The General Practitioner in the Hospital. London, RCP, 1972.
- 2 Evans EO. The Future Role of the General Practitioner in the Hospital. Journal of the Royal College of General Practitioners, 1971; 21: 187-98.
- 3 Cavenagh AJM. Contribution of General Practitioner Hospitals in England and Wales. British Medical Journal, 1978; 2: 34-6.
- 4 Bennett AE. Community Hospitals and General Practice. Update, 1975; 11: 1397-1400.
- 5 Emrys-Roberts RM. Cottage Hospitals of the Future. Update, 1974; 9: 315-20.
- 6 Weightman G. Castles to Cottages. New Society, 1976; 35: 432-3.
- 7 Kernick DP, Davies SE. Problems in the Development of the Community Hospital Concept. British Medical Journal, 1977; 2: 1238-9.
- 8 Sichel GRM, Hall DJ. The Place of General Practitioner Hospitals in the Organisation of Hospital Services. Health Trends, 1982; 14: 21-23.
- 9 Kyle D. Contribution of a General Practitioner Hospital. British Medical Journal, 1971; 4: 348-51.
- 10 Oxford Regional Hospital Board. The Work of a Cottage Hospital in a Rural Community. Oxford, ORHB, 1975.
- 11 Jones RH. Acute Medicine in a General Practitioner Hospital. Journal of the Royal College of General Practitioners, 1982; 32: 245-7.
- 12 Jones DT. Remuneration of GPs in Community and Cottage Hospitals. British Medical Journal (Suppl), 1978; 2: 1040.
- 13 Williamson BCM. The Work of a General Practitioner Surgeon. Practitioner, 1982; 226: 521-5.
- 14 Taylor GW. The General Practitioner Obstetrician. Practitioner, 1982; 226: 513-18.
- 15 General Medical Services Committee of the British Medical Association. Small Maternity Units. British Medical Journal (Suppl), 1981; 282: 838-42.
- 16 Association of General Practitioner Hospitals. Admission of Children to GP Hospitals. British Medical Journal, 1982; 2: 144.
- 17 Tizard P, Chambers TL. Admission of Children to GP Hospitals. British Medical Journal, 1982; 2: 1113.
- 18 Emrys-Roberts RM, Cavenagh AJM. Admission of Children to GP Hospitals. British Medical Journal, 1982; 2: 1359.
- 19 Whyatt ND. Hospital Geriatrics for a General Practitioner. Practitioner, 1982; 226: 507-512.
- 20 Anonymous. Community Hospitals. Modern Geriatrics, 1975; 5: 2-3.
- 21 Lodge B, Greenway S. Geriatric Medicine in the Community Hospital. Gerontologia Clinica, 1975; 17: 109-125.
- 22 Wycherley GJ. Administering the Community Hospital. Health and Social Services Journal 1974; 84: 926-7.

One tablet daily



NATRILIX[®]

indapamide

Normalises blood pressure whilst protecting the patient's quality of life.

For prescribing information see overleaf.

Prescribing information

Name of Product

Natrilix tablets (indapamide hemihydrate).

Presentation

Pink biconvex sugar-coated tablets each containing 2.5 mg indapamide hemihydrate.

Uses

For the treatment of hypertension. Natrilix may be used as sole therapy or combined with other antihypertensive agents.

Dosage and Administration

Adults: The dosage is one tablet, containing 2.5 mg indapamide hemihydrate, daily to be taken in the morning. The action of Natrilix is progressive and the reduction in blood pressure may continue and not reach a maximum until several months after the start of therapy. A larger dose than 2.5 mg Natrilix daily is not recommended as there is no appreciable additional antihypertensive effect but a diuretic effect may become apparent. If a single daily tablet of Natrilix does not achieve sufficient reduction in blood pressure, another antihypertensive agent may be added; those which have been used in combination with Natrilix include β -blockers, methyl dopa, clonidine and other adrenergic blocking agents. The co-administration of Natrilix with diuretics which may cause hypokalaemia is not recommended. There is no evidence of rebound hypertension on withdrawal of Natrilix.

Children: There is no experience of the use of this drug in children.

Contra-indications, Warnings, etc.

There are no absolute contra-indications to the use of Natrilix but caution should be exercised when prescribing it in cases of severe renal or hepatic impairment. As with all new drugs, the administration of Natrilix should be avoided during pregnancy although no teratological

effects have been seen in animals. In a very small number of predisposed patients, hypokalaemia has been observed and awareness of this possibility should be borne in mind when prescribing Natrilix. At doses higher than that recommended, Natrilix has a diuretic effect, therefore it is not recommended to prescribe it with a diuretic agent which may cause hypokalaemia. Also, slight weight loss has been reported in some patients taking Natrilix. Reported side effects have included nausea and headache, but they are generally uncommon and mild in nature. Serum urate levels may rise slightly but there is no evidence that glucose tolerance is adversely affected.

Overdosage: Symptoms of overdosage would be those associated with a diuretic effect: electrolyte disturbances, hypotension and muscular weakness. Treatment would be symptomatic, directed at correcting the electrolyte abnormalities and gastric lavage or emesis should be considered.

Pharmaceutical Precautions

Nil.

Legal Category

Available on prescription only.

Package Quantities

Cartons of 30 and 60 tablets (containing respectively 2 and 3 push-through blister strips of 15 and 20 tablets).

Further Information

No interactions have been reported between Natrilix and oral hypoglycaemic agents, anticoagulants, uricosurics and anti-inflammatory agents.

Basic NHS Cost

30 tabs. £6.06, 60 tabs. £11.94.

Product Licence Number

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Telephone: Fulmer 2744 'Natrilix' is a trademark.

ACUTE MEDICINE IN GENERAL PRACTITIONER HOSPITALS

Introduction

There is a widespread but erroneous belief that general practitioner and 'cottage' hospitals are merely extensions of the psychogeriatric services, characterised by long admissions of elderly patients for social reasons. This may be true for some hospitals but when appropriate circumstances prevail, the general practitioner hospital (GPH) offers distinct advantages over the district general hospital (DGH) for the admission of certain acutely ill patients (Jones, 1982). Loudon (1979) identified three groups of admissions to hospitals. There are those for whom specialist facilities are essential, such as patients requiring intensive care or major surgery and for whom admission to a large hospital with full facilities is mandatory. There is another group for whom such facilities would be wholly inappropriate, for example holiday admissions for chronically disabled or senile patients. Between these extremes lie the majority of admissions for which GPH and DGH treatment may be equally appropriate. The proportion of such cases which an individual general practitioner decides to admit to each hospital will depend on a variety of factors; the patient's age is undoubtedly an important determinant and the expectations of patients and their relatives are related to this. Clearly, staffing ratios within GPHs and the expertise of individual doctors will also affect these decisions. For these and other reasons the proportions of admissions which are sent either to the DGH or the GPH from any catchment area vary widely; the proportion going to the general practitioner hospital may be as high as 70% in areas remote from the district general hospital (Kyle, 1971). To illustrate the variety of acute medical work that may be undertaken in a GPH, admissions to one such hospital during a twelve month period have been analysed and the use of that hospital by a single practice is also presented. The results of this study demonstrate that a hospital staffed by GPs can undertake a great deal of acute medical work which would otherwise pass to the DGH and also shows that the GPH may be a more appropriate setting for the care of certain acutely ill patients and that it has an important role in primary medical care.

The Hospital

Andover War Memorial Hospital contains 34 medical and surgical beds. It is used and staffed by 21 general practitioners and serves a population of about 50,000 centred on an expanded market town. Andover is 15 miles from the nearest DGH and there is a separate long-stay hospital in the town.

The hospital is next to a health centre, from which 9 of the general practitioners practise. There is a 24-hour casualty department and an outpatient department which is used by consultants in most of the specialties from the DGH, who are also available for in-patient consultations. There are also physiotherapy, X-ray and ECG facilities and a visiting pathology technician for blood tests.

The casualty department is covered by a rota of all the general practitioners in the town; the hospital beds are covered out-of-hours by the individual practices.

During 1980 the casualty department dealt with 6,416 patients and 22,975 patients were seen in the outpatients department. There were 119 deliveries in the maternity unit and the physiotherapy department recorded 7,923 attendances. The X-ray department carried out 10,318 examinations. In the operating theatre there were 660 procedures under general and 198 under local anaesthesia.

Admissions

All admissions (other than elective surgical and maternity cases) during 1980 were recorded and analysed. In particular the age and sex of the patients, the date of admission and the reason for admission were noted. The discharge date and the outcome (discharge home, transfer to another hospital or death) were also recorded.

The Practice

The practice consists of five full time principals working from a health centre adjacent to the GPH. The total list size of the practice is approximately 12,500 and the partners have individual lists ranging from 2,200 - 2,800 patients. The ages for the doctors range from mid-thirties to mid-fifties and all but one have postgraduate diplomas including the MRCGP, MRCP and the MRCP. The practice has teaching and training commitments with limited outside involvement in school and industrial medicine.

The use of the GPH by the practice during a twelve months period was studied, recording the same details of admissions as described above.

Hospital Admissions

There were 477 admissions to general practitioner beds in the hospital during 1980 (Table 1). Twenty-six (5.5%) of them were planned admissions, that is frail elderly and chronic sick patients who were normally cared for at home. There were almost exactly as many men as women (237 men, 240 women,) the mean age of the patients was 63.3 years (range 8-99, median 69 years) and 40% of the patients were under 65 years of age. The mean length of stay was 11.7 days (range 1-172 days). There were 99 deaths (21% of all admissions) and 67 (14%) of the patients were transferred to other hospitals; the remainder were discharged home.

Reasons for Admission

The diagnostic categories of the admissions are shown in the Table. Chest infection, cerebrovascular accidents (CVAs), back pain, malignancy and cardiac failure together accounted for over half of all admissions. The remainder included a variety of medical and surgical emergencies. The miscellaneous group included patients with nephritis, ulcerative colitis, cirrhosis, myxoedema, cranial arteritis, hypothermia and heart block. Procedures such as chest aspiration and drainage of ascites are also included in this group.

Deaths

Cardiac failure, CVA, cancer and chest infection together accounted for three quarters of the 99 deaths. The mean length of admission for the patients who died was 9.8 days and their mean age was 75 years.

Transfers

Thirty (6.3%) of all admissions were transferred to a DGH. The commonest diagnosis in this group was urinary retention (14), that is the patient was referred for investigation and treatment after catheterization. Other reasons for transfer included anaemia requiring blood transfusion, uncontrolled diabetes with ketonuria, complications of myocardial infarction and conditions requiring operation. Another 28 patients (5.9%) were transferred to long stay geriatric beds and the remainder went to Part III accommodation, a psychiatric hospital and a terminal care unit.

Thirty four patients (7.1%) spent over four weeks in the hospital. Fourteen of these were eventually transferred to long-stay geriatric beds, six died and the remainder comprised mostly CVAs diabetic patients and patients with cancer and skin ulcers.

The Use of the GPH by the Practice

This five doctor practice admitted 125 patients to the GPH. Their mean age was 66.8 years and the average length of stay was about twelve days with a wide range, including one young patient with multiple sclerosis who has been an inpatient for many months. The use of the hospital by this practice for various diagnostic groups is shown in Table II. The major groups of admission were similar to those for the

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Presentation

PONDERAX PACAPS: Prolonged action formulation in hard gelatine capsule, size 3 with clear body and opaque blue cap, printed in black with PX PA 60 containing small white pellets. Each prolonged action capsule contains 60 mg Fenfluramine Hydrochloride B.P. PONDERAX 20 mg: Blue-grey, sugar-coated tablet, containing 20 mg Fenfluramine Hydrochloride B.P. PONDERAX 40 mg: White sugar-coated tablet, containing 40 mg Fenfluramine Hydrochloride B.P.

Uses

1. Obesity. 2. Maturity onset diabetes. For the control of post-prandial hyperglycaemia in maturity onset diabetics who achieve marginal control either with diet alone or diet plus sulphonylureas.

Dosage and Administration

Dosage: (1) Obesity: Adults: 1-2 mg per kg of desirable body weight according to the severity of obesity. PONDERAX PACAPS: The recommended adult daily dose of 60 mg capsules is 1 or 2 capsules taken at the same time, once daily, according to the severity of obesity. When a dosage of 2 capsules is prescribed the dosage for the first and last week of treatment should be 1 capsule daily. PONDERAX 20 mg and PONDERAX 40 mg: The recommended adult dose of PONDERAX tablets is as follows: Severe obesity: (1st week) 20 mg twice a day;

(2nd week) 40 mg twice a day; (maintenance) 40 mg three times a day. Moderate obesity: (1st week) 20 mg twice a day; (maintenance) 40 mg twice a day. Mild obesity: (1st week) 20 mg twice a day; (maintenance) 20 mg three times a day. On stopping treatment the dosage should be gradually reduced. Children: Recommended children's daily dose of PONDERAX tablets: 6-10 years: 20 mg; 10-12 years: 40 mg (in divided doses). This may be increased to 60 mg if the child is grossly obese. A gradual build-up and reduction of dosage is advised. PONDERAX PACAPS: The capsule form is not suitable for children's dosage.

Dosage: (2) Maturity Onset Diabetes: Adults: The dosage must be adjusted to the needs of the individual patient and may vary between 80-120 mg daily, taken either as tablets or PONDERAX PACAPS. PONDERAX may be given together with sulphonylureas. Children: Not applicable. Administration: PONDERAX tablets and PACAPS should be taken orally. PONDERAX tablets should be taken in divided daily doses and PONDERAX PACAPS, because of the slow release of the active constituent, need to be taken only once daily preferably before breakfast. If possible the tablets or capsules should be taken half-an-hour before food.

Contra-indications, Warnings, etc.

Should not be used concomitantly with MAOI's. There should be an interval of three weeks between stopping MAOI's and starting PONDERAX. Care should be exercised when giving PONDERAX to depressed patients or those receiving antidepressant therapy. Following sudden withdrawal on high therapeutic doses of PONDERAX occasional reports of depression, lasting a few days, have been received. The effect may be avoided by a gradual reduction of dosage. PONDERAX may potentiate the action of antihypertensive, antidiabetic and sedative drugs. The dosage of these drugs should be reassessed when PONDERAX is prescribed. In those patients who experience sedation with PONDERAX care

should be taken when driving, working machinery or taking alcohol. It is recommended that PONDERAX is not given concomitantly with other appetite suppressants. There should be an interval of two weeks between stopping any other appetite suppressant and starting PONDERAX to allow for any possible withdrawal symptoms to subside. Although both human and animal studies have demonstrated that there are no harmful effects on the foetus, it is not recommended that PONDERAX be administered during the first trimester of pregnancy unless the physician considers that the benefits outweigh any possible risk.

Side-effects: In some patients looseness of the bowels, mild sedation and giddiness may occur. Nausea and headache have been reported. Side-effects may be avoided by using a gradual build-up of dosage. In other patients the effects are often transient and a temporary reduction of dosage will usually eliminate them. Side-effects only rarely necessitate any interruption of therapy. **Overdosage:** The following symptoms have been reported: dilated pupils, tachycardia, facial flushing, hypertension, agitation, fine tremor, which can progress to vomiting, convulsions, unconsciousness, hyperpyrexia. Depression of respiration, cardiac arrhythmias, ventricular fibrillation and death may occur following very high overdosage.

Action to be taken in the event of overdosage:

i) continuously monitor ECG; ii) use diazepam to control convulsions; iii) reduce hyperthermia; iv) use anti-arrhythmic drugs (e.g. betablockers) to control cardiac tachyarrhythmias.

Pharmaceutical Precautions

Storage: PONDERAX PACAPS should be stored in a cool, dry place.

Legal Category

POM

Package Quantities

PONDERAX PACAPS: Push-through blister strips of 10 capsules. Carton of 60 capsules (6 strips).
PONDERAX 20 mg and PONDERAX 40 mg: Push-through blister strips of 20 tablets. Carton of 100 tablets (5 strips).

Further Information

Although fenfluramine is chemically allied to amphetamine the introduction of a CF₃ group into the molecule alters the pharmacological characteristics of the compound which are evident from its lack of central nervous system stimulation and its lack of abuse or dependence potential. PONDERAX is not a controlled drug under the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 1973.

Basic NHS Cost

PONDERAX PACAPS 60-£7.26.
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hospital as a whole, with chest infections, exacerbation of chronic bronchitis, carcinoma-related problems and terminal care being the most common, although fewer patients with CVAs were admitted. This practice used the hospital for the observation of patients with head injuries and epilepsy relatively frequently and there were few admissions for back pain. Eighteen of the 125 patients (14%) died which is a lower figure than for the hospital as a whole.

When the diagnostic groups are divided according to the admitting doctor, certain interesting differences between GPs emerge. For example, doctor C used the hospital for terminal care very frequently compared with doctors A and B, who have similar list sizes and numbers of elderly patients. One third of doctor D's patients died in hospital but he had no admissions for chest infections or CVAs.

Discussion

This report shows that a GPH relatively remote from the DGH can care for a variety of acutely ill patients. There is evidence that up to one quarter of admissions to DGHs are unnecessary, that is the patients could be as well cared for in a GPH (Evans, 1969; Torrance et al, 1972). Without a GPH, the majority of the patients admitted to Andover would have been taken to the DGH, yet the low transfer rate from the hospital suggests that these cases were appropriately selected. Although the age and sex distribution of the patients reported here is similar to that in other studies (for example Kyle, 1971), the average length of stay of 11.7 days was considerably lower than in most reports and almost half the national average for GPHs of 20.1 days calculated by Cavenagh (1978). This was partly due to the low proportion of admissions for social reasons and would be considerably lower if surgical and maternity cases had been included in the analysis.

The categories of admissions in Andover were similar to those in other series except that fewer patients with abdominal pain were admitted (for example Kyle, 1971) and that back pain represented a major cause of admissions. Most of these patients had acute back pain and were admitted for bed rest and traction. In this way admission to the orthopaedic ward at the DGH was avoided.

Loudon (1973) found marked differences between the proportions of over-65s admitted from one practice to a DGH and a general practitioner hospital (36% and 72% respectively). The figures for Andover are less disparate, with 60% of patients over the age of 65 compared with 42% in the DGH.

The use of the GPH to observe patients following head injury and after drug overdose had not previously been discussed; it may be more appropriate for the latter group to be cared for by their own general practitioner, unless they are severely poisoned, rather than submit them to the "Overdose - would psychiatrist please see?" routine of the DGH (Lancet, 1981). This may be a preferable setting, too, in which confused and disturbed patients can be assessed. Unnecessary, expensive and potentially harmful investigations (McLamb and Huntley, 1967) are likely to be kept to a minimum if only because batteries of screening tests are not expected, and therapy is likely to be simpler and perhaps more appropriate. The support of visiting hospital staff from the DGH is, of course, an important factor in management.

One fifth of the patients died. This means that an understanding of terminal care is important for the staff, but it also means that these patients died close to their homes and where they were accessible to relatives. However, the majority of the patients left hospital and went home; the 40% of the admissions who were under the age of 65 balanced the mortality rate and encouraged a positive attitude towards treatment.

The analysis of the use of the hospital by a single practice is not intended as a paradigm for the use of GPHs but merely demonstrates that admission to the local GPH can be an important part of primary medical care. The 'average' general

Table I

Reason for admission (n=477)

Diagnosis	Number of patients	Per Cent
Chest infections	50	10.5
Cerebrovascular accidents	48	10.0
Back pain	42	8.8
Terminal care of cancer	38	8.0
Cardiac failure	35	7.3
Malignancy	32	6.7
Planned admissions	26	5.5
Head injury & RTA	25	5.2
Ischaemic heart disease	24	5.0
Trauma	15	3.1
Retention of urine	14	2.9
Diabetes	13	2.7
Psychiatric	11	2.3
Urinary tract infections	10	2.1
Abdominal pain	10	2.1
Renal colic	9	1.9
Overdose	8	1.7
Asthma	6	1.3
Epilepsy	6	1.3
Anaemia	5	1.0
Multiple sclerosis	5	1.0
Hypertension	4	0.8
Miscellaneous	41	9.0

Table II

	n	% of total	Dr:	A	B	C	D	E
Chest infection & airways obstruction	25	20		9	5	6	0	5
Carcinoma	17	14		1	3	8	3	2
Ischaemic heart disease	8	6		3	1	0	2	2
Trauma	8	6		0	2	4	0	0
Cardiac failure	6	5		0	2	4	0	0
CVA	6	5		3	1	1	0	1
Back pain	6	5		2	0	2	0	2
Other	49	39		15	14	18	14	3
Total	124	100		33	15	43	19	15

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Presentation

MFV-JECT is available in mono-dose pre-filled syringes and multidose vials. MFV-JECT is Influenza Vaccine BP, purified by zonal ultra-centrifugation and extraction with ether. The strains of influenza virus contained in the vaccine are those currently recommended by the World Health Organization.

Each 0.5 ml dose contains:

A/Philippines 2/82 (H ₃ N ₂)	10 µgHA
A/Brazil 11/78 (H ₁ N ₁)	10 µgHA
B/Singapore 222/79	15 µgHA

and not more than 0.05 mg of thiomersal as preservative.

Uses

Prophylaxis against influenza.

Dosage and Administration

By subcutaneous or intramuscular injection.

Adults and children over 13 years of age:

Single dose, 0.5 ml.

Children under 13 years of age:

Not recommended.
The vaccine should be allowed to reach room temperature before use.

Contra-indications, Warnings, etc.

Contra-indications: Persons known to have sensitivity to egg protein.

Side effects: The incidence of side effects with the vaccine is minimal due to the purification method; however, a transient erythema, tenderness or pain at the site of injection or mild fever may appear within the first 48 hours.

Precautions: The vaccine should be used with caution in patients with a history of allergy.

Overdosage: Not applicable.

Pharmaceutical Precautions

Protect from light and store at 4°C. Do not freeze.

Legal Category

POM.

Package Quantities

Mono dose in pre-filled syringe (0.5 ml) unit dose pack; 10 dose (5 ml) vial; 50 dose (25 ml) vial.

Further Information

Nil.

Basic NHS Cost

0.5ml, £2.75; 5ml, £25.16; 25ml, £118.88

U.K. Product Licence Number

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practitioner might be expected to arrange some 60 - 70 acute medical admissions annually and it would appear that in this practice about a third of these admissions are to the GPH rather than the DGH. It is, of course, difficult to ascertain whether the general practitioner, or indeed the district, hospital is being used as an alternative to domiciliary care of seriously ill patients. Clearly the pattern of use of the hospital reflects the doctors' own interests and expertise as well as the numbers of elderly and chronically ill patients on their medical lists.

There may also be economic advantages to care of the acutely ill in GPHs. DGH care is costly and local calculations indicate a significant saving in terms of the daily cost of inpatients in GPHs compared with the DGH. Although comparative costs are often difficult to calculate, there are other suggestions that GPH care is cheaper (Rickard, 1976; Loudon, 1977). There are also the reduced requirements for ambulance transport, currently almost £2 per patient mile, and the saving to visiting relatives of time and money.

Beyond these local social and financial advantages lie benefits for individual general practitioners and for general practice. Although there are few financial incentives to undertake work in the GPH, it is clear that general practitioners find the work attractive in itself (Evans, 1969; Cavenagh, 1978). They are allowed to practice clinical skills which might otherwise atrophy, and contact with hospital colleagues encourages them to keep knowledge and skills up to date. Indeed, GPH and the health centre together form a natural setting for postgraduate education in general practice. The continued development of GPHs would be of great value both for the community and for the future of general practice.

Acknowledgement

I am grateful to the Editor of the Journal of the Royal College of General Practitioners for permission to reproduce sections of my original paper.

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References

- Cavenagh AJM. Contribution of General Practitioner Hospitals in England and Wales. *British Medical Journal* 1978; 2: 34-36
- Evans EO. New Use for the Smaller Peripheral General Hospital. *Lancet* 1969; 2: 423-424
- Jones RH. Acute Medicine in a General Practitioner Hospital. *Journal of the Royal College of General Practitioners* 1982; 245-247
- Kyle D. Contribution of a General Practitioner Hospital. *British Medical Journal* 1971; 4: 348-351
- Lancet*. "Overdose - will psychiatrist please see?" Editorial 1981; 1: 195-196
- Loudon ISL. General Practitioner Hospitals and the Relationship of General Practice to Hospital Medicine. DM thesis. University of Oxford 1973
- Loudon ISL. The General Practitioner and the Hospital. *Trends in General Practice* Ed Fry J. Pp 83-110 London: British Medical Journal 1979
- McLamb JT, Huntley RR. The Hazards of Hospitalisation. *Southern Medical Journal* 1967; 60: 467-472
- Rickard JH. Cost-effective Analysis of the Oxford Community Hospital Programme. Health services evaluation unit, University of Oxford 1976
- Torrance M, Lawson JAR, Hogg B et al. Acute Admissions to Medical Beds. *Journal of the Royal College of General Practitioners* 1972; 22: 211-219

NURSING SERVICES – GENERAL PRACTITIONER UNITS

First and foremost it is important to recognise that General Practitioner Units are specialised units.

Staffing

There should be one Senior Nurse/Nursing Officer for overall 24 hour services and this Senior Nurse should be able to relate to a Director of Nursing Services for senior management support.

The Director of Nursing Services, in this case, will have management charge of more than one small unit and in some instances as many as six or seven small hospitals grouped together for senior management services.

The nurse/patient ratio should be worked out, not in accordance with national norms but in accordance with the workloads that are practiced within the hospital, bearing in mind if the hospital carries out surgery that the workload can increase and decrease dramatically from day to day. It is, therefore, recommended that the Telford type system should be used for establishing workloads/nursing manpower.

It is important that there should always be a sister in charge 24 hours a day and this sister should have support from trained staff (S.E.N.s/S.R.N.s) and the bulk of the physical care of the patient would be given by nursing auxiliaries. It is important to recognise that the staff turnover, however, is usually low and therefore a high degree of competence could be expected from the nursing auxiliary grades.

Training

With the evolution of the new District Health Authorities there should be a District In-Service Training facility. This should have people in to be responsible for small hospitals. There should be a flow of staff going to district seminars and training sessions, although there should be onsite training, in particular for nursing auxiliaries and night staff. These programmes of training should be on a planned basis. (See Appendix 1).

Extended Role of the Clinical Nurse

For a General Practitioner Unit to function efficiently and dynamically, it is important that all S.R.N.s should be prepared to participate in the Extended Role of the Clinical Nurse in accordance with HC(77)22. The procedures that are included under this heading must be agreed with the senior nurse of the unit and the medical staff. (Appendix 2).

Standards of Care

There are District Health Authority policies and procedures which must be adhered to, although these policies and procedures may contradict local opinion.

Nursing Procedures

There should be an established set of nursing procedures which should be agreed between the school of nursing and the service division.

There should be a constant review of all nursing services, bearing in mind that most general practitioner units and small hospitals will have multi-speciality roles. The basic problem being among the nursing staff, which speciality takes priority i.e. if there is a surgical list it could be possible that the elderly patients cared for in the same ward would receive a lesser standard of care. Efforts should be made to overcome this particular problem.

Relationships

It is important that the nursing staff develop good and meaningful relationships with their medical colleagues both on a formal and informal basis.

Formally, there should be a Medical/Nursing Staff Committee to discuss day to day administrative problems of the hospital. Bearing in mind that there are up to thirty

One tablet daily



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Normalises blood pressure whilst protecting the patient's quality of life.

For prescribing information see overleaf.

Prescribing information

Name of Product

Natrilix tablets (indapamide hemihydrate).

Presentation

Pink biconvex sugar-coated tablets each containing 2.5 mg indapamide hemihydrate.

Uses

For the treatment of hypertension. Natrilix may be used as sole therapy or combined with other antihypertensive agents.

Dosage and Administration

Adults: The dosage is one tablet, containing 2.5 mg indapamide hemihydrate, daily to be taken in the morning. The action of Natrilix is progressive and the reduction in blood pressure may continue and not reach a maximum until several months after the start of therapy. A larger dose than 2.5 mg Natrilix daily is not recommended as there is no appreciable additional antihypertensive effect but a diuretic effect may become apparent. If a single daily tablet of Natrilix does not achieve sufficient reduction in blood pressure, another antihypertensive agent may be added; those which have been used in combination with Natrilix include β -blockers, methyl dopa, clonidine and other adrenergic blocking agents. The co-administration of Natrilix with diuretics which may cause hypokalaemia is not recommended. There is no evidence of rebound hypertension on withdrawal of Natrilix.

Children: There is no experience of the use of this drug in children.

Contra-indications, Warnings, etc.

There are no absolute contra-indications to the use of Natrilix but caution should be exercised when prescribing it in cases of severe renal or hepatic impairment. As with all new drugs, the administration of Natrilix should be avoided during pregnancy although no teratological

effects have been seen in animals. In a very small number of predisposed patients, hypokalaemia has been observed and awareness of this possibility should be borne in mind when prescribing Natrilix. At doses higher than that recommended, Natrilix has a diuretic effect, therefore it is not recommended to prescribe it with a diuretic agent which may cause hypokalaemia. Also, slight weight loss has been reported in some patients taking Natrilix. Reported side effects have included nausea and headache, but they are generally uncommon and mild in nature. Serum urate levels may rise slightly but there is no evidence that glucose tolerance is adversely affected.

Overdosage: Symptoms of overdosage would be those associated with a diuretic effect: electrolyte disturbances, hypotension and muscular weakness. Treatment would be symptomatic, directed at correcting the electrolyte abnormalities and gastric lavage or emesis should be considered.

Pharmaceutical Precautions

Nil.

Legal Category

Available on prescription only.

Package Quantities

Cartons of 30 and 60 tablets (containing respectively 2 and 3 push-through blister strips of 15 and 20 tablets).

Further Information

No interactions have been reported between Natrilix and oral hypoglycaemic agents, anticoagulants, uricosurics and anti-inflammatory agents.

Basic NHS Cost

30 tabs. £6.06, 60 tabs. £11.94.

Product Licence Number

0093/022 POM



Further information is available from:
Servier Laboratories Limited, Fulmer Hall, Windmill Road, Fulmer, Slough SL3 6HH.
Telephone: Fulmer 2744 'Natrilix' is a trademark.

general practitioners serving one hospital, there would need to be a representative of each group practice on this Committee who would be responsible for disseminating information and decisions.

General practitioner hospitals are usually very parochial and there is usually a lot of local support for the hospital. It is important that nurses therefore create good relationships and act as ambassadors at all times.

Industrial Relations

The Director of Nursing Services should provide information to the senior nurse in each hospital on all current legislation, in particular, the Industrial Relations Act, the Grievance Procedure and the Health and Safety at Work Act.

Staff Reviews

Every member of the nursing staff should receive an annual progress report and appraisal. This will assist in producing high nursing standards.

DAVID M. CLIFT

Director of Nursing Services

Peripheral Unit

Tamworth General Hospital

Your help in completing the Hospital Information Updating Form on Page 123 is invaluable to the work of the AGPH. It will ensure that your Hospital's information is accurate and that subsequent editions of the Directory are up-to-date.

ACTION PACK

Since its foundation in 1969, the AGPH has built up a wealth of knowledge and experience of matters relating to smaller community-based hospitals. The problems your Hospital is facing today have probably already been faced by a number of our existing member hospitals in the past. The AGPH is here to share its experience with you to help solve your problems.

An up-to-date "Action Pack" of literature which will be helpful to those hospitals currently facing such situations is available to members from:

Dr. R. H. Jones,
Secretary – AGPH,
Aldermoor Health Centre,
Aldermoor Close,
Southampton, SO1 6ST.

The work of the AGPH is voluntary and its costs are met entirely by membership and other contributions. Help us to help your GP hospital – Fill in the Membership Form and post today.

Associate Membership of the AGPH is open to individuals (doctors, nurses, administrators and friends and others) involved with a GP hospital for just £5 a year. Take a positive step for your Hospital's future – join today.

COMMUNITY HOSPITALS IN THE INNER CITY : THE CHALLENGE OF INTERMEDIATE CARE

Small ward and day units run by community staff in inner city areas differ in their aims and ancestry from their cousins in suburban or country areas. With numbers limited to a few pilot projects and some in the planning stage, this distinction is important for their assessment and expansion. Few could be blamed a few years ago for raising their eyebrows at such plans. Surely city centres are the very places served so well by large hospitals? But the response nowadays has changed. With the deterioration of many features of city life and a shift in the style and strategy of hospital services, a yawning gap has opened up in the health care of our inner cities which makes community hospitals vital.

The background to this lies partly within the community, and partly within the hospitals. In spite of islands of affluence, the predominant medical issues in the inner city are those concerned with impoverishment. Although there are individual differences, inner city areas have shared characteristics of environmental decay, low income and isolation that profoundly affect the health and health care of those that live there. The problems are well known, but worth re-stating. Housing stock is either old, with families or groups crowded into unsuitably converted buildings with shared facilities, or more modern high rise, which isolates single parent families or elderly on high floors and leaves the ground the territory of cars or street criminals. Many householders are single or live alone, whether young people looking for jobs in the city, students or middle aged and elderly whose families have left home or whose partner has died. For many of those, family connections and support are remote and neighbours still strangers. This isolation is compounded by declining standards of public transport, and fear of street violence. Earnings are low, expenditure is high. It is cheap cuts in the high street, and major cuts in the Town Hall. Health statistics reflect these problems. Accidents, serious respiratory disease, suicide and mental illness are common. There are high rates of illegitimacy, abortion, one parent families and children in care. Non accidental injury is a constant worry. The immobile elderly become ill unnoticed and alone.

Many of the most ancient foundations of hospitals within cities were a response to just such problems of poverty and ill health in previous centuries. They often spawned small hospitals to look after the needs of special groups, such as women, children or seamen. These smaller hospitals often related closely to the community, and took on a clear role in primary care at every level. This may, paradoxically, have helped to weaken the local community services, which were already poorly regarded and financed relative to the old and powerful district teaching hospital. With increasing costs and cuts, these smaller hospitals fare badly in rationalisation, and most are being taken over and closed. The large central hospital, increasingly staffed as a super-specialist centre with regional as well as district or locality responsibilities, can subsume some of specialist functions but none of the community ones. A gap in care is thus appearing, compounded by the disappearance of the general physician, and the weakening of social service departments. General practitioners in the cities are now faced with increasing involvement in the care of important conditions with which they were well trained to cope, but without the help of hospital or family nursing, and with their own skills steadily eroded by the pressure of psychosocial problems that understandably has come to demand so much of their time. District services likewise are hard pressed. All these workers may, like the people they serve, be isolated, poorly equipped and elderly or immobile. Elsewhere, lay help and pressure might respond to fill some of these gaps. But paradoxically desperately needed housing renewal may have destroyed neighbourhoods and weakened community initiative :

Long-term weight reduction.



PONDERAX® PACAPS

fenfluramine

The only non-stimulant anti obesity preparation.

For prescribing information see overleaf.

