

## THE DOCTOR`S TALE

### Dr. DONALD WRIGHT

*Dr. Wright and his wife live in Homeworld, a development of innovative, experimental houses on Bradwell Common. It was originally built as an architectural exhibition and owning a house there is still "slightly like living in a goldfish bowl".*

*Now a chief partner in the practice at Eaglestone Health Centre, Dr. Wright was the new city`s first G.P.*

Prior to coming to Milton Keynes in January 1974, I was a practitioner in the southern part of the country where I ran a single handed practice for nineteen years. For various reasons – personal and professional – I looked around in 1973 for a new job.

Milton Keynes was an unknown quantity at that time. I knew what I was giving up but I had no idea what I was being offered. The brief was that I should start the first of the proposed new health centres in Milton Keynes and eventually work with five partners. There were already other practices here, of course, in Newport Pagnell and in other existing communities, but there was no health provision for the new city itself. I knew little about a primary health care team. Luckily, I was sent around the country to visit similar types of health centres to find out what was particularly good or bad about them, and how to avoid mistakes in Milton Keynes.

For the first six weeks of my job I sat on my backside and did nothing. The temporary health centre at Tinkers Bridge, where I was to start work, wasn`t finished. It seemed to me that the Health Authority was dragging their heels. I remember one day there were chaps fitting lavatories at one end of the building and chaps removing them from the other end! After six weeks I got hold of the Health Authority and told them I intended to start work in a matter of days. If the place wasn`t finished in time I would invite the press along. There was feverish activity that weekend, and I did indeed start work on the Monday.

You can imagine there wasn`t much to do at first because we didn`t have many patients. As a doctor you are not allowed to advertise so I couldn`t recruit patients. Things gradually built up, however, and my first partner joined me. After a while we had too much work and we took on a doctor from Australia. He had a drug problem, which we knew about and thought we`d try to help him and give him a chance. I`m afraid he only lasted sixty-three days, and went back to Australia. So another doctor joined us instead. Poor chap had a terrible time. Six weeks after he joined us he was involved in a `cause celebre`. It was all ill-founded and resulted in some nasty publicity. It was a terrible time. That all happened in 1977. Later that year a fourth partner joined us and things became easier again. We then took on a fifth doctor so we`d never have to rely on a locum.

There was a medical masterplan for Milton Keynes that stated that doctors should involve themselves in community work such as child development work. In the early days I used to go and give chats to the kids in Simpson School, which was great fun. An awful lot was expected of you to make yourself known and to meet other people, priests, school-teachers, architects. With another doctor, I used to do a programme for the community radio station. We had to do it anonymously – we were just “the doctors”. We would chat on a certain topic and people would phone in and ask questions. I think it did a lot of good.

The work itself in Milton Keynes is no different from anywhere else, but it often seems that the demands made on us are higher. In general, the sort of problems that are presented here are the same problems that appear in Birmingham or Bermondsey, but they are perhaps highlighted here because people here have been uprooted. We are all immigrants here. I'm very enthusiastic about Milton Keynes. It's the only place in the world that you can say it is better this week than it was last week because there is always an improvement. For a time, I think the city went to sleep and we all lost a bit of impetus, but we were given a big lift when the Shopping Centre opened. I think the same was true when the railway station was built.

There is a tremendous amount of young people here and therefore I see a lot of children, due to the understandably- anxious mothers that feel a bit lost not having Mum or Granny living up the road. They lean fairly heavily on the health visitors, the social workers and their doctor because they need someone to relate to.

The object of having a health centre is to get people to come to the doctor rather than have so many home visits. In general we try to arrange that the people can have an appointment of six or seven minutes. That may not seem much, but your problem, or the problem of the person before you, might only last a minute. Someone has wax in their ears, one sends them off to see the nurse who will syringe them. So the next person has seven minutes plus six due to the person before. Or, if I think you have such a problem that we are not going to be able to do justice I'll suggest you come back another day and ask for two or three consecutive appointment times. Then I don't feel rushed and nor do you. I never know how long I'll spend with a patient and don't look at my watch.

I get to work about ten past eight every morning although I don't start seeing patients until nine; there's always letters to read or dictate. Then I will see people from, say, nine to eleven O'clock, then there will be business to attend to. We always arrange that there will be one doctor here all day, so that if people ring up there is a doctor they can speak to. The public could help us enormously by reducing their demands a little bit because some of the problems that come our way are not really ones for a doctor. I think if people knew that the chap who works from eight in the morning until six at night is also the bloke that's on duty at night they'd be more sympathetic to us. A lot of people in Milton Keynes come from big cities where they have deputising services and the doctors only work from nine to five.

There are various clinics going on all the time, for instance anti-natal clinics and cervical smear clinics. We started doing cancer smears in 1974 and some of our work in that field has achieved some recognition. I appeared on Anglia Television

last year in a ten or fifteen-minute programme in which I was interviewed. During the first clinic we ran we found a lady of sixty-four who had cervical cancer and she is still alive, fit and well ten years later. She also appeared on this television programme. She was chuffed to bits and said: "If I hadn't come to see the doctor in 1974 I'd be dead by now".