

then I find it difficult to understand why the large group including several practices active in College affairs and geographically within their same area were not approached. It would appear that the co-ordination of activities and information in this most important future area is non-existent, as consulting the College secretariat resulted in the provision of existing material which I may add appears entirely adequate.

I expect the College to be able to perform a central co-ordination and guidance forum for the future of general practice. Increasingly it is accused of being remote from its Members and for the activities of its senior Fellows to be largely irrelevant to the needs of mainstream general practice. In this instance the charges would seem fully substantiated.

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Editor's Note: The College classification is *not* free to College Members.

Case finding in preventive care of the elderly

Sir,

We read with interest the Editorial on 'Care in the community' in the July issue of the *Journal* and in view of the present interest shown in case finding as a technique for identifying easily those elderly in the community most in need of general practitioner services, we wish to report the result of a pilot study using this technique.

In December 1983 the computerized age/sex register of a large practice of 11,000 patients close to the centre of Leeds was 'cleaned' for all those patients aged between 74 and 79 years. The medical records were quickly checked to identify any recent deaths, admissions to long-stay care or change of address. This left 354 names. In January 1984 these patients were sent Barber's postal questionnaire of nine screening questions requiring a Yes/No answer.¹ A stamped addressed envelope was enclosed inviting participation in the survey and signed by the senior partner in the practice. Within one month of mailing 330 questionnaires were returned, of which 323 were completed. A second mailing of the 24 non-respondents produced a further 12 completed questionnaires. Overall, 335 questionnaires were returned completed (95 per cent). Not only was the response rate high but a number of the old people added comments of praise for the idea and amplified answers to some questions. Analysis of the questions revealed only 20 per cent where there was no 'Yes' answer. On Barber's criteria, therefore, 80 per cent of the respondents were in need of further assessment. This is almost identical to Barber's findings but seemed high if the technique is to be used regularly.

The money spent on mailing the questionnaires may as well have been spent on visiting the remaining 20 per cent. Moreover, follow-up of some of the elderly (7 per cent), revealed that comprehension of the questions had not always been complete.

We feel that although the technique has proved a successful method of contacting the elderly in the practice, the questions themselves were not sensitive enough to select the elderly most at risk. Work is now taking place on devising and testing a more discriminating initial screening instrument as a prelude to a double-blind two year trial using this technique.

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Reference

1. Barber JH, Wallis JB, McKeating E. A postal screening questionnaire in preventive geriatric care. *JR Coll Gen Pract* 1980; 30: 49-51.

Night calls - an emotional editorial

Sir,

The author of your unsigned editorial on night calls was wise to remain anonymous. But, in allowing him to do so you must then assume responsibility for what he has written.

Since most of his opinions cannot be substantiated, not only is the editorial unhelpful but it also casts doubt upon the College's ability to produce the facts which are necessary to support its arguments about the provision of out of hours work.

At least a previous editorial on the subject¹ admitted that facts were necessary to justify the College's policy. If it is felt that this is no longer so (and as far as I am aware they have never been produced) then the College must come clean and admit that its interest in the out of hours debate has shifted from being academic to being political.

As Robert Thouless has said, 'Effective democracy requires that people shall make decisions by a process of calm appraisal of the facts. Such calm appraisal is obstructed by the use of emotional oratory in presentation of the facts.'²

J.S.K. STEVENSON
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References

1. Anonymous. Out of hours work. *JR Coll Gen Pract* 1976; 26: 3-4.
2. Thouless RH. Straight and crooked thinking. London: Pan Books, 1980.