Prescribing information

Presentation

PONDERAX PACAPS: Prolonged action formulation in hard gelatine capsule, size 3 with clear body and opaque blue cap, printed in black with PX PA 60 containing small white pellets. Each prolonged action capsule contains 60 mg Fenfluramine Hydrochloride B.P. PONDERAX 20 mg: Blue-grey, sugar-coated tablet, containing 20 mg Fenfluramine Hydrochloride B.P. PONDERAX 40 mg: White sugar-coated tablet, containing 40 mg Fenfluramine Hydrochloride B.P.

Uses

1. Obesity. **2. Maturity onset diabetes.** For the control of post-prandial hyperglycaemia in maturity onset diabetics who achieve marginal control either with diet alone or diet plus sulphonylureas.

Dosage and Administration

Dosage: (1) Obesity: Adults: 1-2 mg per kg of desirable body weight according to the severity of obesity. PONDERAX PACAPS: The recommended adult daily dose of 60 mg capsules is 1 or 2 capsules taken at the same time, once daily, according to the severity of obesity. When a dosage of 2 capsules is prescribed the dosage for the first and last week of treatment should be 1 capsule daily. PONDERAX 20 mg and PONDERAX 40 mg: The recommended adult dose of PONDERAX tablets is as follows: Severe obesity: [1st week] 20 mg twice a day; [2nd week] 40 mg twice a day; [maintenance] 40 mg three times a day. Moderate obesity: [1st week] 20 mg twice a day; [maintenance] 40 mg twice a day. Mild obesity: [1st week] 20 mg twice a day; [maintenance] 20 mg three times a day. On stopping treatment the dosage should be gradually reduced. Children: Recommended children's daily dose of PONDERAX tablets. 6-10 years: 20 mg. 10-12 years: 40 mg (in divided doses). This may be increased to 60 mg if the child is grossly obese. A gradual build-up and reduction of dosage is advised. PONDERAX PACAPS: The capsule form is not suitable for children's dosage.

Dosage: (2) Maturity Onset Diabetes: Adults: The dosage must be adjusted to the needs of the individual patient and may vary between 80-120 mg daily, taken either as tablets or PONDERAX PACAPS. PONDERAX may be given together with sulphonylureas. Children: Not applicable. Administration: PONDERAX tablets and PACAPS should be taken orally. PONDERAX tablets should be taken in divided daily doses and PONDERAX PACAPS, because of the slow release of the active constituent, need to be taken only once daily preferably before breakfast. If possible the tablets or capsules should be taken half-an-hour before food.

Contra-indications, Warnings, etc.

Should not be used concomitantly with MAOI's. There should be an interval of three weeks between stopping MAOI's and starting PONDERAX. Care should be exercised when giving PONDERAX to depressed patients or those receiving antidepressant therapy. Following sudden withdrawal on high therapeutic doses of PONDERAX occasional reports of depression, lasting a few days, have been received. The effect may be avoided by a gradual reduction of dosage. PONDERAX may potentiate the action of antihypertensive, antidiabetic and sedative drugs. The dosage of these drugs should be reassessed when PONDERAX is prescribed. In those patients who experience sedation with PONDERAX care

should be taken when driving, working machinery or taking alcohol. It is recommended that PONDERAX is not given concomitantly with other appetite suppressants. There should be an interval of two weeks between stopping any other appetite suppressant and starting PONDERAX to allow for any possible withdrawal symptoms to subside. Although both human and animal studies have demonstrated that there are no harmful effects on the foetus, it is not recommended that PONDERAX be administered during the first trimester of pregnancy unless the physician considers that the benefits outweigh any possible risk. **Side-effects:** In some patients looseness of the bowels, mild sedation and giddiness may occur. Nausea and headache have been reported. Side-effects may be avoided by using a gradual build-up of dosage, in other patients the effects are often transient and a temporary reduction of dosage will usually eliminate them. Side-effects only rarely necessitate any interruption of therapy. **Overdosage:** The following symptoms have been reported: dilated pupils, tachycardia, facial flushing, hypertension, agitation, fine tremor, which can progress to vomiting, convulsions, unconsciousness, hyperpyrexia. Depression of respiration, cardiac arrhythmias, ventricular fibrillation and death may occur following very high overdosage.

Action to be taken in the event of overdosage:

i) continuously monitor ECG; ii) use diazepam to control convulsions; iii) reduce hyperthermia; iv) use anti-arrhythmic drugs (e.g. betablockers) to control cardiac tachyarrhythmias.

Pharmaceutical Precautions

Storage: PONDERAX PACAPS should be stored in a cool, dry place.

Legal Category

POM

Package Quantities

PONDERAX PACAPS: Push-through blister strips of 10 capsules. Carton of 60 capsules (6 strips). PONDERAX 20 mg and PONDERAX 40 mg: Push-through blister strips of 20 tablets. Carton of 100 tablets (5 strips).

Further Information

Although fenfluramine is chemically allied to amphetamine the introduction of a CF₃ group into the molecule alters the pharmacological characteristics of the compound which are evident from its lack of central nervous system stimulation and its lack of abuse or dependence potential. PONDERAX is not a controlled drug under the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 1973.

Basic NHS Cost

PONDERAX PACAPS 60-£7.26.
PONDERAX 20 mg 100-£3.41.
PONDERAX 40 mg 100-£6.80.

Product Licence Numbers

PONDERAX PACAPS 009350013
PONDERAX 20 mg 0093/5004
PONDERAX 40 mg 0093/0026



Further information is available from:
Servier Laboratories Limited, Fulmer Hall, Windmill Road, Fulmer, Slough SL3 6HH.
Telephone: Fulmer 2744 'Ponderax' is a trademark.

"when you get there, there's no 'there' there". If general practice does not respond, it is hard to see who will.

This background helps to define the aims of inner city community hospitals. There is no competition with specialist units or justification of distance for providing any alternative care in, for instance, obstetrics. Here it is either home or specialist hospital. Likewise, accident work and surgery beyond the scope of the practice belong to the D.G.H. The role for community hospitals here is in the immediate aftercare and rehabilitation of orthopaedic and surgical cases, young and old, relieving pressure on precious acute beds. Likewise, acute medical problems, such as chest infections or stroke which are well within practitioners medical skills need no longer take up specialist beds for lack of twenty-four hour home nursing. Terminal care of malignant and non-malignant conditions need no longer fall between local specialist units and the more distant hospice. Pressure on geriatric and long stay beds may be relieved by careful rotation schemes between home and community hospital.

The importance of such units does not end with the individual patient however. Perhaps even more important is its power to reverse the isolation of community health workers from each other and from the hospitals, and provide an educational link between community groups, practices, district services and interested specialists. They will have a major role in providing a more balanced education for nurses, medical students and paramedical workers. Not enough work has been done yet to evaluate these plans, and a major challenge exists to prove their worth and to provide management structures that will best give coherence to the schemes that exist or are in the planning state. But no short-term financial panic or misunderstood rivalries should divert our attention from the potential of community hospitals in inner cities. It is intermediate care, or chronic crisis.

ROGER HIGGS, MA, MB, BChir, MRCP

Director of General Practice Studies,

King's College Hospital Medical School, London.

Remember! A strong membership means a strong Association – support your GP hospital by joining the AGPH now! Membership Application Form on Page 121.

Is your Hospital a registered member hospital of the AGPH? The Association now has more than 400 member hospitals together with many individual and corporate associate members. Help the AGPH to secure your Hospital's future by joining today.

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G.P./COMMUNITY HOSPITALS: TWO POINTS OF VIEW

The Lichfield and Tamworth localities of SE Staffordshire are the urban centres of a widespread rural area.

Over the past 10 years or so the population has increased by 14% to about 160,000 whilst the population of adjacent Birmingham has dropped 8½%.

Tamworth is designated an expanding town with large, impersonal, peripheral estates housing relatively young families from the Birmingham conurbation who miss the support of the extended family. Lichfield district, with the cathedral City at its core, is developing only slightly less rapidly, gradually changing from its historic market, theological and mining background to a more industrialised and commercial setting but, still, a dormitory area to the West Midlands.

7% and 18% of the population are, respectively, in the 0-4 and 5-15 years range and many necessary services have either been late in coming or have yet to arrive.

For many years the area has relied on DGH facilities in Birmingham, Walsall, Burton and Stafford all posing problems of access. On the RAWP formula the SE Staffs area is 15% below target. So we are fortunate in having both the facilities and GPs to make effective use of 5 hospitals – 2 in Tamworth and 3 in Lichfield district – having a total of 387 beds which comprise:–

- 268 long stay for the elderly;
- 98 acute;
- 12 obstetric/maternity;
- 6 for children and
- 3 for the young chronic sick

In addition, each of the 2 acute units has an operating theatre; X-ray, minor accident/emergency facility and OP sessions. In 1982 at these 2 units there were some 2300 theatre admissions and 45,000 accident/emergency attendances. There is Consultant involvement for elderly admissions at the 2 geriatric units whilst the fifth hospital – classified "GP acute" but presently tending toward the older, longer-stay patient – is wholly GP managed; however, much of the day-to-day management of patients in the five hospitals is in the hands of 55 GPs directly or as clinical assistants.

Members of the SE Staffs Community Health Council have consistently supported the continuation and enhancement of GP participation in hospital care.

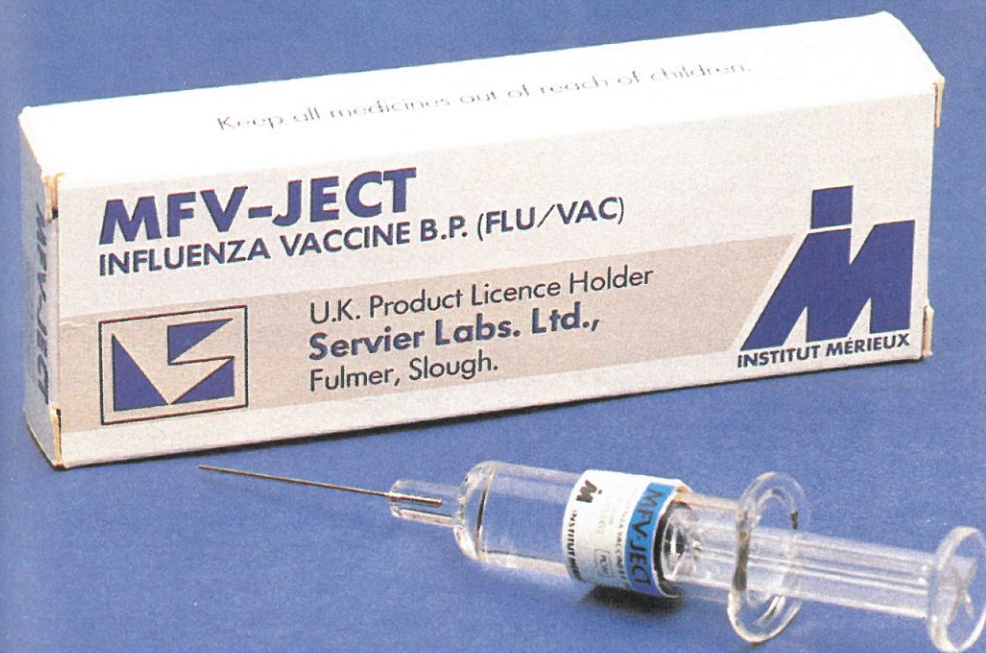
COSTS are an important factor but it would be inappropriate for a CHC to base its support wholly on that factor. For example, observation, investigation and convalescence, are probably cheaper in a GP unit but the complexity and juggling of financial statistics precludes realistic comparison with DGH costs. We are more concerned with the costs to patients and visitors and access to a local GP unit is clearly to their advantage and convenience.

The second patient factor is **CONFIDENCE**. A patient less worried about admission is easier to treat; they are likely to have known the GP unit for a large part of their lives by having had relatives as patients; by visiting; from local social events or having had the opportunity to become directly involved in the life of "their" local hospital as fund raisers or volunteers; they are more likely to know members of staff and are in familiar surroundings . . . "Anyway, it's not far away; patients don't stay in for long and Dr. Brown has asked me if I would like to go in so that he can keep an eye on me and . . ." The third factor is **CARE** – caring care dispensed with time, inclination; socialisation in a setting which does not have the urgency and bustle of a DGH.

This is not to say that DGH staff do not care but surely its intimacy is mutually easier to come by in the smaller unit – G.P. or D.G.H.? M.A.S.H. or A.M.I.?

MFV-JECT[®] INFLUENZA VACCINE B.P.

Proven safety and protection for your at-risk patients



Simple and convenient to use

This year . . .

Prescribe **MFV-JECT[®]** by name

For prescribing information see overleaf.

Prescribing information

Name of Product

MFV-JECT[®]
MERIEUX INFLUENZA VACCINE
Influenza Vaccine B.P.

Presentation

MFV-JECT is available in mono-dose pre-filled syringes and multidose vials. MFV-JECT is Influenza Vaccine BP, purified by zonal ultra-centrifugation and extraction with ether. The strains of influenza virus contained in the vaccine are those currently recommended by the World Health Organization.

Each 0.5 ml dose contains:

A/Philippines 2/82 (H ₃ N ₂)	10 µgHA
A/Brazil 11/78 (H ₁ N ₁)	10 µgHA
B/Singapore 222/79	15 µgHA

and not more than 0.05 mg of thiomersal as preservative.

Uses

Prophylaxis against influenza.

Dosage and Administration

By subcutaneous or intramuscular injection.

Adults and children over 13 years of age:

Single dose, 0.5 ml.

Children under 13 years of age:

Not recommended.
The vaccine should be allowed to reach room temperature before use.

Contra-indications, Warnings, etc.

Contra-indications: Persons known to have sensitivity to egg protein.

Side effects: The incidence of side effects with the vaccine is minimal due to the purification method; however, a transient erythema, tenderness or pain at the site of injection or mild fever may appear within the first 48 hours.

Precautions: The vaccine should be used with caution in patients with a history of allergy.

Overdosage: Not applicable.

Pharmaceutical Precautions

Protect from light and store at 4°C. Do not freeze.

Legal Category

POM.

Package Quantities

Mono dose in pre-filled syringe (0.5 ml) unit dose pack; 10 dose (5 ml) vial; 50 dose (25 ml) vial.

Further Information

Nil.

Basic NHS Cost

0.5 ml, £2.75; 5 ml, £25.16; 25 ml, £118.88

U.K. Product Licence Number

0093/0033



Further information is available from:
Servier Laboratories Limited, Fulmer Hall, Windmill Road, Fulmer, Slough SL3 6HH.
Telephone: Fulmer 2744 'MFV-JECT' is a trademark.

Finally we have **CONTINUITY** – the “commercial break” for the GP unit. In a contribution to the SE Staffs CHC Annual Report a GP referred to the need to pollinate the professions of GP and Consultant (rubbing beds together, he called it) and asked why, when patients need their GP most, he is obliged to abandon them to the trust of total strangers to whom they will repeat a history and by whom they will undergo often intimate examinations many times over. The happy medium between total abandonment and GP access to DGH beds is, we suggest, the continuity of care available from the GP in GP and Community hospitals. We recognise that all GPs are not able or suited to fully participate but where they are we know that we have GP's whose horizons go beyond the surgery desk and whose knowledge and skills are both maintained and improved. We also know, often from personal experience, that care and treatment are more readily available and accessible to patients whose GP can arrange admission on his own direction. He has special knowledge of his patient's families and environment, denied to DGH staff; he has a more intimate knowledge of local community support services, a directness which gives him more muscle in their enlistment.

The eventual development of a new DGH for Lichfield and Tamworth should not remove GP participation as 3 of the 5 hospitals will remain with the prospect of GPs caring continuously for some acute, elderly and post natal patients.

Sandwell, 10 miles to the south west of Lichfield/Tamworth, through a narrow but protective green belt into the black country and West Midlands conurbation, presents a contrasting picture of care, needs and GP participation.

Sandwell Metropolitan Borough, on the north-west boundary of Birmingham, was created in 1974 by the amalgamation of the county boroughs of Warley (Smethwick and Oldbury) and West Bromwich. It has a density of 36 persons per hectare and a population of 310,000 in communities which retain a traditionally strong local identity.

The 1981 Census indicated a total of 29,400 residents aged between 65-74 years and 16,200 aged 75; the latter group is projected to increase to almost 20,000 by 1988. Over one half of households have no car available. Transport systems cross administrative boundaries, and in consequence residents in the south west and south east of the Borough have traditionally looked to Dudley and Birmingham for hospital services. This is particularly true for the elderly, Sandwell hospitals provide a geriatric service for about 60% of its population.

Developments in the hospital services have been dominated by the planning and construction of the new DGH on the site of the Hallam Hospital, West Bromwich. The development includes an impressive range of services but the population served is, in the main, that traditionally covered by the former West Bromwich HMC. Although the former Warley County Borough Council consistently petitioned the former RHB to develop hospital services within that Borough, the one hospital there provides specialist services in Neurology and Neurosurgery.

Members of Sandwell CHC have consistently argued that the absence of GP beds has contributed to Sandwell's deprived health status. In addition to pressing for Community Hospitals in south Sandwell, they have argued the case for a General Practitioner Ward in West Bromwich. Accessibility for patients and visitors, local loyalty, improved morale among both the Nursing and Medical Staff and an aid to the recruitment of younger General Practitioners to the area, are all features of a GP hospital facility. CHC members are aware that patients and their relatives do appreciate the continuity of care achieved by their own Doctor in the ward environment.

Above all else, provision of local services will strengthen the roles of the general

practitioner and community services, and help to overcome the problems associated with discharge from hospital. Since the GP knows the home circumstances and decides when a patient is to be discharged, it is much easier to mobilise local resources to take over again in the patient's home, in consultation not only with the Primary Care Team but with the patient's relatives as well.

For a long time there has been local recognition of the need for a Community Hospital in the south western part of Sandwell. The 60,000 population which would conveniently look to this hospital at Rowley Regis is contained within a defined geographical area from the boundary with Dudley to the M5 Motorway and the dual-carriageway Birmingham/Wolverhampton New Road. In 1976 the West Midlands RHA supported the proposal in principle but by 1978 Sandwell GPs were expressing concern about "delaying tactics" by the RHA, a proposed site having been lost. Included in the 1979 Strategic Plans with a tentative starting date during 1983/84, the scheme has now been put back to 1987 or beyond. By that time the GPs involved in the initial proposal will be retired.

Meanwhile, the Health Authority will continue to pay for providing ambulances to take patients to district hospitals; short stay/holiday relief patients will continue to be admitted to beds designated for rehabilitation whilst patients and visitors will have to travel to hospitals outside the Borough. The consultative document "Patients First" put forward the view that the needs of patients must be paramount, a later paper suggested the need to reconsider the balance between concentration of services and convenience for patients and staff. Members of the CHC will continue the fight to convince NHS planners that community hospitals must form part of a comprehensive hospital service.

JIM SMY Secretary to Sandwell Community Health Council
TED ASHLEY Secretary to SE Staffs Community Health Council

Your GP hospital – helping to put extra caring into community care.

MAIN AIMS AND FUNCTIONS OF THE AGPH

- To defend GP Hospitals from unnecessary threats of closure or changes of role.
- To give help and advice to members in furthering the interests of GP Hospitals.
- To ensure satisfactory terms and conditions of service for those involved in GP Hospital work.
- To work towards developing the range and continuing improvement of services provided by GP Hospitals.
- To gather and disseminate information on all aspects of work carried out in GP Hospitals.
- To demonstrate the cost-effectiveness of patient care provided by doctors, nurses and others in GP Hospitals.
- To promote, assist and co-ordinate medical teaching and research in GP Hospitals.
- To foster and develop strong links between the Association, Member Hospitals and the communities which they serve.
- To work with the Royal Colleges in evaluating, maintaining and improving standards of care within GP Hospitals.

THE ADMINISTRATIVE VIEWPOINT

Each General Practitioner hospital is like an individual. A most amazing mixture of strength and weakness which taken together builds up over a number of years to a unique identity.

The strong points of G.P. Hospitals may be summarised as:-

1. Each one is loved and cared for by its local community. A very great deal of voluntary time and money is devoted to it.
2. It provides continuity of care. The patient knows the G.P., who will be providing medical care and very often will know some of the nurses. Care in the home, surgery or hospital will have at its centre the family doctor.
3. It is a local hospital. This makes it easier for friends, relations and neighbours to visit in turn supporting the patient.

The weaker points of G.P. Hospitals may include:-

1. Being built some decades ago and now beginning to show the weight of the years. In very many cases, however, the use of voluntary and state funds have brought significant upgradings and improvements.
2. The allocation of funds and staff between the large District General Hospital and the G.P. Hospitals has not always been fair.

A decade ago many small hospitals were threatened with closure. The tenacity and ferociousness with which many G.P.'s fought for them has created a change in public opinion. Today the value of the co-ordinated local care is more highly regarded.

What does the future hold for G.P. Hospitals? In 1982 the National Health Service was re-organised. The Secretary of State said, when explaining the new system, "our success will depend upon the extent to which decisions are taken in future by those who are close and most responsive to the needs of patients and the community." It is intended, therefore, that decisions should be made by those closest to the patients. The great success of G.P. Hospitals has always been due to the ability of the local G.P. to decide when to admit a patient and the sort of treatment the patient should have. The new form of the N.H.S. should then be of considerable help in strengthening the local power to make sensible decisions. Each hospital or small hospital is to have its own managing body. There is provision for a G.P. to be a member of that body. Thus, at the point where decisions about the allocation of funds are made there should be a family doctor.

A change in public attitudes towards health matters can be detected. People are out jogging, many thousands are joining clubs whose aim is to avoid obesity and anti-smoking clinics are well attended. The family doctors working in surgery, hospital and community should benefit from this real concern to avoid disease by following a healthy life style, to cure where possible, and to reduce and minimise its effects where necessary.

Perhaps the real risk to the future of G.P. Hospitals lies in the ever increasing new technology and the need to use expensive equipment intensively. This tends to involve the expansion of large acute District General Hospitals and the removal of some services from G.P. Hospitals. In some instances this is a sensible and necessary development, but it is important that the local doctors are satisfied each such movement is genuinely to the benefit of their patients and not just another centralisation of technology for its own sake.

When all is said and done the development of G.P. Hospitals will continue to be subjected to pressures as it has for many decades past. The true safeguard in the future, as now, lies in the close welding of the hospital within the community. Friends

of each hospital, caring doctors, compassionate nurses, willing cleaners, dedicated engineers all living in the neighbourhood. These are the people who join in partnership with the patients to give G.P. Hospitals the treasured place in the Health Service which they deserve. Their future is assured for so long as that spirit of co-operation is nurtured and safeguarded.

JOHN YATES,
Unit Administrator,
Gloucester & District Community Unit

Associate Membership of the AGPH is open to individuals (doctors, nurses, administrators and friends and others) involved with a GP hospital for just £5 a year. Take a positive step for your Hospital's future – join today.

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Is your Hospital a registered member hospital of the AGPH? The Association now has more than 400 member hospitals together with many individual and corporate associate members. Help the AGPH to secure your Hospital's future by joining today.

METHODS OF PAYMENT FOR GENERAL PRACTITIONERS WORKING IN GP AND COMMUNITY HOSPITALS

The size and scope of General Practitioner Hospitals varies enormously so that each individual hospital is unique both in the services it provides and in the organization of its medical staff. The essential element of all GP Hospitals is that some of the beds should be under the control of the GP staff members who decide on medical policy. In most units, GPs control all of the beds but in a number there are also consultant beds (most commonly geriatric or surgical) with local GPs providing day to day cover as members of the consultant team.

Until 1979 the traditional method of payment for all GP services provided in GP hospitals was the Staff Fund, more commonly known as the Bed Fund. The Fund was calculated on the total number of occupied beds in the hospital in any year and was deemed to compensate GPs for caring for patients, both inpatients and casualties, who were not on their registered list of patients for general medical services. All registered patients were deemed to be covered by payments from the Executive Council (later FPC).

The income derived from Staff Fund sources was derisory and after intense pressure by the GMSC the DHSS were persuaded to introduce a new method of payment to apply to all General Practitioner Hospitals. This was set out in Circular HC(PC)(79)5 issued in August 1979 on "Pay and Conditions for General Practitioners working in Hospitals". This changed the whole concept of payments acknowledging that "a general practitioner will not be remunerated under the general medical services in respect of treatment given to a patient on his list or that of his partners in hospital under these arrangements . . ."

The new Circular recognised that payments into the Staff Fund will be solely in respect of inpatient care and will be more closely related to the work load involved. A new and separate Staff Fund was introduced as payments for casualty services provided. This Casualty Staff Fund recognises both the provision of an on-call service and the actual medical work undertaken. The distribution of both Staff Funds is decided in accordance with the wishes of the individual Medical Staff Committee of each hospital.

The Inpatient Staff Fund recognises that in hospitals with a high rate of admission and discharge, where beds are reserved for surgical cases or where beds are used on a day case basis, the work load is likely to be high but the percentage bed occupancy lower. Accordingly, where a level of 70% bed occupancy is achieved the Staff Fund is calculated on the total number of *available* beds. In units with a level of bed occupancy lower than 70% the average number of occupied beds is multiplied by a factor of 1.2 in calculating the Staff Fund.

The current rate of payment for inpatient work is £217 a year per eligible bed and this figure is updated annually by the doctors and dentists Review Body.

For the provision of casualty services the very smallest units are paid on an item of service basis of £7.50 per new case up to a maximum of 200 new cases per year with discretion to increase this by a further 15 new cases.

For all other departments a flat rate payment is made to recognise on-call responsibilities depending upon whether the employing authority wishes the department to be open for twenty-four hours a day, seven days a week, or twelve hours a day or for less. In addition a further sum is paid reflecting the actual clinical work required to provide the casualty service. The number of sessions to cover the clinical work is agreed on a local basis taking account of the organization of work in the department, the average time taken to treat new cases (including re-attendances),

the type of case normally dealt with and making allowance for travelling time and the fact that there is no provision for leave. There is an upper limit on the number of sessions allowed for clinical work of 18 per week for a twenty-four hour service and 9 for a twelve hour or less service though there is provision for an increase in this maximum providing that the Department of Health considers that this is necessary.

The current level of payments for casualty work is £2670 a year for provision of a twenty-four hours a day service or £1335 a year for provision of a twelve hours a day service or £955 a year for provision of a twelve hours a day service on Mondays to Fridays only. In addition there is a payment of £1520 a year per weekly notional half-day session with corresponding reductions for partial sessions. These figures are also updated annually by the doctors and dentists Review Body.

In addition to general practitioner beds a number of GP and Community Hospitals also contain beds under the control of consultants, mainly geriatric or surgical. Day to day cover is usually provided by individual GPs working as members of the consultant team and paid as either Clinical Assistants or Hospital Practitioners.

P. J. ENOCH, MB., BS., MRCGP., DObstRCOG.
General Practitioner, Ilkeston, Derbyshire.

Is your Hospital a registered member hospital of the AGPH? The Association now has more than 400 member hospitals together with many individual and corporate associate members. Help the AGPH to secure your Hospital's future by joining today.

Associate Membership of the AGPH is open to individuals (doctors, nurses, administrators and friends and others) involved with a GP hospital for just £5 a year.

The work of the AGPH is voluntary and its costs are met entirely by membership and other contributions. Help us to help your GP hospital – Fill in the Membership Form and post today.

ACTION PACK

Since its foundation in 1969, the AGPH has built up a wealth of knowledge and experience of matters relating to smaller community-based hospitals. The problems your Hospital is facing today have probably already been faced by a number of our existing member hospitals in the past. The AGPH is here to share its experience with you to help solve your problems.

An up-to-date "Action Pack" of literature based on individual hospitals' experience is available from the Secretary, Dr. R. Jones, Aldermoor Health Centre, Aldermoor Close, Southampton, SO1 6ST on request.

The AGPH – working for you and your local GP hospital.

One tablet daily



NATRILIX[®]

indapamide

Normalises blood pressure whilst protecting the patient's quality of life.

For prescribing information see overleaf.

Prescribing information

Name of Product

Natrilix tablets (indapamide hemihydrate).

Presentation

Pink biconvex sugar-coated tablets each containing 2.5 mg indapamide hemihydrate.

Uses

For the treatment of hypertension. Natrilix may be used as sole therapy or combined with other antihypertensive agents.

Dosage and Administration

Adults: The dosage is one tablet, containing 2.5 mg indapamide hemihydrate, daily to be taken in the morning. The action of Natrilix is progressive and the reduction in blood pressure may continue and not reach a maximum until several months after the start of therapy. A larger dose than 2.5 mg Natrilix daily is not recommended as there is no appreciable additional antihypertensive effect but a diuretic effect may become apparent. If a single daily tablet of Natrilix does not achieve sufficient reduction in blood pressure, another antihypertensive agent may be added; those which have been used in combination with Natrilix include β -blockers, methyl dopa, clonidine and other adrenergic blocking agents. The co-administration of Natrilix with diuretics which may cause hypokalaemia is not recommended. There is no evidence of rebound hypertension on withdrawal of Natrilix.

Children: There is no experience of the use of this drug in children.

Contra-indications, Warnings, etc.

There are no absolute contra-indications to the use of Natrilix but caution should be exercised when prescribing it in cases of severe renal or hepatic impairment. As with all new drugs, the administration of Natrilix should be avoided during pregnancy although no teratological

effects have been seen in animals. In a very small number of predisposed patients, hypokalaemia has been observed and awareness of this possibility should be borne in mind when prescribing Natrilix. At doses higher than that recommended, Natrilix has a diuretic effect, therefore it is not recommended to prescribe it with a diuretic agent which may cause hypokalaemia. Also, slight weight loss has been reported in some patients taking Natrilix. Reported side effects have included nausea and headache, but they are generally uncommon and mild in nature. Serum urate levels may rise slightly but there is no evidence that glucose tolerance is adversely affected.

Overdosage: Symptoms of overdosage would be those associated with a diuretic effect: electrolyte disturbances, hypotension and muscular weakness. Treatment would be symptomatic, directed at correcting the electrolyte abnormalities and gastric lavage or emesis should be considered.

Pharmaceutical Precautions

Nil.

Legal Category

Available on prescription only.

Package Quantities

Cartons of 30 and 60 tablets (containing respectively 2 and 3 push-through blister strips of 15 and 20 tablets).

Further Information

No interactions have been reported between Natrilix and oral hypoglycaemic agents, anticoagulants, uricosurics and anti-inflammatory agents.

Basic NHS Cost

30 tabs. £6.06, 60 tabs. £11.94.

Product Licence Number

0093/022 POM



Further information is available from:
Servier Laboratories Limited, Fulmer Hall, Windmill Road, Fulmer, Slough SL3 6HH.
Telephone: Fulmer 2744 'Natrilix' is a trademark.

GUIDANCE FOR THE PROTECTION OF GP HOSPITALS

The case for retention of a hospital must be strong and substantiated by *accurate information*. The hospital must be shown to contribute to the general health care of the district in a way that complements the more specialised work of the District General Hospital. Where standards of care are thought to be better in the G.P. Hospital they should be pointed out, but not in a way that is derogatory of the work done at the District General Hospital.

Try to assess what the closure of the G.P. Hospital would mean in real terms, especially the finding of beds elsewhere, the provision of Out-patient facilities, including X-rays and physiotherapy, the staffing of the alternative beds and ancillary departments and the cost in terms of transport and time off work for patients and their relatives. *Statistics* on patients, beds and clinical activity and resource use are available from the district planning department.

It is essential to anticipate, and some simple committee structures to review resources and activities are invaluable. The managerial structure imposed by the Griffiths Report means that the role of a multi-disciplinary team within the hospital, which meets regularly, will be paramount. Only in this way will the District Manager be assured of concerted and up-to-date clinical expert opinion.

Where possible forecasts for the future role of the G.P. Hospital should be as good or better than that it plays at present. This implies the *discovery of deficiencies* and their open recognition, especially where there is reasonable hope that the cost of improvements will be met by the local community on a voluntary basis. These improvements can range from overdue repairs to the structure of the building to the re-equipping of an X-ray department.

It is wise to *counter-attack* as soon as this information can be gleaned and to push with substantial arguments. Your allies will be the local press, perhaps the national press and other media, especially if there is collective resistance between several hospitals. *Make sure that any briefing of your M.P. is well researched, concise and to the point.*

Support may be forthcoming from local government and associations such as the Women's Institute or Townswomen's Guild, and the Community Health Council. We have found that the majority of CHC's are in favour of small local hospitals wherever practicable.

You may also consider the gathering of signatures for a petition. There is no doubt that the louder the outcry the more effective it is, especially when sustained.

The advantages of local care for all cases not requiring sophisticated investigation or treatment should be stressed. There is general acceptance that some 40% - 60% of all 'hospital' cases fall in this category and can equally well be cared for by G.P.'s acting in collaboration where necessary, with visiting specialists.

There is also ample evidence that the small local hospital offers scope for many part-timers in nursing, radiography, physiotherapy and other services, and that the majority of these part-timers would not or could not work at the District General Hospital. Without a local hospital the contribution of the latter would be lost.

Local support and interest can be quite remarkable and (perhaps illogically) remains the biggest weapon against closure, but it *must be based on realism*. The potential value of G.P. Hospitals has now been accepted by the D.H.S.S. with the policy of encouraging Community Hospitals. The act of closure of a G.P. Hospital is one of destruction, with the loss of buildings, site, professional expertise and local goodwill which could be extremely difficult to re-gain should the decision later be regretted by those who made it.

Remember – Kenneth Clarke, Minister of Health, is on record as saying that “no hospital should be closed purely on financial grounds”.

R. M. EMRYS-ROBERTS

ACTION PACK

Threats of closure or change of role have become more frequent of late.

An **up-to-date** “Action Pack” of literature which will be helpful to those hospitals currently facing such situations is available to members from:

**Dr. R. H. Jones,
Secretary – AGPH,
Aldermoor Health Centre,
Aldermoor Close,
Southampton, SO1 6ST.**

The AGPH – working for you and your local GP hospital.

MAIN AIMS AND FUNCTIONS OF THE AGPH

- To defend GP Hospitals from unnecessary threats of closure or changes of role.
- To give help and advice to members in furthering the interests of GP Hospitals.
- To ensure satisfactory terms and conditions of service for those involved in GP Hospital work.
- To work towards developing the range and continuing improvement of services provided by GP Hospitals.
- To gather and disseminate information on all aspects of work carried out in GP Hospitals.
- To demonstrate the cost-effectiveness of patient care provided by doctors, nurses and others in GP Hospitals.
- To promote, assist and co-ordinate medical teaching and research in GP Hospitals.
- To foster and develop strong links between the Association, Member Hospitals and the communities which they serve.
- To work with the Royal Colleges in evaluating, maintaining and improving standards of care within GP Hospitals.

Remember! A strong membership means a strong Association – support your GP hospital by joining the AGPH now! Membership Application Form on Page 121.



DIRECTORY

Your help in completing the Hospital Information Updating Form on Page 123 is invaluable to the work of the AGPH. It will ensure that your Hospital's information is accurate and that subsequent editions of the Directory are up-to-date.

