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Patients in fundholding and non-fundholding practices

Sir,
To investigate the charge that the fundholding scheme channels resources to those areas least in need¹ a study was undertaken in 1994 to compare health need indicators for patients of fundholding and non-fundholding practices in the former East Anglian Regional Health Authority.

Copies of the part of patient registers containing details of age, sex, postcode and general practitioner registration were obtained from Cambridgeshire, Norfolk and Suffolk family health services authorities. The proportions of patients aged 0–4 years and 75 years and over were calculated for each practice. The distribution of each practice's patients in census wards was found by matching address postcodes to wards,² and 1991 census values for wards were converted into estimates for practices by multiplying ward values by the number of practice patients living in the ward, adding the products and dividing by the number of patients in the practice.³ The health needs indicators derived from the 1991 census were long-term illness, the Townsend deprivation index,⁴ and the Jarman underprivileged area score.⁵ The prevalence of long-term illness was assessed in the 1991 census with the question: 'Does the person have any long-term illness, health problem or handicap which limits his/her activities or the work he/she can do?' The replies of peo-

ple aged 75 years and over were excluded, and age was indirectly standardized using national rates in 10-year age bands. Both the Townsend and Jarman indices were calculated from East Anglian region ward means and standard deviations. In addition mortality data were obtained for 1989 to 1991 from the Office of Population Censuses and Surveys (Table VS4).⁶ Ward standardized mortality ratios were calculated from national age-specific rates for people aged under 75 years, and these were also converted into estimates for practices. After excluding practices with fewer than 500 patients, practices were divided into fundholding (first to third wave) and non-fundholding practices.

There were 51 fundholding and 241 non-fundholding practices. Fundholding practices had significantly more patients than non-fundholding practices (Student's *t* test, $P < 0.001$) (Table 1). Fundholding practices had a slightly higher proportion of patients aged 75 years and over compared with non-fundholding practices, but this difference was not statistically significant. Standardized illness and mortality ratios were low compared with the national average of 100, but these and the deprivation indices were similar between fundholding and non-fundholding practices.

Because the Townsend and Jarman indices were calculated from East Anglia ward data, the resulting indices are comparable only within the region and not with national values. The difference in size between fundholding and non-fund-

holding practices was to be expected since a minimum list size of 11 000 and subsequently 7000 patients was a condition for fundholding status. In East Anglia the patients of fundholding and non-fundholding practices have similar health needs.

ROBIN HAYNES
ANDREW LOVETT
SUSAN GALE
GRAHAM BENTHAM

School of Environmental Sciences
University of East Anglia
Norwich NR4 7TJ

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Surveys of GPs: methodological considerations

Sir,
Sibbald and colleagues rightly emphasize that low response rates are a particular problem in postal surveys of general practitioners in the United Kingdom (July *Journal*, p.297). They reported a mean response rate in 26 surveys published in the *Journal* between January 1991 and June 1993 to be 61%.

Research shows that response rates are influenced by questionnaire length, use of a different method for a subsequent approach, and the investigating agency.^{1,2} These factors have been taken into consideration when designing a study and our experiences may be useful for other researchers.

The study, funded by South Thames Project Grants Scheme, is a confidential postal survey of the general practitioner management of cervical chlamydia infec-

Table 1. Health needs indicators for fundholding and non-fundholding practices

Indicator	Mean (standard deviation) in			
	Fundholding practices		Non-fundholding practices	
No. of patients	10 580	(4005)	6282	(3467)
% aged 0-4 years	6.2	(0.9)	6.3	(1.0)
% aged 75+ years	8.2	(2.2)	7.6	(2.1)
Standardized illness ratio				
Males	83.9	(11.1)	82.1	(15.2)
Females	85.4	(10.6)	84.5	(13.6)
Standardized mortality ratio				
Males	85.8	(11.3)	85.4	(13.4)
Females	87.5	(12.3)	85.5	(12.9)
Townsend deprivation index	0.88	(2.04)	0.96	(2.80)
Jarman underprivileged area score	6.2	(10.3)	5.8	(13.7)