Your GP hospital – helping to put extra caring into community care.

GENERAL PRACTITIONER HOSPITALS ENGLAND

1. **ABINGDON**, Oxon. Abingdon Hospital, Marcham Road, Abingdon. Tel: 0235 22717
Population: 50,000. DGH: John Radcliffe – 6 miles. 66 Acute beds, 4 Maternity, Casualty, X-ray, Physiotherapy, 7 Visiting Consultants, 14 G.P. s, 4 Practices
2. **ALDEBURGH**, Suffolk. Aldeburgh Cottage Hospital, Aldeburgh. Tel: 072 885 2778
Population: 20,000 max. DGH: Ipswich – 27 miles. 17 Acute beds, Casualty, Physiotherapy, Day Centre, 2 Visiting Consultants, 10 G.P. s, 3 Practices.
3. **ALDERLEY EDGE**, Cheshire. Alderley Edge Cottage Hospital, Hayes Lane, Alderley Edge.
Tel: 0625 58 3261. Population: 20,000(a). DGH: Macclesfield – 6 miles. 20 Acute beds, Casualty, X-ray, Physiotherapy, 6 Visiting Consultants, 16 G.P. s, 16 Practices.
4. **ALFORD**, Lincs. Alford War Memorial Hospital, Alford. Tel: 052 12 2220. Population: 18,000-30,000. DGH: Boston, Grimsby – 24-30 miles. 19 Acute beds, Casualty, X-ray, Physiotherapy, 1 Visiting Consultant, 7 G.P. s, 4 Practices.
5. **ALMONDSBURY**, Avon. Almondsbury Hospital, Almondsbury. Tel: 0454 613104.
Population: (s) DGH: Southmead – 5 miles. 13 Acute beds, 25 G.P. s, 12 Practices.
6. **ALNWICK**, Northumberland. Alnwick Infirmary, Alnwick. Tel: 0665 602661. Population: 36,000 - 70,000. DGH: Ashington – 22 miles. 37 Acute beds, 11 Maternity, 30 Geriatric, Casualty, X-ray (contrast/screening), Physiotherapy, 10 Visiting Consultants, 8 G.P. s, 3 Practices.
7. **ALSTON**, Cumbria. Ruth Lancaster James Cottage Hospital, Alston. Tel: 049 83 218.
Population: 2,500. DGH: Carlisle – 30 miles. 11 Acute beds, 1 Maternity, Casualty, X-ray, Physiotherapy, Orthopaedic, 1 Visiting Consultant, 2 G.P. s, 1 Practice.
8. **ALTON**, Hants. Alton General Hospital, Alton. Tel: 0420 82061. Population: 27,000. DGH: Basingstoke – 16 miles. 12 Acute beds, 12 Maternity, 53 Geriatric, Casualty (sep), X-ray (sep), Physiotherapy (sep), 15 Visiting Consultants, 15 G.P. s.
9. **ANDOVER**, Hants. Andover War Memorial Hospital Charlton Road, Andover. Tel: 0264 61155. Population: 30,000. DGH: Royal Hampshire County Hospital, Winchester – 16 miles. 34 Acute beds, 10 Maternity, Casualty, X-ray (contrast), Physiotherapy, 21 Visiting Consultants, 24 G.P. s, 7 Practices.
10. **ARUNDEL**, Sussex. Arundel & District Hospital, Chichester Road, Arundel. Tel: 0903 882543. Population: 10,000. DGH: Chichester – 14 miles. 18 Acute beds, Physiotherapy, 3 G.P. s, 1 Practice.
11. **ASHBOURNE**, Derbys. St. Oswald's Hospital, Belle Vue Road, Ashbourne. Tel: 0335 42121.
Population: 5,960. DGH: Derbyshire Royal Infirmary – 15 miles. 12 Acute beds, 68 Geriatric, Casualty, Physiotherapy, 2 Visiting Consultants, 8 G.P. s, 3 Practices.
12. **ASHBURTON**, Devon. Ashburton & Buckfastleigh Hospital, Ashburton. Tel: 0364 52203.
Population: 10,000 - 15,000. DGH: Torbay – 12 miles. 14 Acute beds, Casualty, 4 G.P. s, 2 Practices.
13. **ASHBY-DE-LA-ZOUCH**, Leics. Ashby-de-la-Zouch & District Hospital, Ashby-de-la-Zouch.
Tel: 0530 4222. Population: 10,000. DGH: Burton-on-Trent – 10 miles. 16 Acute beds, 13 Maternity, Casualty, Physiotherapy, 3 Visiting Consultants, 10 G.P. s, 2 Practices.
14. **AXMINSTER**, Devon. Axminster Hospital, Chard Street, Axminster. Tel: 0297 32071.
Population: 25,000. DGH: Exeter and Taunton – 25 - 27 miles. 27 Acute beds, 2 Geriatric, Casualty, X-ray (contrast/screening), Physiotherapy, 7 Visiting Consultants, 4 G.P. s, 3 Practices.
15. **AYLSHAM**, Norfolk. Aylsham Cottage Hospital, Cawston Road, Aylsham. Tel: 026 373 2341.
Population: 10,000. DGH: Norfolk and Norwich – 12 miles. 10 Acute beds, Casualty, X-ray (sep), Physiotherapy (sep), 6 Visiting Consultants, 5 G.P. s, 2 Practices.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
ABINGDON	70	1553	—	82	20	3448	1849	2352	13995	1413	48060
ALDEBURGH	17	221	—	83	19	1358	631	314	3828	328	—
ALDERLEY EDGE	20	374	197			525	114	732	4115	289	8448(i)
ALFORD	19	182	—	85	33	963	531	769	1292	192	8000
ALMONDSBURY	13	190	—	75	19	—	—	—	—	—	—
ALNWICK	37	1080	243	59	15	10872	4710	1917	12737	1255	41780
ALSTON	12		93	69	38 Med 4 Mat	1768	764	112	1564	82	456(i)
ALTON	12	397		80	5	2700		1026	2925		3800
ANDOVER	44	1266	482	62	8	6422	5675	5728	7787	1125	86212
ARUNDEL	18		—	89	51						(i)
ASHBOURNE	12	241	—	73	75	2264	1403	343	7227	1016	—
ASHBURTON	14	169	—	73	21	3034	906	60	—	—	—
ASHBY-DE-LA- ZOUCH	29	824	51	69(Acute) 48(Mat)	11(Acute) 5(Mat)	2524	2439	1174	638	79	—
AXMINSTER	27	610	248	78	11	2652	1569	719	10510	774	26600
AYLSHAM	10	155	—	74	17	685	541	—			

16. **BAKEWELL**, Derbys. Bakewell & District War Memorial Cottage Hospital, Butts Road, Bakewell. Tel: 062 981 2834. Population: 7,287. DGH: Chesterfield Royal Hospital – 15 miles. 13 Acute beds, Casualty, 9 G.P. s, 4 Practices.
17. **BARNARD CASTLE**, Co. Durham. Richardson Hospital, John Street, Barnard Castle. Tel: 97 37436. Population: 24,000. DGH: Darlington Memorial – 16 miles. 15 Acute beds, 13 Convalescent, 2 Holiday, 32 Geriatric, Physiotherapy, 5 Visiting Consultants, 13 G.P. s, 6 Practices.
18. **BARNSTAPLE**, Devon. (w) Williams Ward, North Devon District Hospital, Raleigh Park, Barnstaple. Tel: 0271 72577. Population: 125,000. 10 Acute beds, X-ray (contrast/screening), Physiotherapy, 17 G.P. s, 3 Practices.
19. **BAYSWATER**, London. Chepstow Lodge Community Hospital, Bayswater. Tel: 01 243 0680. Population (s): 24 beds, Physiotherapy, Occupational therapy, 48 G.P. s (i)
20. **BECCLES**, Suffolk. Beccles & District War Memorial Hospital, St. Mary's Road, Beccles. Tel: 0502 712164. Population: 10,800. DGH: Gorleston – 20 miles. 26 Acute beds, Casualty, X-ray, Physiotherapy, 6 G.P. s, 1 Practice.
21. **BERKELEY**, Glos. Berkeley Hospital, Marybrook Street, Berkeley. Tel: 0453 810777. Population: 33,000. DGH: Gloucestershire Royal Hospital – 18 miles. 16 Acute beds, 8 Maternity, Casualty, 7 Visiting Consultants, 24 G.P. s, 9 Practices.
22. **BERWICK-UPON-TWEED**, Northumberland. Berwick Infirmary & Castle Hills Maternity Home, Berwick-upon-Tweed. Tel: 0289 7484. Population: (s) DGH: Newcastle – 68 miles : Edinburgh – 58 miles. 60 Acute beds, 10 Maternity, 50 Geriatric, Casualty, X-ray (contrast/screening), Physiotherapy, 13 Visiting Consultants, 7 G.P. s, 12 Practices.
23. **BEXHILL-ON-SEA**, Sussex. (w) Bexhill Hospital, Holliers Road, Bexhill. Tel: 0424 212121. Population: 35,600+. DGH: Royal East Sussex Hospital, Hastings – 5½ miles. 27 Acute beds, X-ray (contrast/screening), Physiotherapy, 20 G.P. s, 6 Practices.
24. **BICESTER**, Oxon. Bicester Cottage Hospital, King's End, Bicester. Tel: 086 92 2911. Population: 18,000 - 20,000. DGH: Horton General Hospital – 15 miles. 15 Acute beds, Casualty, X-ray, Physiotherapy, 7 Visiting Consultants, 11 G.P. s, 2 Practices.
25. **BISHOP AUCKLAND**, Co. Durham. Lady Eden Cottage Hospital, Bishop Auckland. Tel: 0388 604040. Population: 60,000. DGH: Bishop Auckland General Hospital – adjacent site. 21 Acute beds, X-ray - adjacent DGH, Physiotherapy - adjacent DGH, 24 G.P. s, 7 Practices.
26. **BISHOPS CASTLE**, Salop. Stone House Hospital, Bishops Castle. Tel: 058 83 220. Population: 1,300. DGH: Shrewsbury – 23 miles. 6 Acute beds, 28 Geriatric, 2 Visiting Consultants, 2 G.P. s, 2 Practices.
27. **BLANDFORD FORUM**, Dorset. Blandford Hospital, Milldown Road, Blandford Forum. Tel: 0258 2121. Population: 16,000(a). DGH: Poole – 14 miles : Dorset County Hospital, Dorchester – 17 miles. 22 Acute beds, Casualty, X-ray, 10 Visiting Consultants, 8 G.P. s, 2 Practices.
28. **BLYTH**, Northumberland. Thomas Knight Memorial Hospital, Beaconsfield Street, Blyth. Tel: 067 06 2305. Population: 40,000 (a). DGH: Royal Victorial Infirmary, Newcastle-upon-Tyne – 15 miles. 34 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 5 Visiting Consultants, 16 G.P. s, 4 Practices.
29. **BODMIN**, Cornwall. East Cornwall Hospital, Rhind Street, Bodmin. Tel: 0208 2244/5. Population: 16,000 (a). DGH: Treliske, Truro – 27 miles. 25 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 11 Visiting Consultants, 8 G.P. s, 3 Practices.
30. **BOURNE**, Lincs. Butterfield Hospital, Bourne. Tel: 077 82 2045. Population: 25,000. DGH: Peterborough – 15 miles. 11 Acute beds, Casualty, 7 Visiting Consultants, 7 G.P. s, 3 Practices.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
BAKEWELL	13	135	—	85	30	4915	1654	—	—	—	—
BARNARD CASTLE	15	196	—	88	25	—	—	—	1263	87	—
BARNSTAPLE	10	168	—	70	9(a)	—	—	—	—	—	—
BAYSWATER	(Statistics unavailable at time of publication).										
BECCLES	26	582	—	67	10	5078	2963	1174	7273	889	1211
BERKELEY	24	524	67	58	9	2810	1704	771			
BERWICK-UPON-TWEED	70	1839	930	90	29	13537	6162	3305	8086	317	50610
BEXHILL-ON-SEA	27	417	—	75	21 +	—	—	—	15316	1637	65501
BICESTER	15	230	—	55	13	1459	1438	1680	4488	561	22565
BISHOP AUCKLAND	21	311	—	70	17						
BISHOPS CASTLE	6	96	—	87	12	—	—	—			—
BLANDFORD FORUM	22	521	270	72	11	3173	1809	1576			14472
BLYTH	34	560	—	55	13	5831	3349	1269	8026	597	24216
BODMIN	25	409	18	80	18	7665	4230	10860	5568		47416
BOURNE	11	122	—	75	42	2563	1601	2124	—	—	—

31. **BOURTON-ON-THE-WATER**, Glos. Moore Cottage Hospital, Bourton-on-the-Water. Tel: 0451 20228. Population: 6,000 - 8,000. DGH: Cheltenham General - 16 miles. 16 Acute beds, 18 Geriatric, Casualty, Physiotherapy, 9 Visiting Consultants, 6 G.P. s, 2 Practices.
32. **BOVEY TRACEY**, Devon. Bovey Tracey District Hospital, Mary Street, Bovey Tracey. Tel: 0626 832279. Population: 10,000 - 12,000+. DGH: Torbay - 14 miles. 16 Acute beds, Casualty, Physiotherapy, 4 G.P. s, 2 Practices.
33. **BRACKLEY**, Northants. Brackley Cottage Hospital, Brackley. Tel: 0280 702388. Population: 15,000. DGH: Horton General Hospital, Banbury - 11 miles. 8 Acute beds, 4 Maternity, Casualty, Physiotherapy, 3 Visiting Consultants, 13 G.P. s, 6 Practices.
34. **BRADFORD-ON-AVON**, Wilts. Bradford-upon-Avon District Hospital, Berryfield Road, Bradford-on-Avon. Tel: 022 16 2975. Population: 10,000. DGH: Royal United, Bath - 11 miles. 30 Acute beds, Casualty, Physiotherapy, 8 Visiting Consultants, 7 G.P. s, 2 Practices.
35. **BRAINTREE**, Essex. W. J. Courtauld Hospital, Braintree. Tel: 0376 20732. Population: 30,000(a). DGH: Chelmsford & Essex - 15 miles. 30 Acute Beds, 11 Maternity, Casualty, Physiotherapy, 3/4 Visiting Consultants, 15 G.P. s.
36. **BRAMPTON**, Cumbria. Brampton Hospital, Brampton. Tel: 069 77 2534. Population: 12,500-13,000. DGH: Cumberland Infirmary - 10 miles. 10 Acute beds, 1 Geriatric, Casualty, Physiotherapy, 1 Visiting Consultant, 6 G.P. s, 1 Practice.
37. **BRENTWOOD**, Essex. Brentwood District Hospital, Crescent Drive, Brentwood. Tel: 0277 212244. Population: (s) DGH: Harold Wood - 5 miles. 50 Acute Beds, X-ray (contrast/screening), Physiotherapy, 12 Visiting Consultants, 24 G.P. s, 5 Practices.
38. **BRIDGNORTH**, Salop. Bridgnorth & South Shropshire Infirmary, Bridgnorth. Tel: 074 62 2641. Population: 26,000. DGH: Royal Shrewsbury Hospital, - 22½ miles: Royal Hospital, Wolverhampton - 15 miles. 31 Acute beds, 12 Maternity, Casualty, X-ray, Physiotherapy, 14 Visiting Consultants, 7 G.P. s, 5 Practices.
39. **BRIDPORT**, Dorset. Bridport General Hospital, Bridport. Tel: 0308 22345. Population: 15,000 - 30,000. DGH: Dorset County Hospital, Dorchester - 15 miles : Weymouth & District Hospital, Weymouth - 20 miles. 23 Acute beds, 6 Surgical, Casualty, X-ray (contrast), 14 Visiting Consultants, 11 G.P. s, 5 Practices.
40. **BRISTOL**, Avon. Elizabeth Blackwell Hospital, Clifton Down Road, Bristol. Tel: 0272 36763. Population: (s). DGH: Southmead - 4 miles. 10 Acute beds, 37 Pre-convalescent, 5 G.P. s, 5 Practices.
41. **BRIXHAM**, Devon. Brixham Hospital, Greenwood Road, Brixham. Tel: 080 45 2153/6451. Population: 14,000 - 24,000. DGH: Torbay Hospital - 12 miles. 18 Acute beds, 5 Maternity, Casualty, X-ray, Physiotherapy, 1 Visiting Consultant, 10 G.P. s, 3 Practices.
42. **BROMSGROVE**, Worcs. Bromsgrove Cottage Hospital, New Road, Bromsgrove. Tel: 0527 73351. Population: 30,000(a). DGH: Bromsgrove - 1½ miles. 33 Acute beds, Casualty, X-ray (contrast/screening), Physiotherapy, 15 G.P. s, 4 Practices.
43. **BROSELEY**, Salop. Lady Forester Hospital, Broseley. Tel: 0952 882751. Population: 20,000. DGH: Cophorne, Shrewsbury - 19 miles. 15 Acute beds, Casualty, X-ray, Physiotherapy, 4 Visiting Consultants, 2 G.P. s, 5 Practices.
44. **BROTTON**, Saltburn-by-the-Sea, Cleveland. Cleveland Cottage Hospital, Brotton. Tel: 028 97 76205. Population: 40,000(a). DGH: South Cleveland, Middlesbrough - 17 miles. 18 Acute Beds, Casualty, X-ray, Physiotherapy, 7 Visiting Consultants, 13 G.P. s, 4 Practices.
45. **BUCKHURST HILL**, Essex. Forest Hospital, Roebuck Lane, Buckhurst Hill. Tel: 01 504 2285. Population: (s). DGH: Whipps Cross - 4 miles. 40 Acute beds, X-ray (contrast/screening), Physiotherapy, 17 Visiting Consultants, 19 G.P. s, 40+ Practices.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
BOURTON-ON-THE-WATER	16	303	66	85	8	1806	980	1572	1672	161	—
BOVEY TRACEY	16	196	—	60	17	558	375	1026	653	117	—
BRACKLEY	12	399	—	66	10	3601	2359	135	6146	417	—
BRADFORD-ON-AVON	30	417	—	83	22	2014	1113	1789	5229	467	3100
BRAINTREE	41	667	—	73	35 (other) 4 (mat)	4968	—	4492	2358	48	—
BRAMPTON	10	56	—	93	46	2154	1013	200	—	—	—
BRENTWOOD	50	1468	1254	83	9	—	—	13262	21845	1779	70836
BRIDGNORTH	43	1137	—	50	9	12155	7640	6826	9204	1389	44552
BRIDPORT	29	431	167	57	12	3201	2251	7806	—	—	27395
BRISTOL	47	784	—	29 (G.P.) 54 (Pre-con)	38 (G.P.) 10 (Pre-con)	—	—	—	—	—	—
BRIXHAM	23	486	—	83	21	11691	5626	93	6619	576	5736
BROMSGROVE	33	554	57	68	16	26330	11768	—	—	—	(i)
BROSELEY	15	—	—	90	21	2920(a)	1460(a)	—	—	—	(i)
BROTTON	18	104	—	72	45	4764	3242	2321	8797	615	26765
BUCKHURST HILL	40	1025	822	70	10	—	—	1783	10451	—	77048(i)

46. **BUCKINGHAM**, Bucks. Buckingham Hospital, High Street, Buckingham. Tel: 028 02 3243. Population: 5,600. DGH: Stoke Mandeville Hospital – 17 miles. 15 Acute beds, Casualty, X-ray, Physiotherapy, 8 Visiting Consultants, 8 G.P. s, 3 Practices.
47. **BUDE**, Cornwall. Stratton Hospital, Nr. Bude. Tel: 0288 2161. Population: 20,000. DGH: North Devon, Barnstaple – 35 miles. 18 Acute beds, 3 Maternity, Casualty, X-ray, Physiotherapy, 8 Visiting Consultants, 16 G.P. s, 6 Practices.
48. **BUDLEIGH SALTERTON**, Devon. Budleigh Salterton Hospital, Budleigh Salterton. Tel: 039 54 2020. Population: 6,500 - 7,500. DGH: Royal Devon & Exeter, Wonford – 14 miles. 19 Acute beds, Casualty, Physiotherapy, 1 Visiting Consultant, 4 G.P. s, 2 Practices.
49. **BURFORD**, Oxon. Burford Cottage Hospital, Burford. Tel: 099 382 2129. Population: 10,000. DGH: Oxford – 19 miles. 9 Acute beds, Casualty, X-ray. Physiotherapy, 2 Visiting Consultants, 3 G.P. s, 5 Practices.
50. **BURNHAM-ON-SEA**, Soms. Burnham-on-Sea War Memorial Hospital, Love Lane, Burnham-on-Sea. Tel: 0278 782262. Population: 15,000. DGH: Weston-super-Mare – 12 miles. 23 Acute beds, Casualty, Physiotherapy, 11 Visiting Consultants, 13 G.P. s, 5 Practices.
51. **BUSHEY**, Herts. Bushey Hospital, Windmill Street, Bushey. Tel: 01 950 1282. Population: 30,000. DGH: Watford General – 4 miles. 37 Acute beds, X-ray (contrast/screening), 6 Visiting Consultants, 23 G.P. s, 6 Practices.
52. **BUTLEIGH**, Nr. Glastonbury, Soms. Butleigh Hospital, Glastonbury. Tel: 0458 50237. Population: 27,000. DGH: Taunton – 27 miles. 23 Acute beds, Physiotherapy, 5 Visiting Consultants, 11 G.P. s, 5 Practices.
53. **CARSHALTON**, Surrey. Carshalton, Beddington & Wallington District War Memorial Hospital, The Park, Carshalton. Tel: 01 647 5534. Population: (s). DGH: St. Helier Hospital – 2 miles. 43 Acute beds, X-ray (contrast/screening), 5 Visiting Consultants, 23 G.P. s, 12 Practices.
54. **CATERHAM VALLEY**, Surrey. Caterham & District Hospital, Croydon Road, Caterham Valley. Tel: 0883 47522. Population: (s). 27 Acute Beds, 20 Geriatric, Casualty, X-ray, Physiotherapy (i).
55. **CHARD**, Soms. Chard & District Hospital, Chard. Tel: 046 06 3175. Population: 60,000 - 65,000. DGH: Musgrove Park, Taunton – 16 miles. 15 Acute beds, 29 Geriatric, Casualty, 10 Visiting Consultants, 9 G.P. s, 12 Practices.
56. **CHESHAM**, Bucks. Chesham Hospital, Chesham. Tel: 024 05 3961. Population: (s). DGH: Wycombe – 11 miles. 23 Acute beds, X-ray (contrast/screening), Physiotherapy, 7 Visiting Consultants, 22 G.P. s, 6 Practices.
57. **CHESHUNT**, Herts. Cheshunt Cottage Hospital, Church Lane, Cheshunt. Tel: 0992 22157. Population: (s). DGH: Chase Farm – 7 miles. 14 Acute Beds, Casualty, X-ray (contrast), Physiotherapy, 8 Visiting Consultants, 16 G.P. s, 10 Practices.
58. **CHIPPENHAM**, Wilts. Chippenham Hospital, London Road, Chippenham. Tel: 0249 51144. Population: 75,000. DGH: Royal United, Bath – 14 miles. 30 Acute beds, Casualty, X-ray (contrast/screening), Physiotherapy, 20 Visiting Consultants, 10 G.P. s and 2 part-time, 2 Practices.
59. **CHIPPING NORTON**, Oxon. War Memorial Hospital, Chipping Norton. Tel: 0608 2316. Population: 21,000. DGH: Banbury – 13 miles, John Radcliffe, Oxford – 19 miles. 24 Acute beds, 10 Maternity, Casualty, X-ray, Physiotherapy, 9 Visiting Consultants, 11 G.P. s, 5 Practices.
60. **CINDERFORD**, Glos. Dilke Memorial Hospital, Cinderford. Tel: 0594 22372. Population: 35,152. DGH: Gloucester Royal – 20 miles. 24 Acute beds, 7 Maternity, 42 Geriatric, Casualty, X-ray (screening), Physiotherapy, 6 Visiting Consultants, 19 G.P. s, 8 Practices.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
BUCKINGHAM	15	245	—	80	21	897	847	584	3268		
BUDE	21	720		64	8	3172	1523	3003	3468	285	30080
BUDLEIGH SALTERTON	19	260	—	76	20	4183	1675	—	3956	439	—
BURFORD	9	120	—	80	30	1935	704	120	800	100	2800
BURNHAM-ON SEA	23	365	133	67	15	5423	3268	1658	7550	453	—
BUSHEY	37	663	773	55	7	—	—	2048	—	—	23541
BUTLEIGH	23	371	122	60	11	—	—	537	7272	607	—
CARSHALTON	43	661	478	70	17	—	—	1263	—	—	45098
CATERHAM VALLEY	27	896		70	30	1120	774	3890	10174	1137	60007
CHARD	15	219	—	89	33 (G.P.) 140 (Geri)	2640	820	1112			
CHESHAM	23	281	—	68	17	—	—	1218	6164	611	14856
CHESHUNT	14	335	342	60	9	4933	1665	1840	—	—	20728
CHIPPENHAM	30	937	136	80	9	12650	6679	2336	778	120	57108
CHIPPING NORTON	34	533		72 (Gen) 26 (Mat)	19	1630	1201	1924	4626	596	16769
CINDERFORD	31	530	—	79	40	1705	1125	826	7085	71	23101

61. **CLACTON-ON-SEA**, Essex. Clacton & District Hospital, Freeland Road, Clacton-on-Sea. Tel: 0255 21145. Population: 40,000 - 80,000. DGH: Essex County Hospital, Colchester - 18 miles. 61 Acute beds, Casualty, X-ray, Physiotherapy, 28 Visiting Consultants, 19 G.P. s, 11 Practices.
62. **CLEVEDON**, Avon. Clevedon Hospital, Old Street, Clevedon. Tel: 0272 872212. Population: 14,000 - 15,000. DGH: Southmead, Bristol - 17½ miles. 22 Acute beds, Casualty, X-ray, Physiotherapy, 6 Visiting Consultants, 11 G.P. s, 4 Practices.
63. **COBHAM**, Surrey. Cobham & District Cottage Hospital, Portsmouth Road, Cobham. Tel: 093 26 2751. Population: 11,500 (a). DGH: Epsom District Hospital - 10 miles. 20 Acute beds, Casualty, Physiotherapy, 4 Visiting Consultants, 8 G.P. s, 2 Practices.
64. **COCKERMOUTH**, Cumbria. Cockermouth Cottage Hospital, Isel Road, Cockermouth. Tel: 0900 822226. Population: 12,000+. DGH: Whitehaven - 17 miles. 17 Acute beds, Casualty, X-ray, Physiotherapy, 7 G.P. s, 3 Practices.
65. **COLNE**, Lancs. Hartley Hospital, Keighley Road, Colne. Tel: 0282 867000. Population: 16,000(a). DGH: Burnley General Hospital - 7 miles. 44 Acute beds, X-ray, Physiotherapy, 8 Visiting Consultants, 8 G.P. s, 3 Practices.
66. **CONGLETON**, Cheshire. War Memorial Hospital, Canal Road, Congleton. Tel: 026 02 2227. Population: 20,000. DGH: Macclesfield Hospital - 10 miles. 24 Acute beds (incl. 12 post-op), 11 Maternity, 28 Geriatric, Casualty, X-ray, Physiotherapy, 11 Visiting Consultants, 22 G.P. s, 7 Practices.
67. **CORBRIDGE**, Northumberland. Charlotte Straker Hospital, Corbridge. Tel: 043 471 602056. Population: 3,500. DGH: Hexham - 3 miles. 8 Acute beds, 16 Geriatric, Physiotherapy, 1 Visiting Consultant, 3 G.P. s, 1 Practice (i).
68. **CRANLEIGH**, Surrey. Cranleigh Village Hospital, Cranleigh. Tel: 048 66 5657. Population: 15,000. DGH: Guildford - 10 miles. 14 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 4 Visiting Consultants, 5 G.P. s, 1 Practice.
69. **CREWKERNE**, Soms. Crewkerne Hospital, Middle Park, Crewkerne. Tel: 0460 72491. Population: 20,000. DGH: Yeovil - 10 miles. 29 Acute beds, Casualty, X-ray, Physiotherapy, 7 Visiting Consultants, 4 G.P. s, 5 Practices.
70. **CROWBOROUGH**, Sussex. Crowborough War Memorial Hospital, Southview Road, Crowborough. Tel: 089 26 2284. Population: 20,000. DGH: Kent & Sussex, Tunbridge Wells - 8 miles. 20 Acute beds, 6 Maternity, Casualty, X-ray, Physiotherapy, Day Centre, 10 Visiting Consultants, 10 G.P. s, 8 Practices.
71. **DARTFORD**, Kent. Livingstone Hospital, East Hill, Dartford. Tel: 0322 23322. Population: (s). DGH: Dartford - 1 mile. 32 Acute beds. X-ray, Physiotherapy, 41 G.P. s, 20 Practices.
72. **DARTMOUTH**, Devon. Dartmouth & Kingswear Hospital, Dartmouth. Tel: 080 43 2255. Population: 8,493 - 17,000. DGH: Torbay - 14 miles (ferry), 24 miles (road). 14 Acute beds, 12 Geriatric, Casualty, X-ray, Physiotherapy, 3 Visiting Consultants, 4 G.P. s, 2 Practices.
73. **DAWLISH**, Devon. Dawlish Hospital, Dawlish. Tel: 0626 3219. Population: 11,000 - 30,000+. DGH: Torbay Hospital, Torquay - 12 miles. 18 Acute beds, Casualty, Physiotherapy, 7 G.P. s, 2 Practices.
74. **DEAL**, Kent. Victoria Hospital, London Road, Deal. Tel: 030 45 2122. Population: 30,000 - 35,000. DGH: Buckland, Dover - 6 miles. 56 Acute beds, Casualty, X-ray (contrast/screening), Physiotherapy, 16 Visiting Consultants, 12 G.P. s, 3 Practices.
75. **DEVIZES**, Wilts. Devizes Hospital, Devizes. Tel: 0380 3511. Population: 35,000. DGH: Royal United, Bath - 23 miles. 47 Acute beds, 8 Maternity, Casualty, X-ray (contrast), Physiotherapy, 24 Visiting Consultants, 8 G.P. s, 6 Practices.

	Beds	Deaths/ Discharges	G. A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
CLACTON-ON-SEA	61	1470		85	13	16183	10667	23119	15066	1906	103370
CLEVEDON	22	99	—	86	34	8907	4800	2636	5862	817	1875
COBHAM	20	151		82	40	1911	1031	1946	12415	954	—
COCKERMOUTH	17	188		84	28	5450	2395	—	1304	108	339
COLNE	44	877		69	29	—	—	2875	4551	359	50702
CONGLETON	35	802		55	19	8592	4988	7657	5710	667	49116
CORBRIDGE	8			90		—	—				(i)
CRANLEIGH	14	242	—	87	14	5669	3781	495	443	74	405
CREWKERNE	29	247	342	80	21	2210	1151	544	2332	178	147
CROWBOROUGH	26	510	120	71	18	4486	2623	4574	10114	1035	13747
DARTFORD	32	647	—	72	18	—	—	98	4936	646	62170
DARTMOUTH	14	241	—	77	24	4864	2305	318	5343	292	7216
DAWLISH	18	294	—	80	18	3723	1823	2474	2202		—
DEAL	56	897	272	78	17	16842	7308	2980	10541	901	45361
DEVIZES	55	1881	384	61	7	9844	4774	8669	10390	4066	62445

76. **DIDCOT**, Oxon. Didcot & District Hospital, Wantage Road, Didcot. Tel: 023 581 3226. Population: 15,000(a). DGH: John Radcliffe, Oxford – 15 miles. 16 Acute beds, Casualty, Physiotherapy, 13 Visiting Consultants, 11 G.P. s, 4 Practices.
77. **DOVERCOURT**, Essex. Harwich & District Hospital, Main Road, Dovercourt. Tel: 025 55 2446. Population: 19,686 - 31,686. DGH: Colchester – 19 miles. 33 Acute beds, 10 Maternity, Casualty, X-ray (contrast), Physiotherapy, 17 Visiting Consultants, 10 G.P. s, 1 R.H.O., 3 Practices.
78. **EASINGWOLD**, Yorks. St. Monica's Hospital, Easingwold. Tel: 0347 21214. Population: 7,000 - 8,000. DGH: York District – 12 miles. 11 Acute beds, Casualty, Physiotherapy, 8 G.P. s, 4 Practices.
79. **EAST GRINSTEAD**, Sussex. Queen Victoria Hospital, Holtze Road, East Grinstead. Tel: 0342 24111. Population: (s). DGH: Tunbridge Wells – 12 miles. 59 Acute beds, 151 Plastic Surgery, 40 Geriatric, Casualty, X-ray (contrast/screening), Physiotherapy, Regional Plastic, Burns, Maxillary, facial and corneo – Plastic Surgery Units, 24 Visiting Consultants, 29 G.P. s, 9 Practices.
80. **EAST COWES**, Isle of Wight. Frank James Hospital, East Cowes. Tel: 0983 292341. Population: 7,000. DGH: County Hospital, Ryde – 7½ miles. 31 Acute beds, X-ray, Physiotherapy, Psychiatric Day Unit, 3 Visiting Consultants, 3 G.P. s, 1 Practice.
81. **EDENBRIDGE**, Kent. Edenbridge & District War Memorial Hospital, Edenbridge. Tel: 0732 862137. Population: 12,000 - 15,000. DGH: Kent & Sussex Hosp./Pembury Hosp. – 11 miles. 29 Acute beds, Casualty, X-ray (contrast/screening), Physiotherapy, 10 Visiting Consultants, 12 G.P. s, 4 Practices.
82. **EGHAM**, Surrey. Egham Hospital, Englefield Green, Egham. Tel: 0784 32132. Population: 35,000. DGH: St. Peter's Hospital, Chertsey – 7 miles. 20 Acute beds, Casualty, Physiotherapy, 16 G.P. s, 5 Practices.
83. **ELLESMERE**, Salop. Ellesmere Cottage Hospital, Ellesmere. Tel: 069 171 2228. Population: 9,000. DGH: Royal Shrewsbury Hospital – 19 miles. 13 Acute beds, Casualty, 6 G.P.'s, 3 Practices.
84. **EMSWORTH**, Hants. Victoria Cottage Hospital, North Street, Emsworth. Tel: 024 34 2394. Population: 12,000 - 20,000. DGH: Queen Alexandra Hospital, Cosham, Portsmouth – 6 miles. 15 Acute beds, Casualty, X-ray, Physiotherapy, 6 Visiting Consultants, 35 G.P. s, 9 Practices.
85. **EPSOM**, Surrey. Epsom & Ewell Cottage Hospital, Alexandra Road, Epsom. Tel: 037 27 24022. Population: (s). DGH: Epsom District Hospital – 2 miles. 35 Acute beds, X-ray, (contrast/screening), Physiotherapy, 8 Visiting Consultants, 44 G.P. s, 15 Practices.
86. **ERITH**, Kent. Erith & District Hospital, Park Crescent, Erith. Tel: 032 24 30161. Population: (s). DGH: Brook – 6 miles. 31 Acute beds, Casualty, X-ray (contrast/screening), Physiotherapy, 13 Visiting Consultants, 25 G.P. s, 64 Practices.
87. **EVESHAM**, Worcs. Evesham General Hospital, Briar Close Branch, Evesham. Tel: 0386 41141. Population: 25,000. DGH: Worcester – 14 miles. 50 Acute beds, Casualty, X-ray (contrast/screening), 13 Visiting Consultants, 15 G.P. s, 4 Practices.
88. **EXMOUTH**, Devon. Exmouth Hospital, Claremont Grove, Exmouth. Tel: 039 52 4381. Population: 27,000 - 35,000. DGH: Exeter – 10 - 12 miles. 40 Acute beds, 5 Geriatric, Casualty, X-ray, Physiotherapy, Geriatric Day Unit, 6 Visiting Consultants, 14 G.P. s, 5 Practices.
89. **FAIRFORD**, Glos. Fairford Hospital, The Croft, Fairford. Tel: 0285 712212. Population: 10,000. DGH: Swindon – 15 miles. 13 Acute beds, Casualty, Physiotherapy, Geriatric Day Hospital, 5 G.P. s, 2 Practices.
90. **FARNHAM**, Surrey. Farnham Hospital, Hale Road, Farnham. Tel: 0252 726666. Population: (s). DGH: Frimley Park Hospital – 8½ miles. 28 Acute beds, 28 Surgical, 168 Geriatric, X-ray (contrast/screening), Physiotherapy, Geriatric Day Hospital, 26 Visiting Consultants, 8 G.P. s, 15 Practices.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
DIDCOT	16	301		80	16	6937	4669	1541	3630	385	196
DOVERCOURT	43	986	376	79	14	3553	2683	2867	6805	690	30252
EASINGWOLD	11	179	—	85	18	1935	709	—	5107	364	—
EAST COWES	31	771	—	68	10	—	—	1060	2358	183	7440
EAST GRINSTEAD	59	5890 (Total)	346 (Gen.)	65	—	15908	9501	7221	19963	1816	173829
EDENBRIDGE	29	477	272	79	16	5392	2449	876	6914	865	19761
EGHAM	20	168	—	69	28	3425	1647	37	951	70	—
ELLESMERE	13	132	—	87	31	5789	1481	—	—	—	—
EMSWORTH	15	155	—	85	21	1967	958	823	—	—	46513
EPSOM	35	773	1282	80	7	—	—	1409	16385	2037	81995
ERITH	31	690	609	56	10	7200	4026	3409	19083	1720	59480
EVESHAM	50	876	345	72	15	15133	6621	1588			59910
EXMOUTH	40	69	976	73	16	12315	6134	—	7877	1052	36231
FAIRFORD	13	153	—	83	26	549	549	—	690	52	—
FARNHAM	56	1673	1365	75	28	—	—	5584	32345	3216	108181

91. **FAVERSHAM**, Kent. Faversham Cottage Hospital, Stone Street, Faversham. Tel: 079 582 2194. Population: 22,000. DGH: Kent & Canterbury Hospital – 8 miles. 20 Acute beds, Casualty, X-ray, Physiotherapy, 9 G.P. s, 4 Practices.
92. **FELIXSTOWE**, Suffolk. Felixstowe General Hospital, Felixstowe. Tel: 039 42 2214. Population: 25,000 - 30,000. DGH: Ipswich – 10 miles. 28 Acute beds, Casualty, X-ray, Physiotherapy, Occupational Therapy, 2 Visiting Consultants, 10 G.P. s, 2 Practices.
93. **FLEET**, Hants. Fleet Hospital, Church Road, Fleet. Tel: 025 14 3117. Population: 28,000. DGH: Frimley Park Hospital – 8 miles. 15 Acute beds, 20 Geriatric, X-ray, Physiotherapy, 8 Visiting Consultants, 15 G.P. s, 4 Practices.
94. **FLEETWOOD**, Lancs. Fleetwood Hospital, Pharos Street, Fleetwood. Tel: 039 17 4343. Population: 324,000. DGH: Victoria Hospital Blackpool – 10 miles. 31 Acute beds, Casualty, X-ray (contrast/screening), 7 Visiting Consultants, 12 G.P. s, 14 Practices.
95. **FORDINGBRIDGE**, Hants. Fordingbridge Cottage Hospital, Fordingbridge. Tel: 0425 53232. Population: 26,000. DGH: Salisbury – 12 miles. 22 Acute beds, 21 G.P. s, 9 Practices.
96. **FOWEY**, Cornwall. Fowey Hospital, Fowey. Tel: 072 683 2241. Population: 5,000. DGH: Treliске, Truro – 24 miles. 14 Acute beds, Casualty, 2 Visiting Consultants, 6 G.P. s, 2 Practices.
97. **FROME**, Soms. Frome Victoria Hospital, Park Road, Frome. Tel: 0373 3591. Population: 22,486. DGH: Royal United Hospital, Bath – 17½ miles. 31 Acute beds, 9 Maternity, Casualty, X-ray (contrast), Physiotherapy, 13 Visiting Consultants, 10 G.P. s, 3 Practices.
98. **GARSTON**, Liverpool. Merseyside. Sir Alfred Jones Memorial Hospital, Church Road, Garston. Tel: 051 427 5111. Population (s). DGH: Royal Liverpool Hospital – 5 miles. 38 Acute beds, Casualty, 5 Visiting Consultants, 60+ G.P. s.
99. **GERRARDS CROSS**, Bucks. The Chalfonts & Gerrards Cross Hospital, Hampden Road, Chalfont St. Peter, Gerrards Cross. Tel: 028 13 83821. Population: 30,000. DGH: Wexham Park – 6-7 miles. 32 Acute beds, Casualty, X-ray (contrast/screening), Physiotherapy, 14 Visiting Consultants, 13 G.P. s, 2 Practices (i).
100. **GLOSSOP**, Derbys. Woods Hospital, Glossop. Tel: 045 74 2036. Population: 28,600. DGH: Tameside General Hospital – 9 miles. 9 Acute beds, Casualty, Physiotherapy, 13 G.P. s, 9 Practices.
101. **GOOLE**, Humberside. Westfield Hospital, Hook, Goole. Tel: 0405 3073. Population: 30,000. DGH: Scunthorpe General Hospital – 20 miles. 6 Acute beds, 14 Post.Con./Ortho. 16 Geriatric, 11 G.P. s, 5 Practices.
102. **GOSPORT**, Hants. Gosport War Memorial Hospital, Bury Road, Gosport. Tel: 070 17 24611. Population: (s). DGH: Queen Alexandra – 10 miles: St. Mary's – 13 miles. 49 Acute beds, 18 Maternity, 23 Geriatric, Casualty, X-ray (contrast/screening), 21 Visiting Consultants, 38 G.P. s, 14 Practices.
103. **HALESWORTH**, Suffolk. Patrick Stead Hospital, Bungay Road, Halesworth. Tel: 098 67 2124 & 3300. Population: 10,000 - 15,000. DGH: Gt. Yarmouth – 24 miles. 21 Acute beds, 10 Maternity, Casualty, X-ray, Physiotherapy, 3 Visiting Consultants, 24 G.P. s, 10 Practices.
104. **HALSTEAD**, Essex. Halstead Hospital, Halstead. Tel: 0787 472965. Population: 25,500. DGH: Colchester – 12 miles. 17 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 9 Visiting Consultants, 13 G.P. s, 4 Practices.
105. **HALTWHISTLE**, Northumberland. War Memorial Hospital, Haltwhistle. Tel: 0498 20225. Population: 7,000. DGH: Hexham – 16 miles. 20 Acute beds, Casualty, Physiotherapy, 4 Visiting Consultants, 4 G.P. s, 1 Practice.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
FAVERSHAM	20	344	—	73	16	5461	3596	—	5515	488	2184
FELIXSTOWE	28	363	—	70	20	13931	5598	459	6470	620	13967
FLEET	15	159	—	95	75	—	—	3636	9276	4202	37585
FLEETWOOD	31	949	837	57	7	8766	2030	7432			39513
FORDINGBRIDGE	22	324	—	80	20	—	—	—	—	—	—
FOWEY	14	157		84	19	2535	1051	546	—	—	—
FROME	40	969	131	67	11	10840	6336	2149	1653	287	36927
GARSTON	38	333		75	33	14963	3801	2494	—	—	—
GERRARDS CROSS	32	774	564	68	9	12828	2616	2015	12566	1633	56340
GLOSSOP	9	76	—	79	34	42	23	—	450	26	—
GOOLE	6	114	—	100	21	—	—	—	—	—	—
GOSPORT	67	1663	1200	51	7	11660	7341	15252			90664
HALESWORTH	31	583	—	75	19	3946	1356	351	5617	404	9530
HALSTEAD	17	140	—	80	33	1667	797	633	7057	948	10488
HALTWHISTLE	20	186	—	70	27	1067	951		1793	110	—

106. **HAMMERWICH**, Staffs. Hammerwich Hospital, Hospital Road, Hammerwich, Walsall. Tel: 054 36 6224. Population: 28,000(a). DGH: Walsall – 7 miles. 24 Acute beds, Casualty, X-ray (contrast/screening), Physiotherapy, 8 Visiting Consultants, 14 G.P. s, 4 Practices (i).
107. **HAMPTON**, Middlesex. St. Mary's Cottage Hospital, Upper Sunbury Road, Hampton. Tel: 01 979 5273. Population: (s). DGH: Kingston – 6 miles. 18 Acute beds, 6 Visiting Consultants, 12 G.P. s, 12 Practices.
108. **HARPENDEN**, Herts. Harpendent Memorial Hospital, Carlton Road, Harpenden. Tel: 058 27 60196. Population: 42,000(a). DGH: St. Albans City Hospital – 6 miles. 22 Acute beds, 10 Maternity, Casualty, Physiotherapy, 6 Visiting Consultants, 19 G.P. s, 5 Practices.
109. **HAVANT**, Hants. Havant War Memorial Hospital, Crossway, Havant. Tel: 0705 484256. Population: (s). DGH: Queen Alexandra Hospital – 4 miles. 23 Acute beds, Casualty, Hearing Aid Clinic, 3 Visiting Consultants, 29 G.P. s, 9 Practices.
110. **HAWKHURST**, Kent. Hawkhurst Cottage Hospital, Hawkhurst. Tel: 058 05 3345. Population: 17,000. DGH: Kent & Sussex Hospital, Tunbridge Wells – 15 miles: Pembury Hospital, Pembury – 15 miles. 14 Acute beds, 2 Maternity, Casualty, Physiotherapy, Day Centre, 10 G.P. s, 5 Practices.
111. **HAYES**, Middlesex. Hayes Cottage Hospital, Grange Road, Hayes. Tel: 01 573 2052. Population: (s). DGH: Hillingdon – 3 miles. 26 Acute beds, 6 Geriatric, Casualty, 3 Visiting Consultants, 30 G.P. s, 17 Practices.
112. **HAYWARDS HEATH**, Sussex. King Edward VII Hospital, Haywards Heath. Tel: 0444 453221. Population: 35,000. DGH: Cuckfield Hospital – 2 miles. 54 Acute beds including 5 Geriatric contractual, X-ray (contrast/screening), Physiotherapy, 16 Visiting Consultants, 25 G.P. s, 8 Practices.
113. **HEADINGTON**, Oxford. (w). Oxford Community Hospital – part of Churchill Hospital, Headington. Tel: 0865 64841 Ext. 218. 11 Acute beds (i).
114. **HEANOR**, Derbys. Heanor Memorial Hospital, Ilkeston Road, Heanor. Tel: 077 37 60711. Population: 28,500. DGH: Derbyshire Royal Infirmary – 11 miles. 27 Acute beds, Casualty, Physiotherapy, 10 Visiting Consultants, 16 G.P. s, 5 Practices.
115. **HELSTON**, Cornwall. Helston Hospital, Helston. Tel: 032 65 2151. Population: 20,000 - 25,000. DGH: Treliiske – 20 miles. 14 Acute beds, Casualty, 5 Visiting Consultants, 3 G.P.'s, 4 Practices.
116. **HENLEY-ON-THAMES**, Oxon. (w). Norman White Ward, Peppard Hospital, Henley-on-Thames. Tel: 049 17 371. Population: 18,000(a). DGH: Reading – 5-6 miles. 16 Acute beds, X-ray (contrast/screening), Physiotherapy, 9 G.P. s, 3 Practices.
117. **HENLEY-ON-THAMES**, Oxon. Townlands Hospital, Henley-on-Thames. Tel: 049 12 2544. Population: 35,000. DGH: Royal Berkshire Hospital – 10 miles. 28 Acute beds, 18 Maternity, 12 Chronic Sick Children Cots, 37 Young Disabled Beds, Casualty, X-ray, Physiotherapy, Young Disabled Unit, 9 Visiting Consultants, 11 G.P. s, 4 Practices.
118. **HERNE BAY**, Kent. Queen Victoria Memorial Hospital, King Edward Avenue, Herne Bay. Tel: 022 73 3246/7. Population: 25,000 - 26,000. DGH: Canterbury – 10 miles. 46 Acute beds, Casualty, X-ray, Physiotherapy, 8 Visiting Consultants, 15 G.P. s, 5 Practices.
119. **HEXHAM**, Northumberland. War Memorial Hospital, Eastgate, Hexham. Tel: 0434 603654. Population: 10,000 - 12,000. DGH: Hexham – 1 mile. 12 Acute beds, 28 Geriatric, 1 Visiting Consultant, 6 G.P. s, 2 Practices.
120. **HINCKLEY**, Leics. Hinckley & District Hospital, Mount Road, Hinckley. Tel: 0455 610722. Population: 50,000. DGH: Leicester Road Infirmary – 15 miles. 12 Acute beds, 25 Surgical/gynae./orthopaedic, Casualty, X-ray, Physiotherapy, 18 Visiting Consultants, 22 G.P. s, 9 practices.

	Beds	Deaths/ Discharges	G.-A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
HAMMERWICH	24	80	—	90		1160	542	837	6789	726	21836(i)
HAMPTON	18	363	282	57	14			1158			
HARPENDEN	32	349	883	60	8	2253	1707	1290	9713	791	—
HAVANT	23	225	—	80	42	1043	660	647	—	—	—
HAWKHURST	16	256	—	100	16	385	175	174	6019	553	—
HAYES	26	319	158(a)	60(a)	16	1648		958	—	—	—
HAYWARDS HEATH	54	737	351	78	27	—	—	15980	22863		90188
HEADINGTON	(Statistics unavailable at time of publication).										
HEANOR	27	589	253	63	11	20178	12048	3270	1996	510	—
HELSTON	14	256	—	82	17	1356	576	924	—	—	—
HENLEY-ON- THAMES	16			73							(i)
HENLEY-ON- THAMES	46	143	—	84	59	4452	2945	4414	10794		22068
HERNE BAY	46	790	103	60	13	1424	1157	1541	6494	578	22823
HEXHAM	12	204	—	93	32	—	—	66	—	—	—
HINCKLEY	37	1265	996	55	6	7378	5818				82898

121. **HOLBEACH**, Lincs. Holbeach Hospital, Boston Road, Holbeach. Tel: 0406 22283. Population: 6,795. DGH: Boston – 15 miles. 46 Acute beds, Casualty, Physiotherapy, 6 Visiting Consultants, 6 G.P. s, 3 Practices.
122. **HOLMFIRTH**, Yorks. Holme Valley Memorial Hospital, Huddersfield Road, Holmfirth. Tel: 048 489 2093. Population: 14,000(a). DGH: Huddersfield. 35 Acute beds, Casualty, Physiotherapy, 3 Visiting Consultants, 7 G.P. s (i).
123. **HONITON**, Devon. Honiton Hospital, Honiton. Tel: 0404 2362. Population: 14,000 - 18,000. DGH: Royal Devon & Exeter – 17 miles. 16 Acute beds, 10 Maternity, 57 Geriatric, Casualty, Physiotherapy, Geriatric Day Hospital, 3 Visiting Consultants, 3 G.P. s, 2 Practices.
124. **HORLEY**, Surrey. Horley & District Hospital, Brighton Road, Horley. Tel: 029 34 2060. Population: (s). DGH: Redhill General Hospital – 4 miles. 16 Acute beds, Casualty, Physiotherapy, 1 Visiting Consultant, 16 G.P. s, 3 Practices.
125. **HORNCASTLE**, Lincs. War Memorial Hospital, North Street, Horncastle. Tel: 065 82 2349. Population: 10,200(a). DGH: Lincoln County – 20 miles: Boston Pilgrim – 20 miles. 13 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 5 Visiting Consultants, 5 G.P. s, 2 Practices.
126. **HORNSEA**, Yorks. Hornsea Cottage Hospital, Hornsea. Tel: 040 12 3146. Population: 7,330-14,660. DGH: Hull Royal Infirmary – 17½ miles. 22 Acute beds, Casualty, Physiotherapy, 2 Visiting Consultants, 4 G.P. s, 1 Practice.
127. **HORSHAM**, Sussex. Horsham Hospital, Hurst Road, Horsham. Tel: 0403 50155. Population: (s). DGH: Crawley – 8 miles. 44 Acute beds, 11 Maternity, 84 Geriatric, Casualty, X-ray (contrast/screening), Physiotherapy, Occupational Therapy, Geriatric Day Hospital, Psychogeriatric Day Hospital, 21 Visiting Consultants, 16 G.P. s, 20 Practices, National Rehabilitation Demonstration Centre.
128. **HOYLAKE**, Wirral, Merseyside. Hoylake Cottage Hospital, Hoylake. Tel: 051 632 3381. Population: 33,000. DGH: Clatterbridge Hospital – 10 miles. 32 Acute beds, X-ray, Haemodialysis Unit, 13 Visiting Consultants, 17 G.P. s, 6 Practices.
129. **HYTHE**, Hants. Hythe Hospital, Beaulieu Road, Hythe. Tel: 0703 845955. Population: 35,000-40,000. DGH: Southampton – 11 miles, 13 Acute beds, 7 Maternity, 4 Post Op. Gynae. Casualty, X-ray (screening), Physiotherapy, 19 Visiting Consultants, 18 G.P. s, 4 Practices.
130. **ILFRACOMBE**, Devon. Ilfracombe & District Tyrrell Hospital, Marlborough Road, Ilfracombe. Tel: 0271 63448. Population: 9,000-35,000. DGH: N. Devon, Barnstaple – 13 miles. 12 Acute beds, 20 Geriatric, Casualty, X-ray, Physiotherapy, 7 Visiting Consultants, 9 G.P. s, 3 Practices.
131. **ILKESTON**, Derbys. Ilkeston General Hospital, Heanor Road, Ilkeston. Tel: 0602 301133. Population: 50,000. DGH: Derbyshire Royal Infirmary – 12 miles. 54 Acute beds, Casualty, X-ray (contrast/screening), Physiotherapy, 13 Visiting Consultants, 19 G.P. s, 8 Practices.
132. **ILKLEY**, Yorks. Coronation Hospital, Springs Lane, Ilkley. Tel: 0943 609666. Population: 20,000. DGH: Airedale General Hospital – 10 miles. 28 Acute beds, Casualty, X-ray, Physiotherapy, 9 Visiting Consultants, 10 G.P. s, 3 Practices.
133. **ISLES OF SCILLY**. St. Mary's Hospital, Isles of Scilly, Tel: 0720 22392. Population: 2,200 - 5,000. DGH: Penzance – 32 miles: Truro – 60 miles: 9 Acute beds, 2 Maternity, 3 Geriatric, Casualty, X-ray (contrast), Physiotherapy, 4 Visiting Consultants, 2 G.P. s, 1 Practice.
134. **IVER**, Bucks. Iver, Denham & Langley Cottage Hospital, Iver. Tel: 0753 653339. Population: 45,000. DGH: Wexham Park – 3-4 miles. 27 Acute beds, Physiotherapy, 14 G.P. s, 4 Practices.
135. **KESWICK**, Cumbria. Mary Hewetson Hospital, Keswick. Tel: 0596 72012. Population: 8,500-30,000. DGH: Cumberland Infirmary, Carlisle – 30 miles. 17 Acute beds, 8 Geriatric, Casualty, X-ray, Physiotherapy, 2 Visiting Consultants, 5 G.P. s, 3 Practices.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
HOLBEACH	46	317	—	88	47	2468	1564	480	2879	301	—
HOLMFIRTH	35	434	205	68	32 (G.P.) 6(Surg.)	1590	793	—	4531	275	—
HONITON	26	776	1	83	32	2857	1832	307	1899	74	—
HORLEY	16	210	—	69	27	2675	1416	2107	1403	55	—
HORNCASTLE	13	197	23	77	11	4326	2535	304	—	—	6160
HORNSEA	22	243	—	72	23	6016	2544	744	2404	796	—
HORSHAM	55	1361	335	59	122	11165	6986	6219	17462	2190	86864
HOYLAKE	32	229	—	71	40	—	—	1513	—	—	36421
HYTHE	24	725	—	75	9	8500	4857	2257	606	208	13210
ILFRACOMBE	12	330	—	67	26	4690	2490	682	1240	126	20000
ILKESTON	54	1310	487	76	11	30412	14024	2285	17676	1846	85484
ILKLEY	28	352	—	59	17	3237	1595	6531	8001	737	30488
ISLES OF SCILLY	14	183	30	65	21	2451	1059	73	697	49	1920
IVER	27	361	—	73	20	—	—	246	1083	483	—
KESWICK	25	263	—	75	33	5394	3201	175	6711	457	4860

136. **KEYNSHAM**, Bristol, Avon. Keynsham Hospital, Keynsham. Tel: 027 56 2356. Population: (s). DGH: Royal United Hospital, Bath – 6 miles: Bristol Royal Infirmary – 6 miles. 20 Maternity beds, 56 Geriatric, 12 Young Chronic Sick, Physiotherapy, 3 G.P. s, 21 Practices.
137. **KINGSBRIDGE**, Devon. South Hams Hospital, Kingsbridge. Tel: 0548 2349. Population: 673,330 - 702,230. DGH: Freedom Fields, Plymouth – 21 miles. 25 Acute beds, Casualty, Physiotherapy, 12 Visiting Consultants, 9 G.P. s, 4 Practices.
138. **KINGTON**, Herefords. Kington Cottage Hospital, Kington. Tel: 0544 230317. Population: 7,000. DGH: Hereford – 21 miles. 11 Acute beds, Casualty, Physiotherapy, 4 Visiting Consultants, 4 G.P. s, 1 Practice.
139. **KNUTSFORD**, Cheshire. Knutsford & District Hospital, Northwich Road, Knutsford. Tel: 0565 3063. Population: 19,000. DGH: Wythenshawe – 12 miles. 16 Acute beds, Casualty, 8 Visiting Consultants, 11 G.P. s, 4 Practices.
140. **LAUNCESTON**, Cornwall. Launceston Hospital, College Row, Launceston. Tel: 0566 2455. Population: 20,000 - 30,000. DGH: Plymouth – 25 miles. 20 Acute beds, Casualty, X-ray (contrast/screening), Physiotherapy, 15 Visiting Consultants, 7 G.P. s, 4 Practices.
141. **LEATHERHEAD**, Surrey. Leatherhead Hospital, Leatherhead. Tel: 037 23 73466. Population: 50,000. DGH: Epsom District Hospital – 4 miles. 53 Acute beds, X-ray (contrast), Physiotherapy, 13 Visiting Consultants, 24 G.P. s, 8 Practices.
142. **LEDBURY**, Herefords. Ledbury Cottage Hospital, Ledbury. Tel: 0531 2488. Population: 10,000. DGH: Hereford County Hospital – 15 miles. 13 Acute beds, Casualty, X-ray, Physiotherapy, 4 Visiting Consultants, 4 G.P. s, 2 Practices.
143. **LEEK**, Staffs. Leek Memorial Hospital, Stockwell Street, Leek. Tel: 0538 371775. Population: 1,900. DGH: Hartshill. Stoke-on-Trent – 12 miles. 13 Acute beds, 8 Maternity, Casualty, X-ray, 2 Visiting Consultants, 12 G.P. s, 5 Practices.
144. **LEOMINSTER**, Herefords. Leominster Cottage Hospital, South Street, Leominster. Tel: 0568 2646. Population: 20,000. DGH: County Hospital, Hereford – 13 miles. 16 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 3 Visiting Consultants, 6 G.P. s, 3 Practices.
145. **LETCHWORTH**, Herts. Letchworth Hospital, Baldock Road, Letchworth. Tel: 046 26 5656. Population: 45,000. DGH: Lister, Stevenage – 5 miles. 22 Acute beds, X-ray, Physiotherapy, 4 Visiting Consultants, 22 G.P. s, 5 Practices.
146. **LEWES**, Sussex. Victoria Hospital, Nevill Road, Lewes. Tel: 079 16 4153. Population: 27,000. DGH: Royal Sussex County Hospital, Brighton – 8 miles. 41 Acute beds, Casualty, X-ray (contrast/screening), Physiotherapy, Cardiac Unit, 10 Visiting Consultants, 14 G.P. s, 5 Practices.
147. **LICHFIELD**, Staffs. Victoria Hospital, Friary Road, Lichfield. Tel: 054 32 55321. Population: 40,000. DGH: Good Hope, Sutton Coldfield – 9 miles. 36 Acute beds, 12 Maternity, Casualty, X-ray (contrast), Physiotherapy, 16 Visiting Consultants, 14 G.P. s, 3 Practices.
148. **LISKEARD**, Cornwall. Passmore Edwards Hospital, Barry Place, Liskeard. Tel: 0579 42137. Population: 65,500 - 100,000(a). DGH: Plymouth – 19 miles. 19 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 16 Visiting Consultants, 10 G.P. s, 5 Practices.
149. **LITTLEHAMPTON**, Sussex. Littlehampton Hospital, Fitzalan Road, Littlehampton. Tel: 090 64 7101. Population: 47,000 - 53,000. DGH: Worthing – 10 miles. 27 Acute beds. Casualty, X-ray (contrast), Physiotherapy, 5 Visiting consultants, 15 G.P. s, 5 Practices.
150. **LONGTON**, Staffs. Longton Hospital, Upper Belgrave Road, Longton. Tel: 0782 311328. Population: 50,000. DGH: N. Staffs. Royal Infirmary – 5 miles. 46 Acute beds, 5 Visiting Consultants, 1 G.P. (sessional basis), 1 Practice.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
KEYNSHAM	32	108	—	76 (Conv) 46 (Mat) 89 (Geri) 95 (YCS)	8 (Conv) 5 (Mat) 46 (Geri) 182 (YCS)	—	—	—	17752	567	—
KINGSBRIDGE	25	523	20	71	11	3855	2322	514	5057	372	—
KINGTON	11	109	96	81	28	1596	957	353	3328	234	—
KNUTSFORD	16	247	—	88	21	1781	787	1888	—	—	—
LAUNCESTON	20	552	75	67	9	3532	1919	1044	1540	248	19497
LEATHERHEAD	53	858	696	65	15	—	—	1932	19133	1903	74547
LEDBURY	13	185	35	90	20	4603	2180	1059	2571	—	896
LEEK	21	508	182	52	8	6082	2830	818	—	—	25548
LEOMINSTER	16	151	—	91	35	5990	2935	228	7635	683	229
LETCHWORTH	22	335	—	77	19	—	—	1108	6035	651	23760
LEWES	41	914	423	75	9	3314	2684	2661	17439	1372	61496
LICHFIELD	48	1179	647	60	8	17916	7267	8375	6723	755	65313
LISKEARD	19	542	171	77	13	6381	3037	1627	4992	481	33487
LITTLEHAMPTON	27	435	70	74	22	3776	3242	834	833	122	52473
LONGTON	46	774	862	50	5	—	—	—	—	—	—

151. **LOUTH**, Lincs. Louth & District Hospital, Crowtree Lane, Louth. Tel: 0507 601131. Population: 24,000(a). DGH: Grimsby – 12 miles. 28 Acute beds, 14 G.P. s, 6 Practices.
152. **LOWESTOFT**, Suffolk. (w). Lowestoft & North Suffolk Hospital, Tennyson Road, Lowestoft. Tel: 0502 87311. Population: 80,000 - 200,000. DGH: Gt. Yarmouth & Waveney, Gorleston-on-Sea – 7 miles. 15 Acute beds, 42 Geriatric, 27 Pre-convalescent, Physiotherapy, 15 Visiting consultants, 29 G.P. s, 8 Practices.
153. **LUTTERWORTH**, Leics. Fielding Palmer Cottage Hospital, Gilmorton Road, Lutterworth. Tel: 045 55 2150. Population: 17,000. DGH: Leicester General Hospital – 12 miles. 15 Acute beds, Casualty, Physiotherapy, 5 G.P. s, 5 Practices.
154. **LYDNEY**, Glos. Lydney & District Hospital, Lydney. Tel: 0594 42246. Population: 70,000. DGH: Gloucester – 24 miles. 27 Acute beds, 7 Post/Ante Natal, Casualty, X-ray, Physiotherapy, 9 Visiting Consultants, 12 G.P. s, 5 Practices.
155. **LYME REGIS**, Dorset. Lyme Regis Hospital, Pound Road, Lyme Regis. Tel: 029 74 2254. Population: 4,300 - 6,000. DGH: Weymouth, Dorset/Exeter, Devon/Taunton, Somerset – each 30 miles. 24 Acute beds, Casualty, X-ray, Physiotherapy, 2 Visiting Consultants, 3 G.P. s, 3 Practices.
156. **LYMINGTON**, Hants. (w). Lymington Hospital, Southampton Road, Lymington. Tel: 0590 77011. Population: 70,000 - 120,000. DGH: Southampton – 20 miles. 32 Medical beds, 29 Surgical, 5 ENT, 9 Gynaec, 5 G.P.'s. Other medical 9 unclassified. Casualty, X-ray (contrast/screening), Physiotherapy, 27 Visiting Consultants, 1 G.P., 15 Practices.
157. **LYNDHURST**, Hants. Fenwick Hospital, Lyndhurst. Tel: 042 128 2782. Population: 32,000(a). DGH: Southampton General Hospital – 10 miles. 12 Acute beds, 10 Maternity, Casualty, Physiotherapy, 3 Visiting Consultants, 25 G.P. s, 10 Practices.
158. **LYNTON**, Devon. Lynton & District Cottage Hospital, Lee Road, Lynton. Tel: 059 85 3310. Population: 2,500 - 15,000. DGH: N. Devon District Hospital, Barnstaple – 20 miles. 9 Acute beds, 6 Geriatric, Casualty, 3 Visiting Consultants, 2 G.P. s, 1 Practice.
159. **LYTHAM ST. ANNES**, Lancs. Lytham Hospital, Warton Street, Lytham St. Annes. Tel: 0253 737575. Population: (s). DGH: Victoria Hospital, Blackpool – 6 miles. 34 Acute beds, 16 Maternity, Casualty, X-ray (contrast/screening), Physiotherapy, 6 Visiting Consultants, 11 G.P. s, 4 Practices.
160. **MAIDENHEAD**, Berks. (w). St. Mark's Hospital, Maidenhead. Tel: 0628 32012. Population: 50,000. DGH: Wexham Park Hospital, Slough – 7½ miles. 20 Acute beds, 127 Geriatric, Casualty, X-ray, Physiotherapy, 22 Visiting Consultants, 27 G.P. s, 9 Practices.
161. **MALMESBURY**, Wilts. Malmesbury Hospital, Burton Hill, Malmesbury. Tel: 066 62 2424. Population: 12,000(a). DGH: Princess Margaret's Swindon – 16 miles. 25 Acute beds, 5 Maternity, Casualty, X-ray (contrast), Physiotherapy, 12 Visiting Consultants, 6 G.P. s, 3 Practices.
162. **MALTON**, Yorks. Malton, Norton & District Hospital, Middlecave Road, Malton. Tel: 0653 3041. Population: 25,000 - 30,000. DGH: Scarborough Hospital – 24 miles. 27 Acute beds, 12 Maternity, 30 Geriatric, Casualty, X-ray (contrast), Physiotherapy, 10 Visiting Consultants, 6 G.P. s (clinical assistants), 7 Practices.
163. **MARKET DRAYTON**, Salop. Market Drayton Hospital, Market Drayton. Tel: 0630 2846. Population: 20,000. DGH: Royal Shrewsbury Hospital – 22 miles. 16 Acute beds, Casualty, Physiotherapy, 6 G.P. s, 1 Practice.
164. **MARKET HARBOROUGH**, Leics. Market Harborough Cottage Hospital, Market Harborough. Tel: 0858 64756. Population: 50,000. DGH: Leicester – 15 miles. 15 Acute beds, 11 Maternity, Casualty, X-ray (contrast), Physiotherapy, 12 Visiting Consultants, 2 G.P. s, 5 Practices.
165. **MARLOW**, Bucks. Marlow Hospital, Glade Road, Marlow. Tel: 062 84 2292. Population: 21,000. DGH: Wycombe General Hospital – 6 miles. 12 Acute beds, Casualty, 4 Visiting Consultants, 10 G.P. s, 1 Practice.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
LOUTH	28	308	49	73	35	—	—	811	—	—	—
LOWESTOFT	42	401	—	70	13	—	—	815	7045	718	(i)
LUTTERWORTH	15	233	—	61	25	5470	2286	94	1891	220	—
LYDNEY	34	602	169	60	—	9626	4323	4186	7532	628	26922
LYME REGIS	24	270	—	62	18	3494	1684	11	2460	853	2182
LYMINGTON											
LYNDHURST	22	807	389	59	5	491	466	841	1957	141	—
LYNTON	15	113	—	71	22(G.P.other) 111 (Ger)	1199	812	90	—	—	—
LYTHAM ST. ANNES	50	1186	525	53	8	17563	8065	3123	7076	623	31861
MAIDENHEAD	20	250	—	84	28 (a)	8148	6314	31000	21956	1861	136000
MALMESBURY	30	373	—	60	15	4890	3009	1398	6781	784	19433
MALTON	39	1312	512	86	10	7482	4266	4625	12443	1106	23435
MARKET DRAYTON	16	186	—	89	28	4315	2450	—	3743	394	—
MARKET HARBOROUGH	26	136	—	44	31	10262	5365	696	2396	265	24840
MARLOW	12	112	—	89	34	1924	1106	1227	—	—	—

166. **MARYPORT**, Cumbria. Victoria Cottage Hospital, Maryport. Tel: 090 081 2634. Population: 15,000. DGH: Whitehaven – 15 miles. 22 Acute beds, Casualty, 2 Visiting Consultants, 7 G.P. s, 2 Practices.
167. **MATLOCK**, Derbys. Whitworth Hospital, Darley Dale, Matlock. Tel: 0629 3846. Population 24,000. DGH: Chesterfield – 10 miles. 18 Acute beds, Casualty, X-ray, Physiotherapy, 2 Visiting Consultants, 12 G.P. s, 5 Practices.
168. **MELKSHAM**, Wilts. Melksham Hospital, Melksham. Tel: 0225 703088. Population: 22,000. DGH: Royal United, Bath – 15 miles. 38 Acute beds, Casualty, X-ray, Physiotherapy, 13 Visiting Consultants, 11 G.P. s, 2 Practices.
169. **MELTON MOWBRAY**, Leics. Melton & District War Memorial Hospital, Ankle Hill, Melton Mowbray. Tel: 0664 63027. Population: 30,000. DGH: Leicester – 15 miles. 47 Acute beds, Casualty, X-ray (contrast), 13 Visiting Consultants, 9 G.P. s, 1 Practice.
170. **MIDDLESBROUGH**, Cleveland. Carter Bequest Hospital, Cambridge Road, Middlesbrough. Tel: 0642 813133. Population: (s). DGH: Middlesbrough General – 1½ miles. 31 Acute beds, 20 Maternity, 11 Burns Unit, X-ray, Dermatology, Burns Unit, 14 Visiting Consultants, 30 G.P. s, 26 Practices.
171. **MIDHURST**, Sussex. The Cottage Hospital, Dodsley Lane, Midhurst. Tel: 073 081 3105. Population: 10,000(a). DGH: Chichester – 14 miles. 26 Acute beds, 5 G.P. s, 1 Practice.
172. **MILFORD-ON-SEA**, Hants. Milford Hospital, Milford-on-Sea. Tel: 059 069 3016. Population: 37,000 - 42,000. DGH: Southampton – 18 miles. 18 Acute beds, X-ray, Physiotherapy, 6 Visiting Consultants, 27 G.P. s, 7 Practices.
173. **MILLOM**, Cumbria. Millom Hospital, Lapstone Road, Millom. Tel: 0657 2631. Population: 11,000 - 13,000. DGH: Whitehaven – 32 miles. 10 Acute beds, Physiotherapy, 10 Visiting Consultants, 6 G.P. s, 3 Practices.
174. **MILTON KEYNES**, Bucks. Milton Keynes Community Hospital, Milton Keynes. Tel: 0908 679231. Population: 127,000. DGH: Stoke Mandeville – 21 miles. 17 Acute beds, 51 Geriatric, 25 Psychiatric, X-ray (contrast/screening), Physiotherapy, 19 Practices.
175. **MORETONHAMPSTEAD**, Devon. Moretonhampstead Hospital, Moretonhampstead. Tel: 064 74 217. Population: 6,500 - 8,500. DGH: Wonford Royal Devon. Exeter – 13 miles. 9 Acute beds, Casualty, X-ray, Physiotherapy, 2 Visiting Consultants, 4 G.P. s, 2 Practices.
176. **MORETON-IN-THE-MARSH**, Glos. Moreton-in-the-Marsh Hospital, Hospital Road, Moreton-in-the-Marsh. Tel: 0608 50456/50457. Population: 15,000 - 20,500. DGH: Cheltenham General – 23 miles. 31 Acute beds, 12 Geriatric, Casualty, X-ray, Physiotherapy, 9 Visiting Consultants, 6 G.P. s, 3 Practices.
177. **MORPETH**, Northumberland. Morpeth Cottage Hospital, South Road, Morpeth. Tel: 0670 514523. Population: 47,600+. DGH: Ashington Hospital – 7 miles. 21 Acute beds, 86 Geriatric, Casualty, X-ray, Physiotherapy, Geriatric Day Hospital, 7 Visiting Consultants, 10 G.P. s, 3 Practices.
178. **MUCH WENLOCK**, Salop. Lady Forester Hospital, Much Wenlock. Tel: 0952 727203 & 727379. Population: 4,000. DGH: Royal Shrewsbury Hospital – 13 miles. 22 Acute beds, Casualty, X-ray, Physiotherapy, 4 Visiting Consultants, 3 G.P. s, 6 Practices.
179. **NEWBURY**, Berks. Newbury District Hospital, Andover Road, Newbury. Tel: 0635 47074. Population: 11,570. DGH: Reading – 20 miles. 66 Acute beds, Casualty, X-ray (contrast/screening), Physiotherapy (sep), 44 Visiting Consultants, 18 G.P. s, 4 Practices.
180. **NEWPORT**, Salop. Newport Cottage Hospital, Newport. Tel: 0952 811272. Population: 18,000. DGH: Stafford – 14 miles, 18 Acute beds, Casualty, X-ray, Physiotherapy, 1 Visiting Consultant, 9 G.P. s, 3 Practices.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
MARYPORT	22	101	—	85	140(a)	5500	2000	127	—	—	—
MATLOCK	18	257	—	66	17	12232	6298	245	6713	551	27067
MELKSHAM	38	796	101	67	13	6922	2803	4412	11046	784	20479
MELTON MOWBRAY	47	1193	737	57	3	2404	2401	3205			50280
MIDDLESBROUGH	51	1241		47	19	—	—	23688	—	—	15627
MIDHURST	26	175	—	97		—	—	—	—	—	—
MILFORD- ON-SEA	18	257	—	64	16	—	—	1692	8001	799	21418
MILLOM	10	209	—	77	14	—	—	479	3296	167	—
MILTON KEYNES	17	276	—	95	19	—	—	—	184		76
MORETON- HAMPSTEAD	9	221	—	78	10	1900	1142	30	575	81	928
MORETON-IN- THE MARSH	31	581	97	64	7	2474	1109	1012	2253	196	16660
MORPETH	21	630	109	91	13	1962	1356	654	12387	905	11213
MUCH WENLOCK	22	343	—	68	16	2440	1481	1233	1476	203	1782
NEWBURY	66	1512		57	10	6986	6273	5496	7983	4535	125076
NEWPORT	18	158	29	78	30	5929	3530	3776	1531	246	3702

181. **NEWQUAY**, Cornwall. Newquay & District Hospital. St. Thomas Road, Newquay. Tel: 063 73 3883. Population: 12,000 - 50,000. DGH: Treliske, Truro - 17 miles. 23 Acute beds, Casualty, X-ray, 12 Visiting Consultants, 8 G.P. s, 8 Practices(i).
182. **NEWTON ABBOTT**, Devon. Newton Abbott Hospital, Newton Abbott. Tel: 0626 4321. Population: 27,022 - 32,000(a). DGH: Torbay - 5 miles. 12 Acute beds, 15 Maternity, 130 Geriatric, Casualty, X-ray (contrast/screening), Physiotherapy, 12 Visiting Consultants, 15 G.P. s, 4 Practices.
183. **NEWTON ABBOTT**, Devon. Wolborough Hospital, Newton Abbott. Tel: 0626 4320. Population: 20,000 - 25,000. DGH: Torbay - 5 miles. 26 Acute beds, 14 G.P. s, 5 Practices.
184. **NEWTON-LE-WILLOWS**, Lancs. Newton Cottage Hospital, Bradleigh Road, Newton-le-Willows. Tel: 092 52 22731. Population: 26,000. DGH: Warrington Infirmary/St. Helens General - 5 miles. 36 Acute beds, 7 Geriatric, X-ray, Physiotherapy, 19 G.P. s, 6 Practices (i).
185. **NORTHALLERTON**, Yorks. Rutson Hospital, Northallerton. Tel: 0209 2023. Population: 108,000. DGH: Friarage Hospital - 400 yds. 27 Acute beds, X-ray (contrast/screening), Physiotherapy, 10 G.P. s, 2 Practices.
186. **NORTH WALSHAM**, Norfolk. North Walsham War Memorial Cottage Hospital, Yarmouth Road, North Walsham. Tel: 0692 403053. Population: 15,000 - 20,000. DGH: Norfolk & Norwich - 21 miles. 23 Acute beds, 8 Maternity, Casualty, Physiotherapy, 2 Visiting Consultants, 23 G.P. s, 8 Practices.
187. **NORTHWICH**, Cheshire. Victoria Infirmary & Clinic, Winnington Hill, Northwich. Tel: 0606 74331. Population: 40,000. DGH: Leighton Hospital, Crewe - 13 miles. 44 Acute beds, Casualty, X-ray, Physiotherapy, 21 Visiting Consultants, 28 G.P. s, 8 Practices.
188. **NORTHWOOD**, Middlesex. Northwood Pinner & District Hospital, Northwood. Tel: 092 74 24182. Population: (s). DGH: Mount Vernon Hospital - 2 miles. 36 Acute beds, X-ray (screening), Physiotherapy, Orthopaedic Injection Clinic, 9 Visiting Consultants, 27 G.P. s, 13 Practices.
189. **NORWOOD**, Surrey. Norwood & District Hospital, Hermitage Road, Norwood. Tel: 01 653 1171. Population: 40,000(a). DGH: Croydon (Phase I 1983) - 6 miles. Casualty, X-ray, Physiotherapy, 8 Visiting Consultants, 18 G.P. s, 5 Practices. (In-patient area of hospital closed 1979).
190. **OAKHAM**, Leics. Rutland Memorial Hospital, Oakham. Tel: 0572 2552. Population: 30,000. DGH: Leicester - 18 miles. 24 Acute beds, 12 Maternity, Casualty, X-ray, Physiotherapy, 9 Visiting Consultants, 6 G.P. s, 3 Practices.
191. **ODIHAM**, Hants. Odiham Cottage Hospital, Odiham. Tel: 025 671 2600. Population: 18,000(a). DGH: Basingstoke District Hospital - 13 miles. 8 Acute beds, Casualty, Physiotherapy, 5 Visiting Consultants, 9 G.P. s, 2 Practices.
192. **OKEHAMPTON**, Devon. Okehampton & District Hospital, East Street, Okehampton. Tel: 0837 2188. Population: 9,000. DGH: Exeter - 23 miles. 13 Acute beds, 4 Maternity, Casualty, X-ray, 4 G.P. s, 1 Practice.
193. **OLDHAM**, Lancs. Dr. Kershaw's Cottage Hospital, Turf Lane, Royton, Oldham. Tel: 061 624 2727. District: Oldham. 16 Acute beds (i).
194. **ONGAR**, Essex. Ongar War Memorial Hospital, Shelley, Ongar. Tel: 0277 362629. Population: 20,000. DGH: St. Margaret's, Epping - 7 miles. 22 Acute beds, Casualty, Physiotherapy, 10 G.P. s, 2 Practices.
195. **OSWESTRY**, Salop. Oswestry & District Hospital, Upper Brook Street, Oswestry. Tel: 0691 4511. Population: 25,000. DGH: Royal Shrewsbury Hospital - 18 miles. 31 Acute beds, 11 Maternity, 22 Geriatric, Casualty, X-ray, Physiotherapy, 6 Visiting Consultants, 13 G.P. s, 4 Practices.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
NEWQUAY	23	473	—	74	13	8996	5994	2901			25221
NEWTON ABBOTT	27	2289	1500	74	25	6415	3028	5524	11169	1689	100329
NEWTON ABBOTT	26			69	35	—	—	—			
NEWTON-LE WILLOWS	36										(i)
NORTHALLERTON	27	244	—	60	24	—	—	517	377	25	890
NORTH WALSHAM	31	763	95	66	15(G.P. other) 3(G.P. Mat) 12(Gen.Surg.)	1629	960	464	4478	571	—
NORTHWICH	44	677	—	62	56(a)	22935	3702	8158	9171		68535
NORTHWOOD	36	704	200	68	10	—	—	3625	6793	779	50097
NORWOOD	—	—	—	—	—	7809	3792	2800	9360	953	29873
OAKHAM	36	1169	467	51	5	3674	2034	2198	256	62	25768
ODIHAM	8	104		83	23	1184	396	716	621	33	—
OKEHAMPTON	17	461	—	85	9	4418	2221	—	212	61	7310
OLDHAM	16	269		65	20	—	—	—	—	—	—
ONGAR	22	192	—	89	21	365	259	59	5688	465	—
OSWESTRY	42	1169	464	73	14	5223	3089	1677	3947	421	41385

196. **OTTERY ST. MARY**, Devon. Ottery St. Mary Hospital, Ottery St. Mary. Tel: 040 481 2188. Population: 14,500 - 18,000. DGH: Royal Devon & Exeter - 12 miles. 21 Acute beds, Casualty, Physiotherapy, 1 Visiting Consultant, 5 G.P. s, 1 Practice.
197. **OXTED**, Surrey. Oxted Hospital, Eastlands Way, Oxted. Tel: 088 33 4344. Population: 18,000. DGH: Redhill - 9 miles. 40 Acute beds, Casualty, X-ray (contrast/screening), Physiotherapy, 7 Visiting Consultants, 7 G.P. s, 1 Practice.
198. **PAIGNTON**, Devon. Paignton & District Hospital, Church Street, Paignton. Tel: 0803 557425. Population: 40,000 - 80,000(a). DGH: Torbay Hospital - 5 miles. 42 Acute beds, 9 Maternity, 22 Geriatric, Casualty, X-ray, Physiotherapy, 5 Visiting Consultants, 19 G.P. s, 11 Practices.
199. **PAULTON**, Bristol, Avon. Paulton Memorial Hospital, Paulton. Tel: 0761 412315. Population: 33,569. DGH: Royal United Hospital - 12 miles. 28 Acute beds, 17 Maternity, 14 Geriatric, Casualty, X-ray (contrast/screening), Physiotherapy, 14 Visiting Consultants, 14 G.P. s (clinical assistants), 7 Practices.
200. **PENRITH**, Cumbria. Jubilee Cottage Hospital, Beacon Edge, Penrith. Tel: 0768 62026. Population: 20,000 - 28,000. DGH: Cumberland Infirmary, Carlisle - 18 miles. 13 Acute beds, 6 Geriatric, 2 Visiting Consultants, 11 G.P. s, 3 Practices.
201. **PENRITH**, Cumbria. Penrith Hospital, Bridge Lane, Penrith. Tel: 0768 63647. Population: 20,000 - 28,000. DGH: Cumberland Infirmary, Carlisle - 18 miles. 11 Maternity, 60 Geriatric, Casualty, X-ray, Physiotherapy, 12 Visiting Consultants, 11 G.P. s, 3 Practices.
202. **PERSHORE**, Worcs. Pershore Cottage Hospital, Defford Road, Pershore. Tel: 038 65 2040. Population: 20,000 - 25,000. DGH: Worcester - 9 miles. 19 Acute beds, Casualty, Physiotherapy, 9 G.P. s, 2 Practices.
203. **PETERSFIELD**, Hants. Petersfield Hospital, The Spain, Petersfield. Tel: 0730 3221. Population: 60,000. DGH: Queen Alexandra Hospital - 12 miles. 23 Acute beds, Casualty, X-ray, Physiotherapy, 8 Visiting Consultants, 11 G.P. s, 10 Practices.
204. **POTTERS BAR**, Herts. Potters Bar Hospital, Mutton Lane, Potters Bar. Tel: 0707 53286. Population: 26,000(a). DGH: Barnet General Hospital - 4 miles. 39 Acute beds, 13 Geriatric, X-ray, 7 Visiting Consultants, 14 G.P. s, 5 Practices.
205. **PUTNEY**, London. (w). Putney Hospital, SW15. Tel: 01 789 6633. 10 beds (i).
206. **RAMSEY**, Isle of Man. Ramsey & District Cottage Hospital, Ramsey. Tel: 0624 813254. Population: 12,000 - 13,000. DGH: Douglas, I.O.M. - 16 miles. 29 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 8 Visiting Consultants, 5 G.P. s, 1 Practice.
207. **REDCAR**, Cleveland. Stead Memorial Hospital, Coatham, Redcar. Tel: 0642 48 3251. Population: (s). DGH: South Cleveland - 9 miles. 30 Acute beds, 20 Geriatric, Casualty, X-ray, 6 Visiting Consultants, 25 G.P. s, 6 Practices.
208. **REDDITCH**, Worcs. Smallwood Hospital, Redditch. Tel: 0527 62312. Population: 55,000 - 75,000. DGH: Bromsgrove General - 6 miles. 40 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 15 Visiting Consultants, 26 G.P. s, 12 Practices.
209. **RETFORD**, Notts. Retford & District Hospital, North Road, Retford. Tel: 0777 705261. Population: 18,000. DGH: Worksop - 9 miles. 39 Acute beds, 56 Geriatric, Casualty, X-ray, Physiotherapy, 8 Visiting Consultants, 12 G.P. s, 3 Practices.
210. **RICHMOND**, Yorks. Victoria Hospital, Queen's Road, Richmond. Tel: 0748 2109. Population: 15,000 - 17,000. DGH: Northallerton - 14 miles. 12 Acute beds, Casualty, 7 Visiting Consultants, 12 G.P. s, 5 Practices.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
OTTERY ST. MARY	21	319	—	76	19	2881	1306	20	5814	513	—
OXTED	40	535	196	77	30	2622	1654	1767	6471	683	36556
PAIGNTON	51	1251	484	76	19	10148	5725	1391	15032		3638
PAULTON	45	1058	151	64	13	4485	2452	1196	14680	1925	36933
PENRITH	13	232	—	77 (A) 83 (Geri)	17 (A) 108 (Geri)	—	—	—	—	—	—
PENRITH	11	523	—	85 (Geri) 48 (Mat)	206 (Geri) 5 (Mat)	6715	4852	1172	6290	504	7913
PERSHORE	19	188	—	77	31	3756	2468	366	2968	299	—
PETERSFIELD	23	44	284	75	22	5512	2536	1013	4833	427	24421
POTTERS BAR	39	811	613	61	15	—	—	1533	—	—	12280
PUTNEY						(Statistics unavailable at time of publication).					
RAMSEY	29	771		63	10	7500	—		11644		11568(i)
REDCAR	30	256		77	35	7185	4552	3313	—	—	53946
REDDITCH	40	740	156	69	16	18618	9107	3378	14785	1162	107104
RETFORD	39	390		82	27	12778	5643	8735	10070	811	35404
RICHMOND	12	221	—	70	14	5705	1878	136	—	—	—

- 211. RIPLEY**, Derbys. Ripley Hospital, Slack Lane, Ripley. Tel: 0773 43456. Population: 18,060. DGH: Derbyshire Royal Infirmary – 10 miles. 24 Acute beds, Casualty, X-ray (contrast), Physiotherapy, Lung Function Laboratory, 10 Visiting Consultants, 18 G.P. s, 15 Practices.
- 212. RIPON**, Yorks. Ripon & District Hospital, Firby Lane, Ripon. Tel: 0765 2546. Population: 22,000 - 32,000. DGH: Harrogate – 12 miles. 40 Acute beds, 10 Maternity, Casualty, X-ray (contrast/screening), Physiotherapy, 10 Visiting Consultants, 16 G.P. s, 5 Practices.
- 213. ROMSEY**, Hants. Romsey Hospital, Mile Hill, Romsey. Tel: 0794 512343 & 512612. Population: 30,000 - 40,000. DGH: Southampton General – 6 - 7 miles. 20 Acute beds, 6 Maternity, Casualty, Physiotherapy, 12 Visiting Consultants, 13 G.P. s, 4 Practices.
- 214. ROSS-ON-WYE**, Herefords. Cottage Hospital, Ross-on-Wye. Tel: 0989 2022. Population: 20,000 - 24,000. DGH: Hereford – 14 miles. 14 Acute beds, Casualty, X-ray, Physiotherapy, 7 G.P.'s, 2 Practices.
- 215. ROTHBURY**, Northumberland. Coquetdale Cottage Hospital, Rothbury. Tel: 0669 20555. Population: 6,000 - 15,000. DGH: Ashington – 23 miles. 17 Acute beds, Casualty, Physiotherapy, 1 Visiting Consultant, 3 G.P. s, 2 Practices.
- 216. ROYSTON**, Herts. Royston & District Hospital, London Road, Royston. Tel: 0763 42134. Population: 34,000(a). DGH: Lister Hospital, Stevenage – 14 miles. 24 Acute beds, 6 Maternity, Casualty, Physiotherapy, 1 Visiting Consultant, 17 G.P. s, 5 Practices.
- 217. RUGELEY**, Staffs. Rugeley District Hospital, Rugeley. Tel: 088 94 3374. Population: 30,000. DGH: Stafford – 11 miles. 14 Acute beds, Casualty, 11 G.P. s, 3 Practices.
- 218. RUNCORN**, Cheshire. Runcorn Victoria Memorial Hospital, The Holloway, Runcorn. Tel: 092 85 72046. Population: 50,000. DGH: Whiston – 7 miles: Warrington – 10 miles. 26 Acute beds, Casualty, 24 G.P. s, 6 Practices.
- 219. RYE**, Sussex. Rye Memorial Hospital, Rye Hill, Playden, Rye. Tel: 079 73 2109. Population: 6,000 - 12,000. DGH: Hastings – 14 miles. 15 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 7 Visiting Consultants, 5 G.P. s, 7 Practices.
- 220. ST. ANNES**, Lancs. St. Annes War Memorial Hospital, 181 St. Annes Road East, St. Annes on Sea. Tel: 0253 722101. Population: 24,000 - 70,000(a). DGH: Blackpool – 5½ miles. 38 Acute beds. Casualty, X-ray (contrast/screening), Physiotherapy, Young Chronic Sick Ward, 7 Visiting Consultants, 10 G.P. s, 6 Practices.
- 221. ST. AUSTELL**, Cornwall. St. Austell & District Hospital, Edgcumbe Road, St. Austell. Tel: 0726 2401/4176. Population: 27,000. DGH: Treliiske, Truro – 17 miles. 20 Acute beds, 6 Gynae., Casualty, X-ray, 25 Visiting Consultants, 19 G.P. s, 9 Practices.
- 222. ST. IVES**, Cornwall. Edward Main Hospital, St. Ives. Tel: 073 670 5044. Population: 12,000 - 40,000. DGH: Truro – 24 miles. 15 Acute beds, Casualty, 3 Visiting Consultants, 6 G.P. s, 3 Practices.
- 223. SAFFRON WALDEN**, Essex. Saffron Walden Hospital, London Road and Saffron Walden Hospital, Radwinter Road, Saffron Walden. Tel: 0799 22464. Population: 33,000. DGH: Addenbrookes – 14 miles. 6 Acute beds, 102 Geriatric, Casualty, X-ray (contrast/screening), Physiotherapy, Geriatric Day Hospital, 11 Visiting Consultants, 13 G.P. s, 4 Practices.
- 224. SALTASH**, Cornwall. St. Barnabas Hospital, Saltash. Tel: 075 55 3101. Population: 14,890 - 34,500. DGH: Plymouth General Hospital – 4 miles. 16 Acute beds, Casualty, X-ray, Physiotherapy, Geriatric Day Hospital, 7 Visiting Consultants, 7 G.P. s, 1 Practice.
- 225. SELBY**, Yorks. Selby War Memorial Hospital, Doncaster Road, Selby. Tel: 0757 702664. Population: 40,000. DGH: York – 16 miles. 20 Acute beds, 24 Geriatric, Casualty, X-ray (contrast/screening), Physiotherapy, 16 Visiting Consultants, 10 G.P. s, 2 Practices.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
RIPLEY	24	468	—	77	14	24199	10529	5010	25934	1982	65672
RIPON	50	976	491	53	22	12556	5498	2077	10663	1060	33168
ROMSEY	26	628	182	72(other) 53(mat)	15(other) 5(mat)	1662	1253	1546	4140	289	—
ROSS-ON-WYE	14	254	—	75	10(a)	6266	4097	138	8960	855	3232
ROTHBURY	17	271	—	72	17	670	506	198	1424	153	—
ROYSTON	30	438	—	65	20	2497	1469	1122	2577	303	—
RUGELEY	14	57	—	74	66	3449	2808	—	—	—	—
RUNCORN	26	242	—	82	30+(a)	2694	2153	—	—	—	—
RYE	15	181	—	81	24	2091	1208	1651	2962	261	354
ST. ANNES	38	906	1105	65	10	1963	1147	1208	11027	1141	31989
ST. AUSTELL	26	765	676	68	9	5103	3904	5350	5396	591	88019
ST. IVES	15	195	—	75	20	6058	3552	281	—	—	—
SAFFRON WALDEN	6	78	—	94	149	5517	2755	2258	5504	778	53465
SALTASH	16	349	98	78	16	4033	2743	624	2622	177	—
SELBY	20	—	—	92	—	7873	4672	1694	12836	921	36289(i)

226. **SETTLE**, N. Yorkshire (w). Harden Bridge Hospital, Settle. Tel: 046 85 281. 8 Acute beds.
227. **SEVENOAKS**, Kent. Sevenoaks Hospital, Hospital Road, Sevenoaks. Tel: 0732 55155. Population: 60,000. DGH: Orpington – 10 miles. 73 Acute beds, 18 Maternity, 35 Geriatric, Casualty, X-ray (contrast/screening), 21 Visiting Consultants, 27 G.P. s, 7 Practices.
228. **SHAFTESBURY**, Dorset. Westminster Memorial Hospital, Shaftesbury. Tel: 0747 2363. Population: 10,000 - 12,000. DGH: Salisbury – 20 miles. 16 Acute beds, 8 Maternity, 12 Geriatric, Casualty, X-ray, Physiotherapy, 9 Visiting Consultants, 13 G.P. s, 7 Practices.
229. **SHEPTON MALLET**, Soms. Shepton Mallet Hospital, Princes Road, Shepton Mallet. Tel: 0749 2223/4. Population: 14,234. DGH: Royal United Hospital, Bath – 20 miles. 29 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 10 Visiting Consultants, 7 G.P. s (clinical assistants), 4 Practices.
230. **SHERBORNE**, Dorset. Yeatman Hospital, Hospital Lane, Sherborne. Tel: 093 581 3991. Population: 20,000. DGH: Dorchester – 20 miles; Yeovil District Hospital – 5 miles. 45 Acute beds, 12 Maternity, 20 Geriatric, Casualty, X-ray, Physiotherapy, 17 Visiting Consultants, 8 G.P. s, 18 Practices.
231. **SHIFNAL**, Salop. Shifnal & District Cottage Hospital, Shifnal. Tel: Shifnal 460419. Population: 10,000. DGH: Shrewsbury – 17 miles. 14 Acute beds, 40 Geriatric, Casualty, Physiotherapy, 6 Visiting Consultants, 8 G.P. s, 2 Practices.
232. **SHIPLEY**, Yorks. Shipley Hospital, Shipley. Tel: 0274 599011. Population: (s). DGH: Bradford Royal Infirmary – 3 miles. 8 Acute beds, 15 Pre-con. Casualty, X-ray, Physiotherapy, 2 Visiting Consultants, 22 G.P. s, 9 Practices.
233. **SHIPSTON-ON-STOUR**, Warwicks. Ellen Badger Hospital, Shipston-on-Stour. Tel: 0608 61410. Population: 14,000. DGH: Warwick – 17½ miles. 35 Acute beds, Casualty, X-ray (contrast), Physiotherapy, Day Case Hospital, 7 Visiting Consultants, 7 G.P.'s, 4 Practices.
234. **SIDCUP**, Kent.(w). Ellingworth Ward, Queen Mary's Hospital, Sidcup. Tel: 01 302 2678. Population: (s). 29 Acute beds, X-ray, 51 G.P. s, 26 Practices.
235. **SIDMOUTH**, Devon. Victoria Cottage Hospital, Sidmouth. Tel: 039 55 2482. Population: 12,500 - 18,000. DGH: Royal Devon & Exeter – 15 miles. 30 Acute beds, 4 Maternity, Casualty, X-ray (contrast), Physiotherapy, 2 Visiting Consultants, 6 G.P. s, 1 Practice.
236. **SKEGNESS**, Lincs. Skegness & District Hospital, Dorothy Avenue, Skegness. Tel: 0754 2401. Population: 20,000 - 120,000. DGH: Pilgrim, Boston – 23 miles. 26 Acute beds, Casualty, X-ray (contrast/screening), Physiotherapy, 16 Visiting Consultants, 9 G.P. s, 5 Practices.
237. **SKIPTON**, Yorks. Skipton General Hospital, Skipton. Tel: 0756 2233. Population: 25,000. DGH: Airedale – 6 miles. 23 Acute beds, 23 Pre-convalescent, Casualty, X-ray (contrast/screening), Physiotherapy, 16 Visiting Consultants, 6 G.P. s, 8 Practices.
238. **SOUTHALL**, Middlesex. Southall-Norwood Hospital, The Green, Southall. Tel: 01 574 2616. Population: (s). DGH: Ealing – 2 miles. 26 Acute beds, Casualty, X-ray, Physiotherapy, 5 Visiting Consultants, 20 G.P. s, 10 Practices.
239. **SOUTH MOLTON**, Devon. South Molton Hospital, West Street, South Molton. Tel: 076 95 2574. Population: 1,200+. DGH: N. Devon District, Barnstaple – 11 miles. 11 Acute beds, Casualty, 6 G.P. s, 2 Practices.
240. **SOUTH PETHERTON**, Soms. South Petherton Hospital, South Petherton. Tel: 0460 40333. Population: 10,000. DGH: Yeovil – 9 miles. 15 Acute beds, 44 Pre-con., X-ray, Physiotherapy, 2 Visiting Consultants, 6 G.P. s, 2 Practices.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
SETTLE	(Statistics unavailable at time of publication).										
SEVENOAKS	91	2417	1759	71	14	15726	9358	7503			124412
SHAFTESBURY	24	433	—	68	21	4769	2331	1757	2652	347	20080
SHEPTON MALLET	29	570	95	76	14	6836	3171	1031	5719	610	27546
SHERBORNE	57	900	813	80	14	2929	1939	2891	4966	2044	33316
SHIFNAL	14	146		80		1254	724	970	2082	261	—
SHIPLEY	23	476		100 (G.P.) 42(pre-con)		2104	829	311	5014	381	36867
SHIPSTON-ON- STOUR	35	218	—	92	58	2985	1512	594	9329	606	11200
SIDCUP	29	319	—	85	27						
SIDMOUTH	34	537	76	77	18	4359	2592	33	10659	556	16181
SKEGNESS	26	766	199	65	11	17124	9136	2883	7997	436	56147
SKIPTON	23	297	—	75	20	4306	2676	2266	13705	1137	74889
SOUTHALL	26	750	424	72	18	1384	1035	1955	182	22	20000
SOUTH MOLTON	11	186	—	90	22	1370	992	—	—	—	—
SOUTH PETHERTON	59	415		70	37	—	—	—	3143	233	(i)

- 241. SOUTHWOLD**, Suffolk. Southwold Hospital, Field Stile Road, Southwold. Tel: 0502 72333. Population: 16,000(a). DGH: Lowestoft & North Suffolk – 10 miles. 17 Acute beds, Casualty, Physiotherapy, 3 Visiting Consultants, 8 G.P. s, 4 Practices.
- 242. SPALDING**, Links. Johnson Hospital, Priory Road, Spalding. Tel: 0775 2386. Population: 25,000. DGH: Pilgrim, Boston – 17 miles; Peterborough – 20 miles. 32 Acute beds, 8 Maternity, Casualty, X-ray, Physiotherapy, 14 Visiting Consultants, 9 G.P. s, 2 Practices.
- 243. SPILSBY**, Lincs. Grace Swan Memorial Hospital, Hondleby, Spilsby. Tel: 0790 53666. Population: 5,000 - 6,000. DGH: Pilgrim, Boston – 17 miles. 17 Acute beds, Casualty, Physiotherapy, 2 Visiting Consultants, 4 G.P. s, 1 Practice.
- 244. STANHOPE**, Co. Durham. Horn Hall Hospital, Stanhope. Tel: 095 62 233. Population: 7,500. DGH: Bishop Auckland – 20 miles. 4 Acute beds, 1 Visiting Consultant, 1 G.P. s, 1 Practice.
- 245. STROUD**, Glos. Stroud General Hospital, Stroud. Tel: 045 36 2283. Population: 90,000. DGH: Gloucester – 9 miles. 30 Acute beds, 22 Consultant Surgical, 15 Maternity (sep), Casualty, X-ray (contrast/screening), Physiotherapy, Open Endoscopy Clinic, 17 Visiting Consultants, 24 G.P. s, 15 Practices.
- 246. SURBITON**, Surrey. Surbiton Hospital, Ewell Road, Surbiton. Tel: 01 399 7111. Population: (s). DGH: Kingston Hospital – 2½ miles. 50 Acute beds (including 15 post-op., 5 chest unit), x-ray (contrast/screening), Physiotherapy, 8 Visiting Consultants, 56 G.P. s, 23 Practices.
- 247. SUTTON COLDFIELD**, W. Midlands. (w). Good Hope D.G.H., Sutton Coldfield. Tel: 021 378 2211. Population: (s). 22 Acute beds, 28 Maternity, X-ray (contrast/screening), Physiotherapy, 54 G.P. s.
- 248. SWAFFHAM**, Norfolk. Swaffham Cottage Hospital, Swaffham. Tel: 0760 21363. Population: 15,000. DGH: King's Lynn – 16 miles. 24 Acute beds, Casualty, 1 Visiting Consultant, 8 G.P. s, 3 Practices.
- 249. SWANAGE**, Dorset. Swanage Hospital, Queen's Road, Swanage. Tel: 092 92 2282. Population: 12,000. DGH: Poole General – 22 miles. 23 Acute beds, Casualty, X-ray, Physiotherapy, 10 Visiting Consultants, 6 G.P. s, 2 Practices.
- 250. TAMWORTH**, Staffs. Tamworth General Hospital, Tamworth. Tel: 0827 3771. Population: 55,000 - 100,000. DGH: Good Hope – 7 miles. 65 Acute beds, Casualty, X-ray, Physiotherapy, 11 Visiting Consultants, 33 G.P. s, 11 Practices.
- 251. TARPORLEY**, Cheshire. Tarporley War Memorial Hospital, Tarporley. Tel: 082 93 2436. Population: 30,000. DGH: Leighton Hospital – 12 miles. 10 Acute beds, Casualty, Physiotherapy, 10 G.P. s, 4 Practices.
- 252. TAVISTOCK**, Devon. Tavistock Hospital, Spring Hill, Tavistock. Tel: 0822 2233. Population: 45,000. DGH: Plymouth – 15 miles. 37 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 13 Visiting Consultants, 17 G.P. s, 6 Practices.
- 253. TEDDINGTON**, Middlesex. Teddington Memorial Hospital, Hampton Road, Teddington. Tel: 01 977 2212. Population: (s). DGH: West Middlesex – 4 miles. 49 Acute beds, 5 Geriatric, Casualty, X-ray (contrast/screening), Physiotherapy, 10 Visiting Consultants, 12 G.P. s, 7 Practices.
- 254. TEIGNMOUTH**, Devon. Teignmouth Hospital, Teignmouth. Tel: 062 67 2161. Population: 12,000 - 25,000. DGH: Torbay – 8 miles. 35 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 5 Visiting Consultants, 7 G.P. s, 4 Practices.
- 255. TENBURY WELLS**, Worcs. Tenbury & District Hospital, Tenbury Wells. Tel: 0584 810643. Population: 7,800 - 10,000. DGH: Kidderminster General – 18 miles. 18 Acute beds, Casualty, X-ray (contrast/screening), Physiotherapy, 10 Visiting Consultants, 5 G.P. s, 1 Practice.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
SOUTHWOLD	17	216	—	87	22	2027	713	179	3201	213	—
SPALDING	40	516	—	76	15	9727	4648	3641	8732	789	43472
SPILSBY	17	137	138	88	38	1163	493	231	156	17	—
STANHOPE	4	66	—	90	34	—	—	—	—	—	—
STROUD	52	1491	970	88	17	25848	11721	6558	14017	1480	114676
SURBITON	50	631	—	80	23	—	—	1740	17728	—	84075
SUTTON COLDFIELD	22	271	—	85	26	—	—	—	—	—	—
SWAFFHAM	24	283	—	66	18	893	589	347	—	—	—
SWANAGE	23	317	—	68	—	4403	2186	3515	7040	539	58105
TAMWORTH	65	1985	1001	56	9	25782	14953	977	5493	573	14893
TARPORLEY	10	170	—	89	19	5703	3218	—	—	—	—
TAVISTOCK	37	862	367	66	10	4409	3141	1333	6684	587	24352
TEDDINGTON	49	841	533	80	15	12911	5008	5669	25734	2516	65118
TEIGNMOUTH	30	404	87	65	21(G.P.) 5(Gen.Sur) 4(Gynae)	4148	2349	4868	5425	451	30165
TENBURY WELLS	18	496	150	84	10	2354	1428	2675	397	68	17013

- 256. TETBURY**, Glos. Tetbury & District Hospital, Tetbury. Tel: 0666 52336. Population: 10,000 (a). DGH: Swindon or Gloucester – 25 miles. 17 Acute beds, Casualty, X-ray, Physiotherapy, 8 Visiting Consultants, 5 G.P. s (clinical assistants), 1 Practice.
- 257. TEWKESBURY**, Glos. Tewkesbury General Hospital, Barton Street, Tewkesbury. Tel: 0684 293303. Population: 22,000. 22 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 11 Visiting Consultants, 12 G.P. s, 3 Practices(i)
- 258. THAME**, Oxon. Thame Cottage Hospital, East Street, Thame. Tel: 084 421 2727. Population: 40,000(a). DGH: John Radcliffe, Oxford – 11 miles. 19 Acute beds, Casualty, Physiotherapy, 5 Visiting Consultants, 22 G.P. s, 6 Practices.
- 259. THAMES DITTON**, Surrey. Thames Ditton Hospital, Weston Green Road, Thames Ditton. Tel: 01 398 1130. Population: (s). DGH: Kingston – 4½ miles. 14 Acute beds, Casualty, X-ray, 3 Visiting Consultants, 14 G.P. s, 8 Practices.
- 260. THIRSK**, Yorks. Lambert Memorial Hospital, Thirsk. Tel: 0845 22292. Population: 15,000. DGH: Friarage Hospital, Northallerton – 9 miles. 12 Acute beds, 11 Geriatric Casualty, Physiotherapy, 7 Visiting Consultants, 6 G.P. s, 2 Practices.
- 261. TIVERTON**, Devon. Belmont Hospital, Tiverton. Tel: 088 42 2624. Population: 48,000. DGH: Exeter – 15 miles. 15 Acute beds, 34 Geriatric, Physiotherapy, 2 Visiting Consultants, 13 G.P. s, 10 Practices (a).
- 262. TIVERTON**, Devon. Tiverton District Hospital, Tiverton. Tel: 088 42 3251. Population: 48,000. DGH: Exeter – 15 miles. 39 Acute beds, 11 Maternity, Casualty, X-ray (contrast/screening), Physiotherapy, 6 Visiting Consultants, 12 G.P. s, 10 Practices (a)
- 263. TONBRIDGE**, Kent. Tonbridge Cottage Hospital, Vauxhall Lane, Tonbridge. Tel: 0732 353653. Population: 32,000 - 33,000. DGH: Penbury – 5 miles. 29 Acute beds (3 Private), Casualty, X-ray (contrast/screening), Physiotherapy, Day Centre, 5 Visiting Consultants, 20 G.P. s, 6 Practices.
- 264. TORRINGTON**, Devon. Torrington Cottage Hospital, Calf Street, Torrington. Tel: 080 52 2208. Population: 5,000 - 5,500. DGH: N. Devon District Hospital, Barnstaple – 13 miles. 13 Acute beds, Casualty, 2 Visiting Consultants, 4 G.P. s, 3 Practices.
- 265. TOTNES**, Devon. Totnes Hospital, Bridgetown, Totnes. Tel: 0803 863146. Population: 11,535 - 16,000. DGH: Torbay – 11 miles. 24 Acute beds, Casualty, X-ray, Physiotherapy, 2 Visiting Consultants, 5 G.P. s, 2 Practices.
- 266. TROWBRIDGE**, Wilts. Trowbridge District Hospital, Trowbridge. Tel: 022 14 2558. Population: 28,000(a). DGH: Royal Victoria Hospital – 14 miles. 27 Acute beds, 33 Maternity, Casualty, X-ray (contrast), Physiotherapy, 10 Visiting Consultants, 14 G.P. s, 4 Practices.
- 267. TWICKENHAM**, Middlesex. St. John's Hospital, Amyard Park Road, Twickenham. Tel: 01 891 3101. Population: (s). DGH: West Middlesex Hospital – 4 miles. 23 Acute beds, 10 Geriatric, Casualty, X-ray, Physiotherapy, 7 Visiting Consultants, 23 G.P. s, 10 Practices.
- 268. UCKFIELD**, Sussex. Uckfield Cottage Hospital, Uckfield. Tel: 0825 2175. Population: 14,000(a). DGH: Eastbourne – 20 miles. 14 Acute beds, Casualty, X-ray, Physiotherapy, 4 Visiting Consultants, 7 G.P. s, 9 Practices.
- 269. UXBRIDGE**, Middlesex. (w). Hillingdon Hospital, Uxbridge. Tel: 0895 38282. Population: (s). 22 Acute beds, 1 Visiting Consultant, 29 G.P. s, 15 Practices.
- 270. WALLINGFORD**, Oxon. Wallingford Community Hospital, Reading Road, Wallingford. Tel: 0491 35533. Population: 30,000 - 33,000. DGH: John Radcliffe, Oxford – 15 miles. 27 Acute beds, 7 Maternity, 38 Geriatric, Casualty, X-ray (contrast), Physiotherapy, 13 Visiting Consultants, 11 G.P. s, 8 Practices.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
TETBURY	17	220	72	88	22	2851	1358	1382	2383	309	15275
TEWKESBURY	22	641	429	77		15733	6703	1688			32856(i)
THAME	19	433	102	81	14	1230	1091	475	2087	274	—
THAMES DITTON	14	203	—	85	20	826	330	643	—	—	5640
THIRSK	23	243	—	84	29	3566	1690	2231	155		—
TIVERTON	15	135	—	91	81	—	—	231	7651	839	—
TIVERTON	50	1780	1000	66	7	7159	4278	9475	480	110	78749
TONBRIDGE	29	622	362	65	11	120	25	44	726	144	31092
TORRINGTON	13	248	—	78	14	2651	1247	89	—	—	—
TOTNES	24	336	—	63	16	3518	2052	690	3062	336	2716
TROWBRIDGE	60	1574	311			7208	4754	5014	10677	729	44953(i)
TWICKENHAM	23	258		73	33	142	138	3937	2285	158	40428
UCKFIELD	14	390	292	65	15	7029	3315	2532	5022	628	13742
UXBRIDGE	22	73	—	77	108	—	—	899	—	—	—
WALLINGFORD	34	717	—	82	25	12985	2120	1713	16512	886	18438

- 271 **WALLSEND**, Northumberland. Sir G. B. Hunter Memorial Hospital, Wallsend. Tel: 0632 624403. Population: 42,000. DGH: Preston Hospital – 4 miles. 25 Acute beds, Casualty, X-ray (contrast), 6 Visiting Consultants, 14 G.P. s, 10 Practices.
272. **WALTON-ON-THAMES**, Surrey. Walton Hospital, Sidney Road, Walton-on-Thames. Tel: 093 22 20060. Population: (s). DGH: St. Peter's Hospital – 7½ miles. 36 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 8 Visiting Consultants, 18 G.P. s, 5 Practices.
273. **WANTAGE**, Oxon. Wantage Hospital, Wantage. Tel: 023 57 6554. Population: 22,000. DGH: John Radcliffe, Oxford – 14 miles. 26 Acute beds, 4 Maternity, Casualty, X-ray, Physiotherapy, 10 G.P. s, 2 Practices (i).
274. **WARMINSTER**, Wilts. Warminster Hospital, Portway, Warminster. Tel: 0985 212076. Population: 17,000. DGH: Royal Victoria Hospital, Bath – 20 miles. 30 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 16 Visiting Consultants, 8 G.P. s, 1 Practice.
275. **WATLINGTON**, Oxon. Watlington Hospital, Hill Road, Watlington. Tel: 049 161 2235. Population: 5,000 - 6,000. DGH: John Radcliffe, Oxford – 12 miles. 20 Acute beds, Casualty, Physiotherapy, 2 Visiting Consultants, 4+ G.P. s, 4 Practices.
276. **WELLINGTON**, Salop. Wrekin Hospital, Wellington. Tel: 0952 51155. Population: 130,000. 27 Acute beds, 15 Psychiatric, 26 Maternity, 48 Geriatric, Casualty, X-ray, Physiotherapy, 24 Visiting Consultants, 16 G.P. s, 9 Practices.
277. **WELLINGTON**, Soms. Wellington & District Hospital, South Street, Wellington. Tel: 082 347 2663. Population: 24,000(a). DGH: Taunton & Somerset – 7 miles. 20 Acute beds, Casualty, Physiotherapy, 5 Visiting Consultants, 12 G.P. s, 6 Practices.
278. **WELLS**, Soms. Wells & District Hospital, Wells. Tel: 0749 73154. Population: 20,000+. DGH: Bristol – 20 miles. 28 Acute beds, 10 Maternity, Casualty, X-ray (contrast), 9 Visiting Consultants, 7 G.P. s, 2 Practices.
279. **WELLS-NEXT-THE-SEA**, Norfolk. Wells & District Cottage Hospital, Wells-next-the-Sea. Tel: 0328 710218. Population: 13,900 - 25,000. DGH: King's Lynn – 28 miles: Norwich – 35 miles: 14 Acute beds, Casualty, X-ray, Physiotherapy, 1 Visiting Consultant, 11 G.P. s, 3 Practices.
280. **WELWYN**, Herts. Queen Victoria Memorial Hospital, School Lane, Welwyn. Tel: 043 871 4488. Population: 27,500 - 35,000. DGH: Queen Elizabeth II – 5½ miles. 12 Acute beds, 15 Geriatric, Casualty, Physiotherapy, Colonoscopy Unit, 3 Visiting Consultants, 13 G.P. s, 3 Practices.
281. **WESTBURY**, Wilts. Westbury & District Hospital, Westbury. Tel: 0373 823616. Population: 11,000. DGH: Royal United – 20 miles. 24 Acute beds, Casualty, X-ray, Physiotherapy, 9 Visiting Consultants, 7 G.P. s, 1 Practice.
282. **WEST MOLESEY**, Surrey. Molesey Hospital, High Street, West Molesey. Tel: 01 979 5060. Population: 20,000. DGH: Kingston Hospital – 5 miles. 23 Acute beds, Casualty, X-ray, Physiotherapy, 4 Visiting Consultants, 11 G.P. s, 4 Practices.
283. **WEYBRIDGE**, Surrey. Weybridge Hospital, Church Street, Weybridge. Tel: 0932 52931. Population: (s). DGH: St. Peter's Hospital – 4 miles. 41 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 10 Visiting Consultants, 25 G.P. s, 10 Practices.
284. **WHICKHAM**, Newcastle-on-Tyne. Whickham Cottage Hospital, Whickham. Tel: 0632 887243. Population: 30,000. DGH: Queen Elizabeth, Gateshead – 6 miles. 30 Acute beds, Casualty, 8 Visiting Consultants, 7 G.P. s, 1 Practice.
285. **WHITBY**, Wirral. Ellesmere Port Hospital, Chester Road, Whitby. Tel: 051 355 2345. 10 Bedded G.P. Ward opening April 1983.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
WALLSEND	25	190	—	51	25	1028	596	—	—	—	16418
WALTON-ON-THAMES	36	818	448	66	15	7724	4324	1101	2394	377	24363
WANTAGE	30	77	623	78	21	4354	2431	—	3728	327	24286(i)
WARMINSTER	30	539	87	79		6422	2917	2933	7226	491	21429(i)
WATLINGTON	20	233	—	77	24	672	361	112	835	86	—
WELLINGTON	116	1838	—	79	14 (Gen) 4 (Mat) 114 (Ger)	463	463	21155	19825	1740	129991
WELLINGTON	20	599	458		13	2157	1230	440			(i)
WELLS	38	754	118	75	10	5073	3614	1210	—	—	54000
WELLS-NEXT-THE-SEA	14	169	—	87	24	2369	967	77	7082	384	3929
WELWYN	12	386	292	70	18	1653	1015	453	4570	555	—
WESTBURY	24	401	239	89	19	4651	2469	2380	4871	547	7560
WEST MOLESEY	23	317	—	77	19	842	361	1189	5942	587	10849
WEYBRIDGE	41	903	643	57	20	3227	1888	2806	19586	1739	44818
WHICKHAM	30	469	91	70	14	2391	1434	—	—	—	—
WHITBY											(Statistics unavailable at time of publication).

286. **WHITBY**, Yorks. Whitby Hospital, Spring Hill, Whitby. Tel: 0947 604851. Population: 30,000 - 60,000. DGH: Scarborough General - 20 miles. 30 Acute beds, 12 Maternity, 60 Geriatric, Casualty, X-ray (contrast/screening), Physiotherapy, Geriatric Day Hospital, Psychiatric Day Hospital, 10 Visiting Consultants, 12 G.P. s, 3 Practices.
287. **WHITCHURCH**, Salop. Whitchurch Cottage Hospital, Brownslow Street, Whitchurch. Tel: 0948 2940. Population: 12,000 - 15,000. DGH: Royal Shrewsbury Hospital - 18 miles. 16 Acute beds, Casualty, X-ray, 5 Visiting Consultants, 5 G.P. s, 3 Practices.
288. **WHITSTABLE**, Kent. Whitstable & Tankerton Hospital, Northwood Road, Whitstable. Tel: 0227 272279. Population: 29,000 - 31,000. DGH: Kent & Canterbury Hospital - 9 miles. 38 Acute beds, Casualty, Physiotherapy, 7 Visiting Consultants, 11 G.P. s, 1 Practice.
289. **WIMBORNE**, Dorset. Victoria Hospital, Victoria Road, Wimborne. Tel: 0202 882812. Population: 70,000(a). DGH: Poole General - 8 miles. 31 Acute beds, Casualty, X-ray, Physiotherapy, 10 Visiting Consultants, 18 G.P. s, 5 Practices.
290. **WINCANTON**, Soms. Wincanton Memorial Hospital, Balsom Park, Wincanton. Tel: 0963 32287. Population: 50,000. DGH: Yeovil District Hospital - 16 miles. 21 Acute beds, Casualty, X-ray, Physiotherapy, 6 Visiting Consultants, 6 G.P. s, 8 Practices.
291. **WINCHCOMBE**, Glos. Winchcombe Hospital, Winchcombe, Nr. Cheltenham. Tel: 0242 602341. Population: 14,000. DGH: Cheltenham - 8 miles. 22 Acute beds, Casualty, Physiotherapy, 8 Visiting Consultants, 6 G.P. s + 1 part-time, 2 Practices.
292. **WITHERNSEA**, Humberside. Withernsea Hospital, Withernsea. Tel: 096 42 2626. Population: 10,000 - 12,000. DGH: Hull - 20 miles. 24 Acute beds, 8 Pre-convalescent, Casualty, X-ray, Physiotherapy, 3 Visiting Consultants, 5 G.P. s, 2 Practices.
293. **WOODFORD GREEN**, Essex. Woodford Jubilee Hospital, Grange Avenue, Woodford Green. Tel: 01 504 8891. Population: (s). DGH: Whipps Cross - 3 miles. 47 Acute beds, X-ray (contrast/screening), Physiotherapy, 12 Visiting Consultants, 28 G.P. s, 12 Practices.

The following Hospitals are in varying stages of planning and, therefore, no details are available at the time of Publication.

BIDEFORD

BRIDLINGTON

BROMYARD

CANNOCK

FYLDE

JARROW

LAMBETH

WALSALL

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
WHITBY	42	1300	550	94(Gen/Geri) 45(Mat)	142(Geri) 6(Other)	16461	7793	1962	12185	1041	44443
WHITCHURCH	16	255	38	81	19	2893	2000	380	—	—	8998
WHITSTABLE	38	806	329	72	13	998	927	3336	5397	733	—
WIMBORNE	31	854	1160	68	9	371	362	1122	8391	1156	45352
WINCANTON	21	236	65	72	20	1075	514	313	1817	187	744
WINCHCOMBE	22	260	448	57	37	1223	642	413	3355	393	—
WITHERNSEA	56	677	—	88	19	2953	—	413	720	—	154
WOODFORD GREEN	47	815	922	63	13	—	—	2000	5077	464	64951

Your help in completing the Hospital Information Updating Form on Page 123 is invaluable to the work of the AGPH. It will ensure that your Hospital's information is accurate and that subsequent editions of the Directory are up-to-date.

GENERAL PRACTITIONER HOSPITALS WALES

- 294. ABERBARGOED**, Mid. Glam. Aberbargoed & District Hospital, Aberbargoed. Tel: 644 923 83117. Population: (s). DGH: Caerphilly Miners Hospital – 16 miles. 18 Acute beds, 18 Geriatric, Casualty, X-ray, 17 G.P. s, 6 Practices.
- 295. BARRY**, South Glam. Barry Community Hospital, Barry. Tel: 0446 733372. Population: 48,000 - 100,000. DGH: Llandough – 5 miles. 40 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 18 G.P. s, 7 Practices.
- 296. BLAENAU FFESTINIOG**, Gwynedd. Ffestiniog Memorial Hospital, Blaenau Ffestiniog. Tel: 076 681 256. Population: 12,000+. DGH: Llandudno – 30 miles. 16 Acute beds, Casualty, X-ray, Physiotherapy, 8 Visiting Consultants, 4 G.P. s, 1 Practice.
- 297. BLAENAVON**, Gwent. Blaenavon Hospital, Blaenavon. Tel: 0495 790 236. Population: 6,500 - 7,000. DGH: Nevill Hall, Abergavenny – 6 miles. 10 Acute beds, Casualty, X-ray, 3 G.P. s, 1 Practice.
- 298. BRECON**, Powys. Brecon War Memorial Hospital, Brecon. Tel: 0874 2443. Population: 14,000 - 20,000. DGH: Nevill Hall, Abergavenny – 20 miles. 34 Acute beds, 6 Maternity, Casualty, X-ray (contrast/screening), Physiotherapy, 15 Visiting Consultants, 8 G.P. s, 2 Practices.
- 299. BUILTH WELLS**, Powys. Builth Cottage Hospital, Builth Wells. Tel: 0982 55 2221. Population: 7,500 - 8,500. DGH: Nevill Hall, Abergavenny – 38 miles. 20 Acute beds, 4 Maternity, Casualty, X-ray, Physiotherapy, Occupational Therapy, 4 Visiting Consultants, 4 G.P. s, 1 Practice.
- 300. CAERNARFON**, Gwynedd. Eye & Cottage Hospital, Caernarfon. Tel: 0286 2481/4461/3635. Population: 13,000(a). DGH: C & A, Bangor – 9 miles. 9 Acute beds, 21 Ophthalmic beds, Casualty, 7 Visiting Consultants (on request), 6 G.P. s.
- 301. CARDIGAN**, Dyfed, Cardigan & District Hospital, Cardigan. Tel: 0239 2214. Population: 25,000 - 100,000. DGH: West Wales, Carmarthen – 30 miles. 28 Acute beds, 8 Maternity, Casualty, X-ray, Physiotherapy, 13 Visiting Consultants, 13 G.P. s.
- 302. CHEPSTOW**, Gwent (w). Mount Pleasant Hospital, Chepstow. Tel: 029 12 2232. Population: 30,000. DGH: Royal Gwent Hospital Newport – 17 miles. 20 Acute beds, Casualty, X-ray (contrast/screening), Physiotherapy, 22 G.P. s, 8 Practices.
- 303. CHIRK**, Clwyd. Chirk & District Cottage Hospital, Chirk. Tel: 0691 772430. Population: 10,000 - 17,000. DGH: Wrexham – 12 miles. 23 Acute beds, 8 Maternity, Casualty, X-ray (contrast), Physiotherapy, Day Hospital, 5 Visiting Consultants, 12 G.P. s, 5 Practices.
- 304. CLYDACH**, West Glam. Clydach War Memorial Hospital, Clydach. Tel: 0792 842260. Population: 10,000+ (a). DGH: Morriston – 3 miles. 20 Acute beds, 6 Geriatric, Casualty, X-ray, Physiotherapy, 4 G.P. s, 1 Practice.
- 305. DENBIGH**, Clwyd. Denbighshire Infirmary, Ruthin Road, Denbigh. Tel: 074 571 2624. Population: 19,000 - 20,000. DGH: Bodelwyddan – 10 miles. 52 Acute beds, Casualty, X-ray, Physiotherapy, Day Unit, O.T. Department, 4 Visiting Consultants, 10 G.P. s, 3 Practices.
- 306. DOLGELLAU**, Gwynedd. Dolgellau & Barmouth District Hospital, Dolgellau. Tel: 0341 479. Population: 10,000 - 100,000(a). DGH: Bangor/Wrexham/Aberystwyth – each 52 miles. 16 Acute beds, 10 Maternity, 10 Geriatric, Casualty, X-ray, Physiotherapy, 16 Visiting Consultants, 7 G.P. s, 2 Practices.
- 307. EBBW VALE**, Gwent (w). Ebbw Vale Hospital, Hillside, Ebbw Vale, Tel: 0495 303013. Population: 35,000. DGH: Nevill Hall Hospital, Abergavenny – 14 miles. 13 Acute beds, 43 Geriatric, Casualty, X-ray, Geriatric Day Hospital, 1 Visiting Consultant, 5 G.P. s, 4 Practices.
- 308. FLINT**, Clwyd. Flint Cottage Hospital, Flint. Tel: 035 26 2215. Population: 15,721. DGH: Ysbyty Glan Clwyd, Bodelwyddan – 22 miles. 20 Acute beds, Casualty, 6 G.P. s, 3 Practices.

	Beds	Deaths/ Discharges	G. A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES		PHYSIO		X-Rays (Units)	
						Total	New	Total New Out-Patients	Total New		
ABERBARGOED	18	187	—	80	29	7354	3985	—	—	10410	
BARRY	40	718	—	76	15		4747	7918	12212	788	60568
BLAENAU FFESTINIOG	16	267	—	71	15	3574	2018	2530	4333		1910(i)
BLAENAVON	10	155	—	80	28	5872	1766	4106	868	75	2160
BRECON	40	1246	332	81	9	6280	4594	4584	4279	451	65554
BUILTH WELLS	24	497	—	74		4385	1961		355	51	27110
CAERNARFON	30	597		90	26	1998	1592	1353	—	—	—
CARDIGAN	36	331		65	36	10747	6688	4378	4717		3048 (i)
CHEPSTOW	20	331	—	63	14	3380	2506	144	3219	34	41315
CHIRK	31	278	—	75	26	3663	971	2294	3334	127	8861
CLYDACH	26	206	—			1148	375	122(psy)	2736	216	13344(i)
DENBIGH	52	311	311	68	29	8711	3979	632	2854	396	32435
DOLGELLAU	26	481	—		16	1906	1309	5357	5977	380	16783
EBBW VALE	13	15	—	92	54	3016	1402		—	—	2143
FLINT	20	191	—	70	27	9672	5060	974	—	—	—

- 309 GLANAMMAN**, Dyfed. Amman Valley Hospital, Glanamman. Tel: 0269 822226. Population: 40,000. DGH: Llanelli – 17 miles. 30 Acute beds, 20 Maternity, X-ray, Physiotherapy, 6 Visiting Consultants, 15 G.P. s, 7 Practices.
- 310 HOLYHEAD**, Gwynedd. Stanley Sailors Hospital, Holyhead. Tel: 0407 2384. Population: 16,000 - 24,000. DGH: Bangor – 25 miles. 24 Acute beds, Casualty, X-ray (contrast/screening), Physiotherapy, 5 Visiting Consultants, 10 G.P. s, 3 Practices.
- 311 HOLYWELL**, Clwyd. Holywell Cottage Hospital, Holywell. Tel: 0352 713003. Population: 19,275. DGH: Ysbyty Glan Clwyd – 15 miles. 20 Acute beds, Casualty, X-ray, 8 Visiting Consultants, 10 G.P. s, 3 Practices.
- 312 KNIGHTON**, Powys. Knighton Hospital, Knighton. Tel: 0547 528633. Population: 1,500. DGH: Hereford – 33 miles. 5 Acute beds, 2 Maternity, 13 Geriatric, 3 Visiting Consultants, 4 G.P. s, 4 Practices.
- 313 LLANDOVERY**, Dyfed. Llandovery Cottage Hospital, Llandovery. Tel: 0550 20322. Population: 6,000(a). DGH: Glangwili – 28 miles. 19 Acute beds, Casualty, X-ray, Physiotherapy, 3 G.P. s, 2 Practices.
- 314 LLANDRINDOD WELLS**, Powys. Llandrindod Wells & County War Memorial Hospital, Llandrindod Wells. Tel: 0597 2951. Population: 18,000 - 20,000. DGH: Hereford – 41 miles. 33 Acute beds, 7 Maternity, 30 Geriatric, Casualty, X-ray, Physiotherapy, 10 Visiting Consultants, 7 G.P. s, 4 Practices.
- 315 LLANGOLLEN**, Clwyd. Llangollen Hospital, Abbey Road, Llangollen. Tel: 0978 860226. Population: 3,000. DGH: Wrexham – 12 miles. 18 Acute beds, Casualty, Physiotherapy, 4 Visiting Consultants, 4 G.P. s, 3 Practices.
- 316 LLANIDLOES**, Powys. Llanidloes & District War Memorial Hospital, Llanidloes. Tel: 055 12 2121. Population: 8,500 - 10,500. DGH: Bronglais, Aberystwyth – 30 miles. 15 Acute beds, 5 Maternity, 20 Geriatric, Casualty, X-ray, Physiotherapy, 10 Visiting Consultants, 6 G.P. s, 2 Practices.
- 317 MACHYNLLETH**, Powys. Machynlleth, Corris & District Hospital, Machynlleth. Tel: 0654 2341. Population: 1,800(a). DGH: Aberystwyth – 18 miles. 14 Acute beds, 2 Maternity, Casualty, Physiotherapy, 7 Visiting Consultants, 5 G.P.s, 3 Practices.
- 318 MAESTEG**, Mid Glam. Llynfi Hospital, Maesteg. Tel: 0656 732127. Population: 25,000. DGH: Bridgend General Hospital – 9 miles. 28 G.P. Medical beds (for the care of the elderly), 11 G.P.s, 4 Practices.
- 319 MAESTEG**, Mid Glam. Maesteg General Hospital, Neath Road, Maesteg. Tel: 0656 732732. Population: 25,000. DGH: Bridgend General Hospital – 9 miles. 52 Acute beds, 10 Maternity, Casualty, X-ray, Physiotherapy, 12 Visiting Consultants, 11 G.P.s, 4 Practices.
- 320 MANCOT**, Deeside, Clwyd. Catherine Gladstone Hospital, Mancot. Tel: 0244 531760. Population: 48,000. DGH: Chester – 6 miles. 12 Acute beds, 12 Maternity, X-ray (contrast), Physiotherapy, 1 G.P., 12 Practices.
- 321 MOLD**, Clwyd. Mold Hospital, Pwll Glas, Mold. Tel: 0352 4646. Population: 34,000. DGH: Wrexham – 12 miles. 19 Acute beds, Casualty, X-ray (contrast), Physiotherapy, 6 G.P. s, 6 Practices.
- 322 MONMOUTH**, Gwent. Monmouth Hospital, Monmouth. Tel: 0600 3522. Population: 13,000 - 25,000. DGH: Nevill Hall, Abergavenny – 19 miles. 25 Acute beds, Casualty, X-ray, Physiotherapy, 6 G.P. s, 2 Practices.
- 323 MOUNTAIN ASH**, Glam. Mountain Ash General Hospital, Mountain Ash. Tel: 0443 472212. Population: 30,000. DGH: Prince Charles Hospital, Merthyr – 15 miles. 55 Acute beds, Casualty, X-ray, 11 Visiting Consultants, 8 G.P. s, 5 Practices.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
GLANAMMAN	50	644	166	44		—	—	4349	5180	655	2889
HOLYHEAD	24		—	75	18	4161	2775	845	3155	281	17180(i)
HOLYWELL	20	267	—	67	18	10118	2574	1534	—	—	27975
KNIGHTON	20	100	—	87	65	—	—	—	—	—	—
LLANDOVERY	19	180	—	100	120(a)		710	1028	2121	152	5760(i)
LLANDRINDOD WELLS	40	702	131	53	174	7752	2982	617	4139	355	28080
LLANGOLLEN	18	129		70	47	2030	1363	2148	3823	168	—
LLANIDLOES	20	343	—	83	48	1643	565	429	2414	200	3112
MACHYNLLETH	16	299	299	65	8	2304	1173	406	5523	207	
MAESTEG	28	13	—	100		—	—	—	—	—	—
MAESTEG	62	928	138	67	14	3444	2176	5461	8278	730	28088
MANCOT	24	166	—	56(Gen) 12(Mat)	21(Gen) 4(Mat)	—	—	—	10496	671	34834
MOLD	19	227	—	85	26	5680	3176	747	8477	764	22620
MONMOUTH	25	151	—	86	48	3466	1807	—	2252	180	6384
MOUNTAIN ASH	55	718	—	75	14	8801	6074	1341	—	—	67366

324. **NANTYGLO**, Gwent. Blaina & District Hospital, Nantyglo. Tel: 0495 290230. Population: 16,567. DGH: Nevill Hall Hospital, Abergavenny - 9 miles. 22 Acute beds, 15 Pre-convallescent, Casualty, X-ray, Physiotherapy, 5 G.P.s, 4 Practices.
325. **NEWTOWN**, Powys. Montgomery County Infirmary, Newtown. Tel: 0686 27722. Population: 5,616(a). DGH: Royal Shrewsbury Hospital - 30 miles. 24 Acute beds, 6 Maternity, 20 Geriatric, Casualty, X-ray, Physiotherapy, 10 Visiting Consultants, 12 G.P. s, 3 Practices.
326. **PEMBROKE DOCK**, Dyfed. South Pembrokeshire Hospital, Fort Road, Pembroke Dock. Tel: 0646 682114. Population: 35,000 - 100,000. DGH: Withybush Hospital, Haverfordwest - 13 miles. 31 Acute beds, 32 mentally Handicapped, 36 Geriatric, Casualty, X-ray (contrast/screening), Physiotherapy, Mentally Handicapped Unit, 12 Visiting Consultants, 10 G.P.s, 3 Practices.
327. **PONTYPRIDD**, Glam. Pontypridd & District Hospital, The Common, Pontypridd. Tel: 0443 402246/7. Population: 93,127. DGH: East Glamorgan - 4 miles. 36 Acute beds, X-ray, Physiotherapy, 9 Visiting Consultants, 24 G.P.s, 8 Practices.
328. **PORTHMADOG**, Gwynedd. Madoc Memorial Hospital, Porthmadog. Tel: 0766 2255. Population: 12,000 - 40,000. DGH: Bangor - 30 miles. 12 Acute beds, Casualty, X-ray, 3 Visiting Consultants, 8 G.P. s, 5 Practices.
329. **PWLLHELI**, Gwynedd. Bryn Beryl Hospital, Pwllheli. Tel: 0758 2231. Population: 26,000(a). DGH: Bangor - 28 miles. 16 Acute beds, 6 Maternity, 30 Geriatric, Casualty, 1 Visiting Consultant, 18 G.P.s, 6 Practices.
330. **RHYMNEY**, Gwent. Redwood Memorial Hospital, Rhymney. Tel: 91 840314. Population: 11,000. DGH: Prince Charles, Merthyr - 5 miles. 10 Acute beds, 10 Geriatric, Casualty, X-ray, 1 Visiting Consultant, 5 G.P.s, 4 Practices.
331. **RUTHIN**, Clwyd. Ruthin Hospital, Ruthin. Tel: 082 42 2088. 32 Acute beds, 5 Maternity, Casualty (i).
332. **TENBY**, Dyfed. Tenby Cottage Hospital, Trafalgar Road, Tenby. Tel: 0834 2040. Population: 5,000 - 50,000. DGH: Withybush, Haverfordwest - 20 miles. 16 Acute beds, Casualty, X-ray, 6 Visiting Consultants, 8 G.P.s, 2 Practices.
333. **TREHERBERT**, Rhondda, Mid Glam. Treherbert Hospital, Treherbert. Tel: 0443 771202. Population: 30,000. DGH: E. Glam. Hospital, Church Village. 30 Acute beds, 4 Gynae., 2 Special Care, Casualty, X-ray, 10 G.P.s, 6 Practices.
334. **TREORCHY**, Rhondda, Mid Glam. Pentwyn Hospital, Treorchy. Tel: 0443 773243. Population: 180,000. DGH: East Glamorgan General - 20 miles. 12 Acute beds, 7 Young Chronic Sick, 6 G.P.s, 4 Practices.
335. **TYWYN**, Gwynedd. Tywyn & District War Memorial Hospital, Tywyn. Tel: 0654 710411. Population: 5,500 - 10,000(a). DGH: Bronglais, Aberystwyth - 33 miles. 17 Acute beds, 3 Maternity, 10 Geriatric, Casualty, X-ray, Physiotherapy, 5 Visiting Consultants, 4 G.P.s, 1 Practice.
336. **WELSHPOOL**, Powys. Victoria Memorial Hospital, Salop Road, Welshpool. Tel: 0938 3133. Population: 20,000 - 25,000. DGH: Shrewsbury - 18 miles. 15 Acute beds, 8 Maternity, 30 Geriatric, Casualty, X-ray (contrast/screening), Physiotherapy, 14 G.P. s, 6 Practices.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
NANTYGLO	22	218	—	91	53	6739	3584	133	1450	34	11342
NEWTOWN	30	274	—			4131	2279	1008			22424(i)
PEMBROKE DOCK	31	897	93	82	12	5424	3580	2925	6386	559	33910
PONTYPRIDD	36	501	—	60	11	—	—	263	6896	532	47113
PORTHMADOG	12	410	206	75	12		2088	—	—	—	10032
PWLLHELI	22	307	—	92	36	842	722	—	—	—	—
RHYMNEY	20	176	101	89	20	3307	1335	413	—	—	5347
RUTHIN	37	252		84	58	2186	1000	982			(i)
TENBY	16	122	—	66	47	5398	2456	700	—	—	9146
TREHERBERT	36	203	32	81	28	1125	541	—	—	—	36
TREORCHY	19	48	—	95	144	—	—	—	—	—	—
TYWYN	30	515	60	80	9	4687	550	2634	5479	415	26643
WELSHPOOL	53	449	—	83	35	1679	1272	407	5084	—	20691

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GENERAL PRACTITIONER HOSPITALS SCOTLAND

SCOTTISH ASSOCIATION OF GENERAL PRACTITIONER HOSPITALS

This Association first met in Stirling in 1981. Doctors from all over Scotland attended the inaugural meeting and, thereafter, a small steering committee was formed. The first annual general meeting of the Association was held on 2nd October, 1982, at which the aims and functions of the Association were formally adopted.

A General Practitioner Hospital is any hospital in respect of which an Area Health Board is obliged to create a Staff Fund under the terms of para 87 of the "Hospital Medical and Dental Staff, Scotland, Terms and Conditions of Service" (June 1981 edition).

A Hospital in Scotland complying with the above definition is eligible for membership of the SAGPH.

1. Membership of the Association is determined by payment at the due date of the subscription decided at the preceding A.G.M.
2. Membership of the SAGPH is held nominally by individual hospitals.
3. General practitioners with clinical responsibilities in member hospitals are fully entitled to avail themselves of the facilities of the Association and to attend an AGM with full voting rights.
4. General practitioners with clinical responsibility for beds in non-member hospitals may attend AGM as observers, but may have no voting rights.
5. Any hospital outwith the above definition, on application by its representative to the SAGPH, may be considered for membership.
6. Medical staff, who are not general practitioners, with clinical responsibilities in member hospitals, on application to the SAGPH may be considered for membership, but may have no voting rights.
7. Associate membership may be available to any medically qualified person on application to the Association and on payment of the due subscription.

THE AIM OF THE SAGPH IS TO PROMOTE THE RETENTION AND DEVELOPMENT OF GENERAL PRACTITIONER HOSPITALS WITHIN THE NATIONAL HEALTH SERVICE IN SCOTLAND.

The functions of the SAGPH are:

1. To promote the interest of members.
2. To achieve satisfactory terms and conditions of service for its members.
3. To advise and assist members.
4. To encourage the allocation of adequate resources for G.P. Hospitals.
5. To collect, collate and disseminate information on all aspects of work done in G.P. Hospitals.
6. To develop the range of services possible in G.P. Hospitals.
7. To promote undergraduate, postgraduate and interdisciplinary teaching in G.P. Hospitals.
8. To encourage, assist and co-ordinate research in G.P. Hospitals.
9. To foster links between G.P. Hospitals and the community they serve.

The Office Bearers for 1984/85 are:-

Chairman – Dr. N. D. Jarvie, Crieff.

Vice Chairman – Dr. A. Addison, Douglas.

Secretary/Treasurer – Dr. H. McBride, Aberfeldy.

Committee – Dr. D. Burt, Forfar

Dr. T.J. Clark, St. Andrews

Dr. J.A. Grant, Auchterarder

Dr. A.E. Martin, Crieff

Dr. D. Mowat, Montrose

Dr. L.D. Neil, Selkirk.

Dr. A. Noble, Nairn.

Dr. H. Rutherford, Kirkcudbright

The Association acknowledge the help and advice they have received since the inaugural meeting from the officers of the English Association of General Practitioner Hospitals.

N. D. JARVIE

Your GP hospital – helping to put extra caring into community care.

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337. **ABERFELDY**, Perth. Aberfeldy Cottage Hospital, Aberfeldy. Tel: 0887 20314. Population: 3,500 - 10,000. DGH: Perth Royal Infirmary - 30 miles. 14 Beds, Casualty, X-ray, Physiotherapy, 4 Visiting Consultants, 3 G.P.s, 1 Practice.
338. **ABERLOUR**, Aberdeens. Fleming Cottage Hospital, Aberlour. Tel: 03405 464. Population: 5,500. DGH: Dr. Gray's Hospital, Elgin - 15 miles. 9 Acute beds, 6 Geriatric, Casualty, Visiting Consultants, 4 G.P. s, 3 Practices.
339. **ABOYNE**, Aberdeens. Aboyne Cottage Hospital, Aboyne. Tel: 0339 2433. Population: 6,000-11,000. DGH: Aberdeen Royal Infirmary - 30 miles. 6 Acute beds, 20 Geriatric, 2 G.P. s, 2 Practices.
340. **AUCHTERARDER**, Perth. St. Margaret's Hospital, Auchterarder. Tel: 07646 2246. Population: 6,500. DGH: Perth Royal Infirmary - 18 miles. 16 Acute beds, Casualty, Physiotherapy, Visiting Consultants, 5 G.P. s, 2 Practices.
341. **BANFF**, Banffs. Chalmers Hospital, Banff. Tel: 02612 2567. Population: 10,000. DGH: Aberdeen Royal Infirmary - 46 miles. 43 Acute beds, 24 Surgical, 13 Maternity, Casualty, X-ray (contrast), Physiotherapy, Visiting Consultants, 6 G.P. s, 3 Practices.
342. **BIGGAR**, Lanarks. Kelloe Hospital, Biggar. Tel: 0899 20077. Population: 6,000. DGH: Monklands - 24 miles. 17 Acute beds, Casualty, X-ray, 4 G.P. s, 1 Practice.
343. **BLAIRGOWRIE**, Perth. Blairgowrie Cottage Hospital, Blairgowrie. Tel: 0250 2047. Population: 20,000. DGH: Perth Royal Infirmary - 16 miles. 17 Surgical beds, 8 Maternity, Casualty, X-ray, Physiotherapy, Visiting Consultants, 13 G.P. s, 5 Practices.
344. **BOWMORE**, Argyll. Islay Hospital, Bowmore. Tel: 049681 219. Population: 4,000. DGH: Southern General Hospital, Glasgow - 90 miles by air. 24 Acute beds, 3 Maternity, Casualty, X-ray, Physiotherapy, Visiting Consultants, 3 G.P. s, 1 Practice.
345. **BRECHIN**, Angus. Brechin Infirmary, Brechin. Tel: 03564 2291. Population: 10,000. DGH: Stracathro Hospital - 5 miles. 35 Acute beds, 35 Geriatric, Casualty, X-ray, Physiotherapy, Visiting Consultants, 7 G.P. s, 2 Practices.
346. **BUCKIE**, Aberdeens. Seafeld Hospital, Buckie. Tel: 0542 32081. DGH: Aberdeen Royal Infirmary - 50 miles. 49 beds, Casualty, 7 G.P. s, 2 Practices.
347. **CAMPBELLTOWN**, Argyll. Campbelltown Cottage Hospital, Campbelltown. Tel: 0586 2077. Population: 9,500. DGH: Southern General Hospital, Glasgow - 130 miles. 18 Acute beds, 8 Maternity, 50 Geriatric, Casualty, X-ray (contrast), Physiotherapy, Visiting Consultants, 5 G.P. s, 1 Practice.
348. **CASTLE DOUGLAS**, Dumfries-shire. Castle Douglas & District Cottage Hospital, Castle Douglas. Tel: 0556 2333. Population: 9,000. DGH: Dumfries Infirmary - 20 miles. 8 Acute beds, 22 Geriatric, Casualty, X-ray, Physiotherapy, 5 G.P.'s, 2 Practices.
349. **COLDSTREAM**, Berwicks. Coldstream Cottage Hospital, Coldstream. Tel: 0890 2417. Population: 5,000. DGH: Edinburgh Royal Infirmary - 35 miles. 12 Acute beds, 4 Maternity, Casualty, X-ray, Physiotherapy, 2 G.P. s, 1 Practice.
350. **CRIEFF**, Perth. Crieff Cottage Hospital, Crieff. Tel: 0764 3173. Population: 10,000. DGH: Perth Royal Infirmary - 18 miles. 21 Acute beds, Casualty, X-ray, Physiotherapy, Visiting Consultants, 9 G.F. s, 3 Practices.
351. **CUPAR**, Fife. Adamson Cottage Hospital, Cupar. Tel: 0334 52901. 53 beds, Casualty (i).

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
ABERFELDY	14	163		42	13	694	677	521			
ABERLOUR	15	137	—	86	34	1131	646	75	—	—	—
ABOYNE	26	52		95	174	—	—	—	—	—	—
AUCHTERARDER	16	217		71	19	1309	657	769			—
BANFF	80	1071		69	19	3928	1657	10355			
BIGGAR	17	64	—	92	84	1934	850	519	—	—	—
BLAIRGOWRIE	25	349		53	15	2527	1515	2088			
BOWMORE	27	336		90	29	24	24	1554			
BRECHIN	70	334	—	82	63	700		4000			
BUCKIE	49	306		84	49	1923	1050	3707			
CAMPBELLTOWN	18	404		94	16	1293	1281	11303			
CASTLE DOUGLAS	30	128	—	88	75	1609	807				
COLDSTREAM	16	169	—	66	23	875	780	25			
CRIEFF	21	158	—	93	45	913	791	1455			
CUPAR	53	539	—	81	29	9367	4416	3375	—	—	—

- 352 DALIBURGH**, South Uist. Sacred Heart Hospital, Daliburgh. Tel: Daliburgh 311. Population: 2,000 - 8,000. DGH: Southern General Hospital, Glasgow - 200 miles. 14 Acute beds, 4 Maternity, X-ray, Physiotherapy, Visiting Consultants, 2 G.P. s, 1 Practice.
- 353. DOUGLAS**, Lanarks. Lady Home Hospital, Douglas. Tel: 055 585 210. Population: 7,000. DGH: Monklands General Hospital - 17 miles. 21 Acute beds, Casualty, Physiotherapy, Visiting Consultants, 4 G.P. s, 1 Practice.
- 354. DUFFTOWN**, Nr. Aberlour. Banffs. Stephen Cottage Hospital, Dufftown. Tel: 0340 20215. Population: 3,000. DGH: Dr. Gray's Hospital, Elgin - 17 miles. 9 Acute beds, 6 Geriatric, Casualty, X-ray, Visiting Consultants, 1 G.P., 1 Practice.
- 355. DUNBAR**, by Edinburgh. Belhaven Hospital, Belhaven, Dunbar. Tel: 0368 62246. Population: 9,000. DGH: Edinburgh Royal Infirmary - 11 miles. 12 Acute beds, 46 Geriatric, Casualty, 1 Visiting Consultant, 4 G.P. s, 2 Practices.
- 356. DUNS**, Berwicks. Knolls Hospital, Duns. Tel: 03612 3373. Population: 7,000. DGH: Peele General Hospital - 35 miles. 10 Acute beds, 32 Geriatric, Casualty, X-ray, Physiotherapy, 4 Visiting Consultants, 3 G.P. s, 1 Practice.
- 357. ELGIN**, Morays. Maryhill Maternity Hospital, Elgin. Tel: 0343 3131. Population: 47,000. DGH: Aberdeen - 67 miles. 17 Maternity beds, 21 G.P. s, 6 Practices.
- 358. ELGIN**, Morays. Spynie Hospital, Elgin. Tel: 0343 3131. Population: 50,000. DGH: Dr. Gray's Hospital, Elgin - 1 mile. 30 Acute beds, X-ray, Physiotherapy, 20 G.P. s, 6 Practices.
- 359. FORFAR**, Angus. Forfar Infirmary, Fyffe Jamieson & Whitehills Hospital, Forfar. Tel: 0307 64551. Population: 20,000. DGH: Ninewells Hospital, Dundee - 14 miles. 20 Acute beds, (Forfar Infirmary), 50 Geriatric, 12 Maternity (Fyffe Jamieson), 26 Psychogeriatric (Whitehills), Casualty, X-ray (contrast), Physiotherapy, Visiting Consultants, 4 G.P. s, 3 Practices.
- 360. FORRES**, Morays. Leancoil Hospital, Forres. Tel: 0309 72284. Population: 17,000. DGH: Raigmore Hospital, Inverness - 28 miles. 26 Acute beds, 12 Maternity, 12 Geriatric, Casualty, X-ray, Physiotherapy, Visiting Consultants, 8 G.P. s, 1 Practice.
- 361. FRASERBURGH**, Aberdeens. Fraserburgh Hospital, Fraserburgh. Tel: 03462 3151. Population: 26,000. DGH: Aberdeen Royal Infirmary - 42 miles. 20 Acute beds, 12 Maternity, 40 Geriatric, Casualty, X-ray (contrast), Physiotherapy, Visiting Consultants, 14 G.P. s, 7 Practices.
- 362. GALASHIELS**, Selkirks. Galashiels Hospital, Galashiels. Tel: 0896 2162. Population: 15,000. DGH: Peele General Hospital - 8 miles. 19 Acute beds, 9 Maternity, Casualty, X-ray (contrast), Physiotherapy, Visiting Consultants, 9 G.P. s, 3 Practices.
- 363. GIRVAN**, Ayr. Davidson Hospital, Girvan. Tel: 0465 2571. Population: 15,000. DGH: Kilmarnock Infirmary - 25 miles. 26 Acute beds, 4 Maternity, Casualty, X-ray, Physiotherapy, Visiting Consultants, 6 G.P. s, 2 Practices.
- 364. GLENCOE**, Argyll. Glencoe Hospital, Glencoe. Tel: Glencoe 254. 23 beds. (i)
- 365. GLENROTHES**, Fife. Glenrothes Hospital, Glenrothes. Tel: 0592 743505. Population: 45,000. DGH: Victoria Hospital, Kirkcaldy - 7 miles. 12 Acute beds, 60 Geriatric, Casualty, X-ray, Physiotherapy, 6 G.P. s, 1 Practice.
- 366. GRANTOWN-ON-SPEY**, Inverness-shire. Ian Charles Hospital, Grantown-on-Spey. Tel: 0479 2528. Population: 4,591. DGH: Raigmore Hospital, Inverness - 36 miles. 15 Acute beds, 3 Maternity, Casualty, X-ray (contrast), Physiotherapy, 4 G.P. s, 1 Practice.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)	
						Total	New	Total New Out-Patients	Total	New		
DALIBURGH	14	364		73	10			1698				
DOUGLAS	21	173	—	76	33	1387	673	1192			—	
DUFFTOWN	15	54	—	86	67	914	411	1228	—	—		
DUNBAR	46	145	—	87	101	107	74	1009	—	—	—	
DUNS	42	126	—	99	135	4184	1467	238				
ELGIN	17					(Statistics unavailable at time of publication).						(i)
ELGIN	30	256	—	82	63							
FORFAR	68	703		73	26	4003	2235	4474				
FORRES	50	456		71	29	1924	1348	2822				
FRASERBURGH	72	780	—	84	28	9183	3577	10458				
GALASHIELS	28	721		71	10	1731	1263	4687				
GIRVAN	30	833	—	80	11	4691	3107	8850				
GLENCOE	23	22		86	330						(i)	
GLENROTHES						(Statistics unavailable at time of publication).						
GRANTOWN-ON-SPEY	18	221		72	21	670	552					

- 367. HAWICK**, Roxburghs. Haigh Maternity, Hawick. Tel: 0450 2425. Population: 21,000. DGH: Edinburgh Royal Infirmary – 50 miles. 12 Maternity beds, 1 Visiting Consultant, 10 G.P. s, 3 Practices.
- 368. HAWICK**, Roxburghs. Hawick Cottage Hospital, Hawick. Tel: 0450 2162. Population: 21,000. DGH: Peele General Hospital – 20 miles. 25 Acute beds, 6 Surgical, Casualty, X-ray (contrast), Physiotherapy, Visiting Consultants, 9 G.P. s, 3 Practices.
- 369. HELENSBURGH**, Dunbartons. Victoria Hospital, Helensburgh. Tel: 0436 2158. Population: 15,664 DGH: Western General Hospital, Glasgow – 9 miles. 11 Acute beds, 11 Geriatric, Casualty, X-ray (contrast), Physiotherapy, Visiting Consultants, 9 G.P. s, 2 Practices.
- 370. HUNTLY**, Aberdeens. Jubilee Hospital, Huntly. Tel: 0466 2114. Population: 10,000. DGH: Aberdeen Royal Infirmary – 37 miles. 25 Acute beds, 10 Maternity, 14 Geriatric, Casualty, X-ray (contrast), Physiotherapy, Visiting Consultants, 4 G.P. s, 1 Practice.
- 371. INSCH**, Aberdeens. Insch War Memorial Hospital, Insch. Tel: 04642 213. Population: 4,200. DGH: Aberdeen Royal Infirmary – 28 miles. 11 Acute beds, 4 Maternity, 3 G.P. s, 1 Practice.
- 372. INVERURIE**, Aberdeens. Inverurie Hospital, Inverurie. Tel: 0467 20454. DGH: Aberdeen Royal Infirmary – 16 miles. 18 Acute beds, 10 Maternity, 26 Geriatric, Physiotherapy, 11 G.P. s, 3 Practices.
- 373. JEDBURGH**, Roxburghs. Sister Margaret Cottage Hospital, Jedburgh. Tel: 08356 3212. Population: 5,600. DGH: Peele General Hospital, Galashiels – 23 miles. 6 Acute beds, Casualty, 3 G.P. s, 1 Practice.
- 374. KEITH**, Banffs. Turner Memorial Hospital, Keith. Tel: 054 22 2526. Population: 7,500. DGH: Aberdeen Royal Infirmary – 50 miles. 18 Acute beds, 5 Maternity, 8 Geriatric, Casualty, X-ray, Physiotherapy, Visiting Consultants, 4 G.P. s, 1 Practice.
- 375. KELSO**, Roxburghs. Kelso Cottage Hospital, Kelso. Tel: 05732 24591. Population: 10,000. DGH: Peele General Hospital – 10 miles. 20 Acute beds, 5 Maternity, Casualty, X-ray, Physiotherapy, Visiting Consultants, 6 G.P. s, 1 Practice.
- 376. KILSYTH*, Glasgow. Victoria Memorial Cottage Hospital, Glasgow Road, Kilsyth. Tel: 0236 822172. Population: 16,000. DGH: Monklands DGH – 12 miles. 16 Acute beds, Casualty, Physiotherapy, 6 G.P.'s, 1 Practice.
- 377. KIRKCALDY**, Fife. Hunter Hospital, Kirkcaldy. Tel: 0592 263246. 28 beds (i).
- 378. KIRKCUDBRIGHT**, Kirkcudbrights. Kirkcudbright & District Cottage Hospital, Kirkcudbright. Tel: 0557 30549. Population: 6,200 - 12,000. DGH: Dumfries Royal Infirmary – 30 miles. 12 Acute beds, Casualty, X-ray, Physiotherapy, Visiting Consultants, 4 G.P. s, 2 Practices.
- 379. KIRKWALL**, Orkney. Balfour Hospital, Balfour, Kirkwall. Tel: 0856 2763. 69 beds, Casualty, Physiotherapy, 11 G.P. s, 5 Practices (i).
- 380. KIRKWALL**, Orkney. Eastbank Hospital, Kirkwall. Tel: 0856 2763. 62 beds (i).
- 381. LAMLASH**, Arran. Arran War Memorial Hospital, Lamlash. Tel: 07706 214. Population: 4,000 - 8,000. DGH: Kilmarnock Infirmary – 1 hour by boat plus 15 miles. 16 Acute beds, 4 Maternity, Casualty, X-ray, Physiotherapy, 4 Visiting Consultants, 4 G.P. s, 2 Practices.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
HAWICK	12										
HAWICK	31	516		71	16	3146	2650	4269			
HELENSBURGH	22	177		87	39	2625	1496	5040			
HUNTLY	49	519		64	24	2792	1408	7921			
INSCH	15	111	—	69	34			959	—	—	—
INVERURIE	54	404		83	40			458			—
JEDBURGH	8	141	—	68	14	366	336		—	—	—
KEITH	31	472		61	14	3489	1713	1355			
KELSO	25	337		67	18	2522	1290	2620			
KILSYTH	16	83	—	91	45	1800		—			—
KIRKCALDY	28										(i)
KIRKCUDBRIGHT	12	151		85	25	3288	1654	326			
KIRKWALL	69	1320	—	66	13	1215	1215	5369			—
KIRKWALL	62	75		96	289						(i)
LAMLASH	20	364		68	16	1236	923	1102			

382. **LANARK.** Lanarks. Lockhart Hospital, Whitelees Road, Lanark. Tel: 0555 2496. Population: 20,000. DGH: Law Hospital, Carluke – 9 miles. 30 Acute beds, Physiotherapy, 15 G.P. s, 5 Practices.
383. **LERWICK,** Shetland (w). Gilbert Bain Hospital, Lerwick. Tel: 0595 2751. Population: 23,000. DGH: Gilbert Bain. 18 Acute beds, 8 Maternity, 87 Geriatric, Casualty, X-ray (contrast), Physiotherapy, Visiting Consultants, 5 G.P. s, 1 Practice.
384. **LOCHGILPHEAD,** Argyll. Mid Argyll Hospital, Lochgilphead. Tel: 0546 2449. Population: 9,500. DGH: Vale of Leven, Balloch – 75 miles. 16 Acute beds, 3 Maternity, 30 Geriatric, Casualty, X-ray (contrast), Physiotherapy, 8 Visiting Consultants, 4 G.P. s, 1 Practice.
385. **MEIGLE,** Angus. Meigle Cottage Hospital, Meigle. Tel: 082 84 211. Population: 10,000. DGH: Ninewells Hospital, Dundee – 14 miles. 12 Acute beds, Casualty, Visiting Consultants, 3 G.P. s, 1 Practice.
386. **MILLPORT,** I. of Cumbrae. Lady Margaret Hospital, Millport. Tel: 047 553 307. Population: 1,150 - 9,000. DGH: Kilmarnock Royal Infirmary – 18 miles (incl. ferry). 10 Acute beds, 2 Maternity, Casualty, X-ray, Physiotherapy, 1 Visiting Consultant, 2 G.P. s, 1 Practice.
387. **MOFFAT,** Dumfries-shire. Moffat Cottage Hospital, Moffat. Tel: 0683 20031. Population: 5,000. DGH: Dumfries Royal Infirmary – 22 miles. 12 Acute beds, Casualty, Visiting Consultants, 4 G.P. s, 1 Practice.
388. **MONKLANDS,** Glasgow. Alexander Maternity, Monklands. Tel: 69344/22661. DGH: Monklands General Hospital – 2 miles. 24 Maternity beds (i).
389. **MONTROSE,** Angus. Montrose Royal Infirmary, Montrose. Tel: 0674 2020. Population: 15,000. DGH: Ninewells Hospital, Dundee – 35 miles. 13 Acute beds, 9 Maternity, 25 Geriatric, Casualty, X-ray, Physiotherapy, Visiting, Consultants, 8 G.P. s, 3 Practices.
390. **NAIRN,** Morays. Town & County Hospital, Nairn. Tel: 0667 52101. Population: 10,000. DGH: Raigmore Hospital, Inverness – 16 miles. 19 Acute beds, 7 Maternity, Casualty, X-ray (contrast), Physiotherapy, Visiting Consultants, 9 G.P. s, 2 Practices.
391. **NEWTON STEWART,** Galloway. Newton Stewart Hospital, Newton Stewart. Tel: 0671 2015. Population: 12,000. DGH: Dumfries Royal Infirmary – 50 miles. 9 Acute beds, 18 Geriatric, Casualty, Physiotherapy, 4 G.P. s, 1 Practice.
392. **NORTH BERWICK,** E. Lothian. Edington Cottage Hospital, North Berwick. Tel: 0620 2878. Population: 6,000. DGH: Edinburgh Royal Infirmary – 10 miles. 9 Acute beds, Casualty, 5 G.P. s, 1 Practice.
393. **OBAN,** Argyll. McKelvie Hospital, Oban. Tel: 0631 62027. Population: 10,000. DGH: Vale of Leven, Balloch – 90 miles. 12 Maternity, 17 Geriatric, Physiotherapy, 4 G.P. s, 1 Practice.
394. **PEEBLES,** Peebles-shire. Peebles War Memorial Hospital, Peebles. Tel: 0721 20259. Population: 9,500. DGH: Peele General Hospital – 14 miles. 26 Acute beds, Casualty, X-ray, Physiotherapy, Visiting Consultants, 5 G.P. s, 2 Practices.
395. **PETERHEAD,** Aberdeens. Peterhead Cottage Hospital, Peterhead. Tel: 0779 2316. Population: 35,000. DGH: Aberdeen Royal Infirmary – 35 miles. 23 Acute beds, 12 Maternity, Casualty, X-ray, Physiotherapy, Visiting Consultants, 8 G.P. s, 1 Practice.
396. **PITLOCHRY,** Perth. Irvine Memorial Hospital, Pitlochry. Tel: 0796 2052. Population: 5,000 - 25,000. DGH: Perth Royal Infirmary – 27 miles. 11 Acute beds, 12 Geriatric, Casualty, X-ray, 5 Visiting Consultants, 4 G.P. s, 1 Practice.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
LANARK	30	325	—	73	25	—	—	—	—	—	—
LERWICK	26(GP)	1873 DGH Figs.	—	66	9	5071 DGH Figs.	2827 DGH Figs.	6154 DGH Figs.	—	—	—
LOCHGILPHEAD	49	318	—	83	46	3555	2072	2624	—	—	—
MEIGLE	12	151	—	56	16	218	79	632	—	—	—
MILLPORT	12	123	—	69	24	860	544	738	—	—	—
MOFFAT	12	41	—	90	96	1654	1007	442	—	—	—
MONKLANDS	24	969	—	38	3	—	—	—	—	—	—
MONTROSE	47	248	—	78	52	2599	1697	5542	—	—	—
NAIRN	26	254	—	67	25	3543	1659	2324	—	—	—
NEWTON STEWART	27	72	—	99	135	505	411	114	—	—	—
NORTH BERWICK	9	96	—	86	27	1858	781	262	—	—	—
OBAN	17	125	—	88	44	—	—	—	—	—	—
PEEBLES	26	103	—	96	89	3270	1450	2248	—	—	—
PETERHEAD	35	762	—	66	12	2156	2083	5084	—	—	—
PITLOCHRY	11	135	—	82	22	1843	1182	795	—	—	—

- 397. PORTREE**, Isle of Skye. Portree Hospital, Portree. Tel: 0478 2704. Population: 5,000. DGH: Raigmore Hospital, Inverness – 125 miles. 6 Acute beds, 4 Maternity, 3 Geriatric, Casualty, X-ray (contrast), Physiotherapy, Visiting Consultants, 3 G.P. s, 1 Practice.
- 398. ROTHESAY**, Isle of Bute. Victoria Hospital, Rothesay. Tel: 0700 3938. Population: 7,500. DGH: Greenock DGH – 11 miles (incl. ferry). 12 Acute beds, 3 Maternity, 7 Surgical, 31 Geriatric (sep), Casualty, X-ray (contrast), Physiotherapy, Visiting Consultants, 5 G.P. s, 1 Practice.
- 399. ST. ANDREWS**, Fife. Memorial Hospital, St. Andrews. Tel: 0334 72327. Population: 30,000. DGH: Victoria Hospital, Kirkcaldy – 26 miles. 37 Acute beds, Casualty, X-ray (contrast), Physiotherapy, Visiting Consultants, 11 G.P. s, 3 Practices.
- 400. SALEN**, Isle of Mull. Dunaros Hospital, Salen. Tel: 06803 392. DGH: Oban – 45 mins. boat/Glasgow – 100+ miles. 5 beds, Casualty, X-ray (contrast), Physiotherapy, 4 Visiting Consultants, 3 G.P. s, 3 Practices.
- 401. SELKIRK**, Selkirks. Selkirk Cottage Hospital, Selkirk. Tel: 0750 20746. Population: 7,250. DGH: Peele General Hospital – 8 miles. 6 Acute beds, 2 Maternity, 10 Geriatric, Casualty, X-ray, Physiotherapy, 3 Visiting, Consultants, 5 G.P. s, 1 Practice.
- 402. STONEHAVEN**, Aberdeens. Arduthie Hospital, Stonehaven. Tel: 0569 62022. Population: 20,000 - 26,000. DGH: Aberdeen Royal Infirmary – 15 miles. 21 Acute beds, 7 Maternity, Casualty, Physiotherapy, 5 G.P. s, 1 Practice.
- 403. STRANRAER**, Wigtowns. Garrick & Dalrymple Hospital, Stranraer. Tel: 0776 2323 (Garrick), 0776 3165 (Dalrymple). Population: 25,000. DGH: Dumfries Royal Infirmary – 78 miles. 24 Acute beds, 12 Maternity, 44 Geriatric, Casualty, X-ray (contrast), Physiotherapy, Visiting Consultants, 10 G.P. s, 1 Practice.
- 404. TURRIFF**, Aberdeens. Turriff Cottage Hospital, Turriff. Tel: 08892 3293. Population: 6,000. DGH: Aberdeen Royal Infirmary – 35 miles. 9 Acute beds, 8 Geriatric, Casualty, 4 G.P. s, 1 Practice.

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	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
PORTREE	13	205	—	90	22	792	511	1945			
ROTHESAY	22	460	324	68	9	5261	2495	3646			
ST. ANDREWS	37	960		64	9	5087	2902	9046			
SALEN	5	150									(i)
SELKIRK	18	127	—	91	44	2240	1498	627			
STONEHAVEN	28	90	—	81	81	327	323	1			
STRANRAER	36	1139		87	12	6220	3817	5975			
TURRIFF	17	179	—	69	23	1550	780	522			

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The SAGPH – working for you and your local GP hospital.

GENERAL PRACTITIONER HOSPITALS NORTHERN IRELAND

G.P. HOSPITALS IN N. IRELAND

In N. Ireland there are at present eleven small hospitals where in-patient care is provided by local general practitioners.

The three main admission categories are (1) Acute medical cases which do not require specialist medical or nursing care, (2) Convalescent surgical cases, and (3) Long-stay geriatric cases. In addition some patients are admitted for terminal care, holiday relief for relatives, observation, and care of the young chronically ill patient.

The geographical distribution of the hospitals is peripheral, most of them serving communities fifty miles or more from Belfast in the Northern and Western areas. Their peripheral nature is further emphasized by the fact that seven of the twelve are sited more than twelve miles from specialist hospitals (See Table I).

All of them are less than five minutes car journey from the health centre or group surgery upon which they depend for staff. Four of them are actually within the same complex as the health centre (at Ballycastle, Ballymoney, Carrickfergus and Limavady). All have developed in response to the individual needs of their own communities so there are wide variations in size and in the range of services provided. What they all have in common is their pleasant informal atmosphere and the helpful caring attitude of their nursing staff.

At Armagh, Kilkeel and Limavady a part-time non-resident clinical assistant contributes in addition to the G.P. staff. They all have visiting consultant staff who run out-patient clinics and provide support with in-patient care. Table II gives an indication of the services provided at each of the hospitals.

Nearly all the G.P.'s involved are in group practice. The proportion of G.P.'s in each hospital district who actually work in the hospital varies but even in those districts where the work is shared by all the local doctors, the bulk of the work tends to be done by those who live nearest to the hospital.

In the smaller units day to day problems are solved by direct liaison between the few people concerned. Few of the larger ones appear to have any active committee of management involving the staff. This is a weak point in their administration and can lead to inefficient operating policies and uneconomic use of resources.

The general practitioners express enthusiasm and satisfaction in this kind of work. It allows them to provide continuity of care for patients who, in the absence of such a local unit, would have to be transported to a hospital with unfamiliar staff and surroundings, more distant from their homes and families. Face to face contact on a regular basis with consultant colleagues can be a stimulating form of continuing education. The extra work-load does not appear to be a problem, particularly where there is support from partners, a moderate-sized practice list, and efficient practice organisation.

J. S. GARVIN

TABLE I

	Total Beds	General Beds	Geriatric Beds	Maternity Beds	Estimated Catchment Population	Specialist Hospital	Distance (miles)
NORTHERN AREA							
Carrickfergus Hospital	38	21	—	17	30,000	Whiteabbey	6
Cushendall Hospital	14	14	—	4	3,500	Ballmena	18
Dalriada Hospital, Ballycastle	50	44	—	6	12,700	Ballymoney	15
Robinson Memorial, Ballymoney	37	25	—	12	22,500	Ballymoney	0.5
WESTERN AREA							
Derg Valley Hospital, Castlederg	25	—	25	—	10,000	Omagh	20
Omagh General	56	—	47	9	35	Omagh	0.5
Roe Valley Hospital, Limavady	88	24	48	16	25,000	Derry	16
Strabane Hospital	41	—	28	13	20,000	Derry	14
SOUTHERN AREA							
City Hospital, Armagh	65	40	15	—	30,000	Craigavon	13
Mourne Hospital, Kilkeel	53	7	46	—	13,000	Newry	18
EASTERN AREA							
Cowan-Heron Hospital, Dromore	28	28	—	—	10,000	Lisburn	7.5

TABLE II

	Visiting Consultants	Casualty	X-Ray	Physiotherapy	Occupational Therapy
NORTHERN AREA					
Carrickfergus Hospital	5	+	+	+	—
Cushendall Hospital	—	+	—	—	—
Dalriada Hospital, Ballycastle	5	+	+	+	—
Robinson Hospital, Ballymoney	—	—	—	+	—
WESTERN AREA					
Derg Valley Hospital, Castlederg	2	+	—	—	—
Omagh General	1	—	—	—	—
Roe Valley Hospital, Limavady	9	+	+	+	+
Strabane Hospital	3	+	—	—	+
SOUTHERN AREA					
City Hospital, Armagh	11	+	+	+	+
Mourne Hospital, Kilkeel	3	+	—	+	—
EASTERN AREA					
Cowan-Heron Hospital, Dromore	—	—	—	—	—

- 405. ARMAGH, Co. Armagh.** Armagh City Hospital, Armagh. Tel: 0861 522281. Population: 47,800. DGH: Craigavon Area Hospital – 12 miles. 40 Acute beds, 15 Geriatric, Casualty, X-ray (contrast/screening), Physiotherapy, Occupational therapy, 13 Visiting Consultants, 11 G.P. s, 4 Practices.
- 406. BALLYCASTLE, Co. Antrim.** Dalriada Hospital, Coleraine Road, Ballycastle. Tel: 026 57 62666. Population: 12,700 - 20,000. DGH: Route Hospital, Ballymoney — 15 miles. 44 Acute beds, 6 Maternity, Casualty, X-ray, Physiotherapy, 5 Visiting Consultants, 5 G.P. s, 3 Practices.
- 407. BALLYMONEY, Co. Antrim.** Robinson Memorial Hospital, Newal Road, Ballymoney. Tel: 026 56 63100. Population: 22,500. DGH: Route Hospital, Ballymoney – ¼ mile. 25 Acute beds, 12 Maternity, Physiotherapy, Hydrotherapy, 14 G.P. s, 9 Practices.
- 408. CARRICKFERGUS, Co. Antrim.** Carrickfergus Hospital, Carrickfergus. Tel: 096 03 64193. Population: 30,000 - 35,000. DGH: Whiteabbey Hospital – 7 miles. 30 Acute beds, 20 Maternity, Casualty, X-ray (contrast/screening), Physiotherapy, 5 Visiting Consultants, 4 G.P. s, 8 Practices.
- 409. CASTLEDERG, Co. Tyrone.** Derg Valley Hospital, 35 Lurganbuoy Road, Castlederg. Tel: 06626 71213. Population: 80,000. DGH: Tyrone County Hospital, Omagh – 18 miles. 25 Geriatric beds, Casualty, 2 Visiting Consultants, 1 G.P.
- 410. CUSHENDALL, Co. Antrim.** Cushendall Hospital, Cushendall, Ballymena. Tel: 026 672 202. Population: 3,500 - 10,000. DGH: Waveney Hospital, Ballymena – 18 miles. 14 Acute beds, 4 Maternity, Casualty, 2 G.P. s, 1 Practice.
- 411. DROMORE, Co. Down.** Cowan-Heron Hospital, Diamond Road, Dromore. Tel: 0846 692234. Population: 10,000. DGH: Lagan Valley Hospital – 7½ miles. 28 Acute beds, 4 G.P. s, 2 Practices.
- 412. KILKEEL, Co. Down.** Mourne Hospital, Newry Street, Kilkeel. Tel: 069 37 62235. Population: 13,000 - 20,000. DGH: Daisy Hill – 18 miles. 7 Acute beds, 46 Geriatric, Casualty, Physiotherapy, 3 Visiting Consultants, 5 G.P. s, 2 Practices.
- 413. LIMAVADY, Co. Derry.** Roe Valley Hospital, Limavady. Tel: 050 472 2281. Population: 25,000. DGH: Tyrone County Hospital, Omagh – 20 miles. 88 beds, Casualty, X-ray, Physiotherapy, Occupational Therapy, 9 Visiting Consultants, 9 G.P. s, 8 Practices.
- 414. OMAGH, Co. Tyrone.** Omagh General Hospital, Omagh. Tel: 0662 45211. Population: 35,000. DGH: Tyrone County Hospital, Omagh — ½ mile. 47 Geriatric beds, 9 Maternity, 1 Visiting Consultant, 1 G.P.
- 415. STRABANE, Co. Tyrone.** Strabane Hospital, Strabane. Tel: 0504 882313. Population: 20,000. DGH: Altnagelvin Hospital, Londonderry – 14 miles. 28 Geriatric beds, 13 Maternity, Casualty, 3 Visiting Consultants, 1 G.P., 7 Practices.

	Beds	Deaths/ Discharges	G.A. Surgery	Occupancy %	Length of Stay (Days)	CASUALTIES			PHYSIO		X-Rays (Units)
						Total	New	Total New Out-Patients	Total	New	
ARMAGH	55	92	—	91	198	8791	4321	4644	3393	410	60976
BALLYCASTLE	50	554	160	84	25	1500	1270	1779	3236	65	15368
BALLYMONEY	37	680	85	67	29	—	—	—	7562	802	—
CARRICKFERGUS	50	300	—	95	42	3500	2800	2500	2000	1500	5
CASTLEDERG	25	36	—	76	209	1033	634	151	—	—	—
CUSHENDALL	18	204	—	67	25	256	256	—	—	—	—
DROMORE	28	12	—	100	—	—	—	—	—	—	—
KILKEEL	63	167	—	49	1135	2174	949	2185	608	71	—
LIMAVADY	88	1192	1909	60	—	7852	4834	3053	6559	258	51976
OMAGH	56	—	—	—	—	—	—	—	—	—	(i)
STRABANE	41	424	—	78	4 (Mat) 610(Geri)	48	48	503	—	—	—

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GP MATERNITY UNITS

ENGLAND & WALES

AT SITES SEPARATE FROM CONSULTANT UNITS

ENGLAND

ABINGDON, Oxon. Abingdon Hospital, Abingdon, Oxon. 023-522-717
ACCRINGTON, Victoria Maternity Unit, Accrington. 0254/32817
ALNWICK, Northumberland. Hillcrest Maternity Unit, Alnwick. 066 5602316 or 5602376
ALSTON, Cumbria, Ruth Lancaster James Cottage Hospital, Alston, Cumbria. 0498-81218
ANDOVER, Hants, Andover War Memorial Hospital, Andover. 0264/52517
ASHBOURNE, Derbys. Ashbourne Maternity Home, The Green Road, Ashbourne. 0335/43102
ASHBY DE LA ZOUCH, Leics. Ashby and District Hospital. 0530/414222
BARROW-IN-FURNESS, Cumbria. Rysdale Maternity Hospital, Abbey Road, Barrow-in-Furness. 0229/53635
BARTON-ON-SEA, Hants. Barton-On-Sea Maternity Hospital. 0425/612838
BELPER, Derby. Che Vin Maternity Unit, Babington Hospital, Belper. 077382/4171
BERKLEY, Glos. Berkley Hospital. 0453810777
BERWICK-UPON-TWEED, Northumberland. Castle Hills Maternity Unit. 028-9307876 & 9307376
BLETCHLEY, Bucks. Bletchley Maternity Hospital, Bletchley. 090879371
BRACKLEY, Northants. The Cottage Hospital, Brackley. 0280-702388
BRAINTREE, Essex. William Julian Courtauld Hospital. 9524131
BRIDGEWATER, Somerset. Mary Stanley Maternity Home. 0278422614
BRIDGNORTH, Shropshire. Bridgnorth Maternity Unit, Bridgnorth Infirmary.
BRIXHAM, Devon. Brixham Hospital. 080452153
BUDE, Cornwall. Stratton Hospital. Bude 2161
BUXTON, Derbys. Corbar Hall Maternity Home. 0293-3079
CANNOCK CHASE, Staffs. Chase Maternity Unit. 0543/673785
CHIPPENHAM, Wilts. Greenways Maternity Hospital. Malmsbury Road, Chippenham. 0249/652206
CHIPPING NORTON. Chipping Norton. 0608/2316
CHIPPING SODBURY, Bristol, Avon. Chipping Sodbury Maternity Hospital. 0454/312333
CHORLEY, Lancs. Chorley and District Hospital. 02572/65555
CIRENCESTER, Glos. Querns Maternity Hospital. 0285/5711
CINDERFORD, Glos. Dilke Memorial Hospital. 0594/22372
CLACTON-ON-SEA, Essex. Clacton Maternity Hospital. 0255/421235
CLEETHORPES, Yorks. Croft Baker Maternity Home, Mill Road. 0472/691461
CONGLETON, Cheshire. The War Memorial Hospital, Congleton. 02602/9322227
CROWBOROUGH, Sussex. Crowborough Maternity Unit, Crowborough Hospital 089264080
CROYDON, Surrey. St. Marys Maternity Hospital. 01684/6999
DARWEN, Lancs. Bull Hill Maternity Home, Darwen. 0254/72202
DEVIZES, Wilts. Devizes Hospital. 0380/3511
DEVONPORT, Devon. Alexandra Maternity Home, Devonport, Plymouth. 0752/51221
DARLEY DALE, Derbys. Darley Hall Maternity Home. 0629833276
DOVER COURT, Essex. Harwich Maternity Unit. 025552446
DRAYTON, Norfolk. Drayton Hall Maternity Home, Drayton, Norwich. 0603867288
DUDLEY, West Midlands. Rosemary Edman Maternity Unit, Dudley. 0384/52863
ELSON, S.E. Hants. Blake Maternity Home, Elson, Gosport. 0701723651
EVESHAM, Worcs. Avonside Maternity Unit, Evesham General Hospital. 038641141
EYE, Suffolk. Gilchrist Maternity Unit, Hartismere Hospital, Eye. 0379870543

FAREHAM, Hants. Blackbrook House Maternity Home, Fareham. 0329/232275
GILLINGHAM, Kent. Canada House, Maternity Home, Gillingham. 0634/51139
GUISBOROUGH. Guisborough General Hospital, Guisborough, Cleveland. 0287/23376
HALESWORTH, Suffolk. Patrick Stead Hospital, Halesworth. 0986/72124
HARPENDEN, Herts. Harpenden Memorial Hospital, Carlton Road, Harpenden. 05827/60196
HARROGATE, N. Yorks. Carlton Lodge Maternity Home, Leeds Road, Harrogate. 0423/871604
HASLEMERE, Surrey. Haslemere and District Hospital, Church Lane, Haslemere. 0428/3301
HAWKHURST, Kent. Hawkhurst Cottage Hospital, Hawkhurst. 05805/3345
HEANOR, Derbys. Heanor Maternity Home, Mundy Street, Heanor. 077373168
HEAVITREE, Devon. Mobray Maternity Hospital, Butts Road, Heavitree, Exeter. 039272487
HENLEY-ON-THAMES, Oxon. Townlands Hospital, Henley-on-Thames. 04912/2544
HIGH WYCOMBE, Bucks. Shrubbery Maternity Home, High Wycombe.
HONITON, Devon. Honiton Maternity Dept., Honiton. 0404/2362
HORSHAM, W. Sussex. Horsham Hospital, Horsham. 0403/50155
HUNTINGDON, Cambs. Primrose Lane Hospital, Huntingdon. 0480/53059
HYTHE, Hampshire. Hythe Hospital, Hythe. 0703/846046
ILKESTON, Derbys. Ilkeston Maternity Home. 0602/320199
KEYNSHAM, Avon. Keynsham Hospital. 02756/2356
KIDDERMINSTER, Worcs. Croft Maternity Home, Sutton Park Road. 0562/3286
KIRBY MUXLOE, Leics. Roundhill Maternity Home, Forest Drive, Kirby Muxloe. 0533/394452
LEEK, Staffs. Leek Memorial Hospital. 0538/371775
LEIGH, Lancs. Firs Maternity Home, Firs Lane, Leigh. 0942/673529
LICHFIELD, Staffs. Victoria Hospital, Friary Road, Lichfield. 05432/55321
LISS, Hants. Grange Maternity Home. 073082/3344
LOUGHBOROUGH, Leics. Loughborough General Hospital, Baxtergate. Loughborough 0509/231151
LOUTH, S. Lincs. Louth and District Hospital, Crowtree Lane. 0507/601131
LYDNEY, Glos. Lydney and District Hospital, Lydney. 0594/42246
LYNDHURST, Hants. Fenwick Hospital, Lyndhurst. 042128/2782
MAIDSTONE, Kent. Fant Lane Hospital.
MALDON, Essex. St. Peters Hospital, Maldon. 0621/9156515
MALMESBURY, Wilts. Malmesbury Hospital. 06662/3358
MALTON, Yorks. Malton and Norton District Hospital, Middlecave Road. 0653/3041
MARKET HARBOROUGH, Leics. Market Harborough District Hospital 0858/64756
MARLBOROUGH, Wilts. Savernake Hospital, Marlborough. 0672/54571
MATLOCK, Derby. Darley Hall Maternity Home, Park Lane, Two Dales. 0629/833276
MELTON, Suffolk. Phyllis Memorial Home, Melton, Nr. Woodbridge. 03493/2706
MELTON MOWBRAY, Leics. St. Marys Hospital, Thorpe Road, Melton Mowbray. 0664/3364
MIDDLESBOROUGH, Cleveland. Carter Bequest Hospital, Cambridge Road. 0642/813133
NEWBURY, Berks. Sandleford Hospital, Newtown Road, Newbury. 0635/47074
NEWPORT PAGNELL, Bucks. Westbury Maternity Home. 0908/611326
NEWTON ABBOTT, Devon. Newton Abbott Hospital, Western Road. 0626/4321
NORTH FERRIBY, N. Humberside. Woodgates Maternity Home. 0482/631596
NORTH WALSHAM, Norfolk. North Walsham Cottage Hospital. 0692/403053
OAKHAM, Leics. Rutland Memorial Hospital, Cold Overton Road, Oakham. 0572/2552
OAKHAMPTON, Devon. Oakhampton and District Hospital, Oakhampton. 0837/2188
OLD SWINFORD, W. Midlands. Mary Stevens Maternity Home, Hagley Road, Stourbridge. 03843/5534
OSWESTRY, Salop. Oswestry and District Hospital. 0691/4511
PAIGNTON, Devon. Paignton Hospital, Paignton, Torbay. 0803/557425
PAULTON, Avon. Paulton Hospital, Bristol. 0761/412107
PENRITH, Cumbria. Penrith New Hospital. 0768/63647
PENZANCE, Cornwall. Bolitho Maternity Home, The Lidden, Penzance. 0736/4203
RIPON, Yorks. Ripon and District Hospital, Firby lane. 0765/3119
ROMSEY, Hants. Romsey Hospital, Mile Hill, Romsey. 0794/512343
ROYSTON, Herts. Royston Hospital, London Road, Royston. 0763/42134
ST. AUSTELL, Cornwall. Penrice Maternity Unit, St. Austell. 0726/4181
SCILLY ISLES. St. Marys Hospital, Scilly Isles. 0720/22392
SEVENOAKS, S.E. Thames. Sevenoaks Maternity Unit. 0732/455155

SHEPTON MALLET, Avon. St. Peter's Hospital. 0749/2378
 SHERBOURNE, Dorset. Yeatman Hospital. 0935/813991
 SIDMOUTH, Devon. Victoria Cottage Hospital. 03955/2482
 SPALDING, Lincs. Johnston Hospital, Priory Road, Spalding. 0775/2386
 STRATFORD-ON-AVON, Warwick. Monroe Devis Maternity Home, Tiddington, Stratford.
 0789/292784

STROUD, Glos. Stroud General Hospital, Stroud. 04536/2283
 TAVISTOCK, Devon. Tavistock Maternity Home. 0822/2996
 TIVERTON, Devon. Tiverton and District Hospital. 088425/3251
 TROWBRIDGE, Wilts. Trowbridge Hospital. 022146/5840
 ULVERSTON, Cumbria. Ulverston Hospital. 0229/53635
 WALLINGFORD, Oxon. Wallingford Community Hospital. 0491/35533
 WANTAGE, Oxon. Wantage Hospital, Wantage. 0235/73029
 WELLINGBOROUGH, Northants. Isebrook Hospital
 WELLINGTON, Salop. Wrekin Hospital, Wellington. 0952/51155
 WELLINGTON, Somerset. Wellington Maternity Home. 0823/472074
 WESTON-SUPER-MARE, Somerset. Ashcombe House Maternity Hospital. 0934/25211
 WEST RUNTON, Norfolk. Longacre Maternity Home. 026375/75314
 WHALLEY, Lancs. Bramley Meade Maternity Home, Whalley, Blackburn. 025482/2168
 WHITBY, Yorks. Whitby Hospital, Spring Hill, Whitby. 0947/604851
 WIDNES, Cheshire. Widnes Maternity Hospital, Widnes. 0514/242103
 WISBECH, Cambs. Bowthorpe Maternity Hospital, Tavistock Road. 0945/585781
 WOKINGHAM, Berks. Wokingham Hospital. 0734/781101

WALES

BRECON, Powys. Breconshire War Memorial Hospital, Brecon. Tel: Brecon 2443
 BUILTH WELLS, Powys. The Cottage Hospital, Builth Wells. Tel: 9355/2221
 CHIRK, Clwyd. Chirk Community Hospital, Chirk, Near Wrexham. Tel: 0691/772430
 COLWYN BAY, Clwyd. Colwyn Bay Maternity Home, Colwyn Bay. Tel: 0492/2581
 DOLGELLAU, Gwynedd. Dolgellau and Barmouth Hospital, Dolgellau. Tel: 0341/422479
 GLANAMMAN, Dyfed. Amman Valley Hospital, Glanamman. Tel: 0269/922277
 KNIGHTON, Powys. Knighton Hospital, Knighton. Tel: 0547/528633
 LLANIDLOES, Powys. Llanidloes War Memorial Hospital, Llanidloes. Tel: 0551/22121
 LLANDRINDOD WELLS, Powys. Llandrindod War Memorial Hospital, Llandrindod Wells.
 0597/2951
 MACHYNLLETH, Powys. Machynlleth District Hospital, Machynlleth. Tel: 0654/2341
 MAESTEG, Mid-Glam. Maesteg General Hospital, Maesteg. Tel: 0656/732732
 MANCOT, Deeside. Catherine Gladstone Hospital, Mancot. Tel: 0244/531760
 NEWTOWN, Powys. Montgomery County Infirmary, Newtown. Tel: 0686/27722
 PRESTATYN, Clwyd. Chatsworth House Maternity Home, Prestatyn. Tel: 07456/3487
 PWLLHELI, Gwynedd. Brynberyl Hospital, Pwllheli. Tel: 0758/612231
 TYWYN, Gwynedd. Tywyn Memorial Hospital, Tywyn. Tel: 0654/710411
 WELSHPOOL, Powys. Victoria Memorial Hospital, Welshpool. Tel: 0938/3133

PROBLEM SOLVING – Useful Names and Addresses

Much of the activity of the Association of G.P. Hospitals revolves around our attempts to solve common, or individual hospitals' problems. It must be emphasised that the status of the Association is only that of a pressure-group. "The Association" as such cannot "do" anything in political terms. The correct channels already exist via BMA divisions, LMCs, and the GMSC, for medico-political action. Where standards are in question the RCGP is the correct arbiter. We have attempted to forge links with all these bodies and hope to strengthen them in future.

As the only body with expertise in the field of GP hospital care, the Association's opinions may be of value to all the above organisations. But it must be pointed out that our influence will be directly proportional to the amount of hard facts we assemble to support our views. Opinion unsubstantiated by statistically valid (and preferably published) data, is valueless. There is thus a need for extensive and continuing research.

The list below is embryonic, but may be of use in solving some of the problems likely to arise. Subsequent editions of this Handbook will enlarge this list considerably, since there is a wealth of untapped experience within the hospitals – particularly with those administrators, nurses and doctors who work in them – waiting to be exploited. To this end, everyone's help in completing the Updating Form and returning it to the Editor will be invaluable.

PROBLEM	CONTACT	HOSPITALS
Anaesthetics	Dr. A.J. Chapman 41B High St., Tewkesbury, Glos	
	Dr. D.R. Lockstone Cherry Garth, Stakesby Vale, Whitby, Yorks	
	Dr. P.J. Snow Ruperra House, St. Mary's St., Brecon, Powys	
Closure, threats of	Contact:– Dr. R.H. Jones, The Alder Moor Health Centre, Southampton	
Conditions of service	Dr. P.J. Enoch Adari, 183 Belper Rd., Stanley Common, Derby	
Fund-Raising		Spalding, Newport, Salop, Tewkesbury
GMSC	Dr. J.P. Allen Health Centre, Bartholemew Av. Goole, N.Humberside Dr. J. Callander Graemesdyke, Grahamsdyke Rd., Bo'ness, W.Loathian Dr. C.D. Crawford Star Croft, Gaia Lane, Lichfield, Staffs. Dr. D.J.D. Farrow Surgery, North Ridge, Hawkhurst, Kent Dr. A.P. Hill 50 Grosvenor Rd, Caversham, Reading, Berks Dr. P.F. Keilty 23 Leyton Rd, Harpenden, Herts Dr. J.B. Lynch Moy House, The Green, Denbigh, Clwyd	

PROBLEM SOLVING (Continued)

PROBLEM

CONTACT

	Dr. P.G. Mann 185 Albert Rd, Farnworth, Bolton Dr. D.I.T. Wilson Surgery, White Cliff, Mill St, Blandford, Dorset
Geriatrics - active policy - Change of role involved	
Medicine - Acute	Dr. J.A.J. Davies Ruperra House, St. Mary's St, Brecon, Powys Dr. R.H. Jones Aldermoor Health Centre, Southampton.
Nursing	SNO D. Clift Tamworth General Hospital, Tamworth, Staffs SNO M. Scott Miller Paignton District Hospital, Church St, Paignton. J Boyles (Matron) St. Michael's Hospice, Lugwardine, Hereford
Obstetrics	Dr. G.W. Taylor Surgery, 53 Circuit Lane, Reading, Berks Dr. D.B. Johnson Ruperra House, St. Mary's St, Brecon, Powys Dr. P.B. Monaghan Castle Place Surgery, Tiverton, Devon.
Radiology	Dr. R. J. Parker Prince Charles Hospital, Merthyr Tydfil, Mid Glam.
RCGP	Dr. M. Lee Jones Medical Centre, Wallingford, Oxon
Surgery	Dr. J. Church St. Thomas Court, Church St, Axminster, Devon. Dr. D. Pope 16 West Borough, Wimborne, Dorset Dr. B. Williamson, Penarth, Nottingham Rd, Melton Mowbray, Leics.
Theatre Improvements	

HOSPITALS

Cirencester
Tamworth
Fleet

Stroud
Tewkesbury
Tetbury

While every effort has been made to obtain the most up-to-date information possible we realise that changes may have occurred while this publication has been in press. For these and any other inaccuracies we apologise.

FURTHER READING

BACKGROUND

- National Health Service, *Hospital Care for England and Wales*, London, HMSO, 1962.
- Office of Health Economics, *Building for Health*, London, OHE, 1970.
- Department of Health and Social Security, *Community Hospitals - their Role and Development in the National Health Service*, London, DHSS, 1974.
- Department of Health and Social Security, *Nucleus Hospitals*, London, DHSS, 1976.
- Department of Health and Social Security *The Way Forward - Priorities in Health and Social Services*, London, DHSS, 1977.
- Association of General Practitioner Hospitals, *Cottage to Community*, London, AGPH, 1977.
- House of Commons Adjournment Debate, *Community Hospitals*, Hansard 1977, 8th Feb, p.1395.
- Bonham Carter Report, *The Functions of a District General Hospital*, London, HMSO, 1969.
- Gillie Report, *Field of Work of the Family Doctor*. London, HMSO, 1963.

GENERAL

- Abel-Smith B, *The Hospitals 1800-1948*, London, Heinemann, 1964.
- Anonymous, *The Hospitals We Need*, British Medical Journal 1976; 2: 713-4.
- Baddeley S, Fitzpatrick J, Greene J, Withnell A, *The Development of Community Hospitals*, Community Health, 1977; 9: 60-65.
- Bennett AE, *Community Hospital Programme in Decisions, Movements and Directions in Health Services Research*, Ed. G Maclachlan, Oxford, Nuffield Provincial Hospitals Trust/OUP, 1974.
- Bennett AE, *Evaluating the Role of the Community Hospital*, British Medical Bulletin, 1975; 30: 223-7.
- Bennett AE, *Community Hospitals*, Health Trends 1975; 7: 66-8.
- Berkeley JS, *The Provision of Cottage Hospital Beds*, Journal of the Royal College of General Practitioners 1976; 26: 250-4.
- Berkeley JS, *The Role of the Cottage Hospital - A Study of general practitioner in-patient referrals to central and cottage hospitals in central and north-east Scotland*, University of Edinburgh (Thesis), 1975.
- Burdett HC, *Cottage Hospitals in London*, London, 1896.
- Cavenagh AJM, *The Hospitals We Need*, British Medical Journal, 1977; 1: 167.
- Clark M, Mulholland A, *The Use of General Practitioner Beds*, Journal of the Royal College of General Practitioners, 1973; 23: 273-9.
- Cliff KS, *Community Hospitals - What Is Their Role?* British Medical Journal (Suppl) 1975; 4: 239.
- Davies A, *Coronary Care in a General Practitioner Hospital*, British Medical Journal, 1982; 285: 1469-70.
- Emrys-Roberts RM, *General Practitioner Hospitals*, Lancet, 1971; 2: 755-6.

- Emrys-Roberts RM, *The Hospitals We Need*, British Medical Journal, 1976; 2: 1386.
- Goucke CR, *One Practice's Review of Its Use of a General Practitioner Hospital*, Journal of the Royal College of General Practitioners, 1980; 30: 401-404.
- Grant JA, *Contribution of General Practitioner Hospitals in Scotland*. British Medical Journal, 1984; 288: 1366-8
- Haslett J, *The Community Hospital in The Health Team in Action*, Ed. R Bloomfield and P Follis, London BBC Publications, 1974.
- Himsworth RL, *Acute Medical Care in Hospitals in the 1980's*, British Journal of Hospital Medicine, 1976; 11: 605-11.
- Humphries RC, *Retrospective Evaluation of the Role of a Community Hospital*, British Medical Journal (Suppl) 1973; 4: 19-21.
- Johnson DB, *Audit of Surgical Practice in a Community Hospital*. British Medical Journal 1984; 288: 1293-5
- Kernick DP, Davies SE, *The Community Hospital: a Three Year Study*, British Medical Journal, 1976; 2: 1243-45.
- Knyvett AF, *The Health Centre Hospital; the Community Hospital of the Future*, Medical Journal of Australia, 1974; 2: 569-71.
- Loudon ISL, *The Demand for Hospital Care*, Oxford, United Oxford Hospitals, 1971.
- Loudon ISL, *The Contribution of General Practitioner Hospitals*, Journal of the Royal College of General Practitioners, 1972; 22: 220-6.
- Loudon ISL, *General Practitioner Hospitals and the Relationship of General Practice to Hospital Medicine*, DM thesis, University of Oxford, 1973.
- Loudon ISL, *The Hospitals We Need*, British Medical Journal, 1976; 2: 1506.
- Loudon ISL, *The General Practitioner and the Hospital in Trends in General Practice*, Ed J Fry, pp 83-110 London, BMJ, 1979.
- North NT, Hall DJ, Kearns WE. *First Year of an Inner City General Practitioner Hospital*. British Medical Journal 1984; 288: 1209-1211
- Oddie JA, Haslett JC, Vine SM, Bennett AE, *The Community Hospital - A Pilot Trial*, Lancet, 1971; 2: 308-310.
- Robinson GA, *Community Hospitals*, Hospital and Health Service Review, 1975; 71: 232-3.
- RUE ER, *The General Practitioner and the Hospital Service in the 1970s*. Oxford, ORHB, 1968.
- Shaw CD, *General Practitioner Hospitals: Coming or Going?* British Medical Journal 1984; 288: 1399.
- Swete H, *A Handybook of Cottage Hospitals*, London, Hamilton Adams & Co, 1870.
- Weston Smith J, O'Donovan JB, Hoyle D, Clegg DFG, Khalid T, *Comparative Study of District and Community Hospitals*, British Medical Journal 1973; 2: 471-4.
- Wilkinson BR, *General Practitioner Hospital Beds; Report on a General Practitioner Bed Unit*, British Medical Journal, 1968; 1: 436-8.

NURSING

- Anonymous, *New Concept in Community Hospitals*, Nursing Mirror, 1977; 145: 9.
- Bosanquet N, *Community Hospitals?* Nursing Times, 1974; 70: 1371.

PAEDIATRICS

- Kerr HM, Lawson CW, Weller SDV, *Paediatric Clinics in District and Peripheral Hospitals*, Public Health, 1976; 90: 53-7.

RECORDS

- Kirk C, Lee Jones M, *Medical Records, Medical Audit and Community Hospitals*, Journal of the Royal College of General Practitioners, 1976; 26: 143-6.
- Shaw CD, *Guide Lines for Medical Records in General Practitioner Hospitals*, Journal of the Royal College of General Practitioners, 1982; 32: 632-3.

EDUCATION

- Brown JRD, *Training for Secondary Care in General Practice*, Update, 1978; 963-6.
- Cavenagh AJM, *The Place of the General Practitioner Hospital in Training*. GPVT, 1982, (5) p 7. (Bureau of medical practitioner affairs, Ltd, 18, Borough High Street, London SE).
- Royal College of General Practitioners, *Educational Needs of Doctors Working in Community Hospitals; a Report Prepared for the Education Committee of the Royal College of General Practitioners*, Journal of the Royal College of General Practitioners, 1976; 26: 461-5.

ECONOMICS

- Gruer R, *Economics of Outpatient Care*, Lancet, 1971; 1: 390-4.
- Rickard JH, *Cost Effectiveness Analysis of the Oxford Community Hospital Programme*, Oxford, Department of the Regius Professor of Medicine, 1976.

REGIONAL REPORTS

- Central Derbyshire Health District, *Working Party Report on Community Hospitals*, 1976.
- Elliott R et al, *The Oxford Conference: The Community and the Hospital*, Health and Social Services Journal, 1973; 83: Suppl 6-7.
- Gloucestershire Area Health Authority, *Community Hospitals*, Gloucester AHA, 1975.
- Kent Area Health Authority, *Report of Sevenoaks Hospital Review Panel*, KAHA, 1978.
- Oxford Regional Hospital Board, *The Community Hospital*, Oxford, ORHB, 1969.
- Oxford Regional Hospital Board, *Community Hospital Research Programme: Day Care in the Community Hospital; Report of a Study Group*, Oxford, ORHB, 1973.
- Oxford Regional Hospital Board, *Community Hospital Research Programme: Digest of Technical Information on an Experimental Model at Wallingford*, Oxford, ORHB, 1973.
- Oxford Regional Hospital Board, *Community Hospitals: Progress and Development in Their Valuation*, Oxford, ORHB, 1974.

Pollock RM et al, *The Oxford Conference: The Hospital and the Community*, Health and Social Services Journal, 1973; 83: Suppl 7-9.

Royal College of General Practitioners, *Reports from General Practice VIII - General Practice in South West England*, London, RCGP, 1968.

West Midlands Health Authority. *Community Hospital Planning*. Birmingham, WMRH, 1984

MAIN AIMS AND FUNCTIONS OF THE AGPH

- To defend GP Hospitals from unnecessary threats of closure or changes of role.
- To give help and advice to members in furthering the interests of GP Hospitals.
- To ensure satisfactory terms and conditions of service for those involved in GP Hospital work.
- To work towards developing the range and continuing improvement of services provided by GP Hospitals.
- To gather and disseminate information on all aspects of work carried out in GP Hospitals.
- To demonstrate the cost-effectiveness of patient care provided by doctors, nurses and others in GP Hospitals.
- To promote, assist and co-ordinate medical teaching and research in GP Hospitals.
- To foster and develop strong links between the Association, Member Hospitals and the communities which they serve.
- To work with the Royal Colleges in evaluating, maintaining and improving standards of care within GP Hospitals.

ACTION PACK

Since its foundation in 1969, the AGPH has built up a wealth of knowledge and experience of matters relating to smaller community-based hospitals. The problems your Hospital is facing today have probably already been faced by a number of our existing member hospitals in the past. The AGPH is here to share its experience with you to help solve your problems.

An up-to-date "Action Pack" of literature which will be helpful to those hospitals currently facing such situations is available to members from:

Dr. R. H. Jones,
Secretary - AGPH,
Aldermoor Health Centre,
Aldermoor Close,
Southampton, SO1 6ST.



MEMBERSHIP OF THE ASSOCIATION OF GENERAL PRACTITIONER HOSPITALS

A General Practitioner Hospital is defined as any hospital in which admission to the majority of beds is under general practitioner control.

A hospital in England and Wales complying with this definition is eligible for Full Membership of the AGPH (in Scotland the SAGPH). Other hospitals outside this category, on application to the AGPH, may also be considered for membership.

Membership of the AGPH is open to all bodies and individuals involved, or with an interest in GP Hospitals (e.g. Hospital Staff Associations, Leagues of Friends, doctors, nurses, administrators, volunteers, organisations, companies, journals, etc.)

1. **FULL MEMBERSHIP** (Subscription £25 p.a.)
Gives one vote; subscription payable by the Hospital Staff Association, League of Friends or from Annuity funds, if agreed, on behalf of the GP Hospital concerned.
2. **ASSOCIATE MEMBERSHIP** (Subscription £5 p.a.)
Non-voting; open to individual doctors, nurses and others interested in supporting GP Hospitals and in furthering the aims of the Association.
3. **ASSOCIATE CORPORATE MEMBERSHIP** (Subscription £25 p.a.)
Non-voting; open to organisations, companies, journals and other bodies with goodwill towards the future of GP Hospitals through the Association.

The AGPH (in conjunction with the SAGPH) is the only national organisation acting in the interests of General Practitioner Hospitals in the UK. The work of the Association is funded entirely by voluntary contributions of time, effort and subscriptions from individuals and bodies with an interest in the future of General Practitioner Hospitals.

HELP THE AGPH HELP YOUR GP HOSPITAL - JOIN NOW BY COMPLETING THE MEMBERSHIP FORM OVERLEAF

EXISTING MEMBERS ARE REMINDED THAT SUBSCRIPTIONS ARE NOW DUE.

AGPH MEMBERSHIP APPLICATION FORM

1. FULL MEMBERSHIP

I apply on behalf of Hospital
Address Tel:.....

for Full Membership of the Association of General Practitioner Hospitals and enclose cheque/standing order* for £25 being the annual subscription due.

Signed

Name

Position

(*Delete as necessary)

2. ASSOCIATE MEMBERSHIP

I apply for Associate Membership of the Association of General Practitioner Hospitals and enclose a cheque/standing order* for £5 being the annual subscription due.

Signed

Address

.....

(*Delete as necessary) Tel.....

3. ASSOCIATE CORPORATE MEMBERSHIP

I apply on behalf of
for Associate Corporate Membership of the Association of General Practitioner Hospitals and enclose a cheque/standing order* for £25 being the annual subscription due.

Signed

Name

(*Delete as necessary) Position

STANDING ORDER

To the Manager, Bank PLC
Address

Please pay to the Association of General Practitioner Hospitals Account No. 30126500, Barclays Bank PLC, 40 Courtenay Street, Newton Abbott, Devon, the sum of £..... (figures) (words) on theday of19.....and on the same day in each succeeding year.

Date..... Signature

Account No.

Name Address

**PLEASE DETACH THE COMPLETED FORM AND POST TO:-
THE TREASURER, AGPH, LATHAM HOUSE, MELTON MOWBRAY, LEICS. LE13
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IMPORTANT

UPDATING SHEET

The usefulness of this publication depends largely on the information it contains being as up to date as possible.

The help and co-operation of GP hospitals' staff in completing and returning the Updating Sheet overleaf is invaluable to the Association and its aims and not least to subsequent editions of this publication.

Experience has shown that the responsibility for statistics is best fulfilled by:-

- 1) Nursing Officer or Sister in-Charge
- 2) Administration Staff
- 3) Medical Staff

Ideally, we suggest that the Nursing Officer or Sister in-Charge arranges for completion of this Updating Sheet by the most appropriate person and also ensures that it is returned to:-

Dr. A. J. M. Cavenagh,
Editor,
AGPH Handbook & Directory,
Ruperra House,
Brecon,
Powys, LD3 7AA.

Your co-operation is very much appreciated.

NOTES

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