joint consultation with the general practitioner and hospital doctor. An overall view of diabetic control is made, and blood is taken for glycosylated haemoglobin estimation if necessary. Once a year a more detailed examination takes place which involves careful scrutiny of the optic fundi after dilating the pupils with tropicamide eye drops, followed by examination of the feet for evidence of arteriopathy or neuropathy. If necessary serum creatinine, haemoglobin and thyroxine levels are tested. Referrals are made when appropriate to the ophthalmic or vascular surgeons, nephrologist, cardiologist or chiropodist. The patient then sees the dietician and diabetes specialist nurse either together or separately for detailed advice on all aspects of diabetes and its management.

The criteria we use to assess the standard of our diabetic care are the glycosylated haemoglobin levels, body mass index and detection of complications. Results were taken 15 months after the clinic began and of the 56 patients registered, 12 were insulin dependent diabetics, and 44 were non-insulin dependent diabetics. During this time three insulin dependent diabetics and five non-insulin dependent diabetics have been newly diagnosed. Insulin treatment was initiated at home under the supervision of the GP and the diabetes specialist nurse. Four patients have returned permanently to hospital diabetes clinics out of preference, and three because of advanced complications.

The mean age of the insulin dependent diabetics was 51 years and they had had diabetes for an average of 10 years. Their body mass index and glycosylated haemoglobin levels did not alter greatly but 10 new complications were found.

Non-insulin dependent diabetics had a mean age of 61 years and had suffered diabetes for a mean of five and a half years. Mean body mass index fell by 1 kgm^{-2} to below 30 kgm^{-2}. Glycosylated haemoglobin levels were only slightly changed and 22 new complications were found. There was a total of 11 separate referrals in eight diabetic patients. Thirteen patients had co-existing hypertension.

It is too early to draw a firm conclusion from 15 months' experience of the clinic. There was little change in the metabolic control of either type of diabetic and it is disappointing that there was no improvement in the glycosylated haemoglobin levels but they at least remained stable. Patients' body mass indices were also little affected, although it was gratifying to see the mean for non-insulin dependent diabetics fall below 30 kgm^{-2}, the level for frank obesity. The increase in body mass index in those insulin dependent diabetics who originally had a low index is a measure of the improved glycaemic control. However our main claim to success is the large number of complications identified in the diabetics. This allows early referral if necessary, or intensive education, for example in foot care. The involvement of primary care workers and a hospital physician provides a unique combination of generalists' and specialists' expertise as well as greater continuity of care. It has also proved to be a useful learning experience for all the professionals involved, trading knowledge and skills to the benefit of all concerned. The demonstration that a diabetes clinic can work will hopefully encourage other general practitioners to consider setting up their own.

IVAN BENETT

Hulme House
Royce Road
Manchester M15 5FR

British Diabetic Association

Sir,

With the increasing interest of general practitioners in treating their diabetic patients I would like to draw the attention of readers to the British Diabetic Association and what it is able to offer, not only to patients, but also to general practitioners looking after them.

The Association is 53 years old this year and is the oldest of the patient associations in this country. In addition to providing advice for patients through its diabetic care, diet, youth and information departments in London, it has more than 300 branches and groups scattered through the UK. It has a medical and scientific section for nurses, dieticians and chiropodists and, recognizing the importance of patient education, it has recently added an education section. The BDA is anxious to establish links with general practitioners and is in the process of compiling a list of those general practitioners interested in the care of diabetic patients, so that they can regularly be sent details of developments that may interest or help them.

Any general practitioner who would like to be added to the register, should write to the British Diabetic Association, 10 Queen Anne Street, London W1M 0BD.

JOHN NABARRO

British Diabetic Association
10 Queen Anne Street
London W1M 0BD

Inter-practice visiting

Sir,

Peer review is usually taken to mean the critical assessment by contemporaries of the standards of the doctor being assessed. But visiting a colleague's practice is not only useful for the doctor visited but is also a way of broadening the experience of the reviewer and such a visit need not incur any criticism of the reviewed practice. Although figures are not documented, it seems probable that family doctors rarely visit their colleagues. In a preliminary enquiry we found that 12 out of 18 doctors had not visited another practice in the previous five years.

In order to assess the feasibility of such visits and the benefits to the visitor as well as the feelings of the practitioner visited, the trainers in all 15 training practices in Gwynedd and the principals in two other practices interested in training were randomly allocated two training practices to visit in three months. Each practice made contact with four different practices, two as host and two as visitor. Only one principal made each visit but both visits were not necessarily made by the same person if the practice had more than one trainer. Five topics were suggested for discussion (premises, appointments systems, teaching methods, records and one topic chosen by the visitor) but the emphasis was on informality and no rigid structure was imposed. After each visit the guest and host completed an anonymous questionnaire.

Of a potential 34 visits 28 (82%) were undertaken. The average return distance travelled by the participants was 57 miles. One guest's questionnaire was mislaid.

All 27 guests described the visits as enjoyable (very, 18 guests; quite, nine) and interesting (very, 17; quite, 10). There was no relationship between enjoyment and the distance travelled by the visitor, with those describing their visits as very enjoyable travelling on average 56 miles and those whose visits were quite enjoyable travelling 58 miles. Similarly, the amount learnt does not seem to have influenced the enjoyment of the visits. After the 18 visits described as very enjoyable six visitors said they had seen several things they would try to introduce into their practices, six one thing and six nothing.

All the visitors had learnt something and six said there were several things that they would try to introduce into their own practices and 10 said there was one thing. After all the visits were complete 89% of the doctors said that they thought the idea of making the visits was very worthwhile and 11% quite worthwhile.

No one found being visited threatening and all the hosts described the visit as enjoyable (very, 26 hosts; quite, two). The majority (19 hosts) felt the visit was helpful to their practice and after the visits 89% felt the principle a good one and 11% quite good.

The enjoyment experienced by both parties in this study may have reflected the intentional informality and the exclusion of any suggestion of critical review which is inherent in peer review. One unexpected benefit from the success of these visits has been a greater sense of cohesion between geographically widely separated members of the vocational training scheme.

Inter-practice visiting is unusual but this study has shown that such visits can be enjoyable and educationally useful to the established principal without being burdensome to the practice visited. Inter-practice visiting on an occasional basis should receive formal encouragement, perhaps even funding, since it could prove a useful stimulus to improving our practices.

PHILIP GROUT

Llys Meddyg
23 Castle Street
Conwy
Gwynedd

DENNIS WILLIAMS

Treflan
Pwllheli
Gwynedd

Care in the community: charity or right?

Sir,

At our November faculty meeting on 'Carers' a number of important issues were raised which have not attracted much professional or public attention.

We began with a very interesting talk from Dr Dee Jones, St Davids Hospital, Cardiff, who reported on some of the work she had done on carers in the community. She highlighted the very heavy burden borne by female relatives of dependent persons. Her results showed that while resources for community care were generally being allocated according to need, they fell far short of what was necessary. Five per cent of this support was provided from voluntary groups and agencies.

We then had a speaker from a charitable organization which provides paid home-helps, on a flexible basis, to those in need. This organization was run by a local management committee of concerned citizens. Its establishment was aided by the West Glamorgan community services council. It is funded by central government via the Welsh Office, joint financing from the local authority and health authority and by private commercial concerns such as Sainsburys and Marks and Spencers. This charitable organization has one full-time coordinator and she is responsible for the administration of the service. The home-helps are part time and are paid at normal home-help rates. However, their hours are restricted so that they will not get above the threshold to pay national insurance or income tax; they do not have the option to increase their hours above this limit. This was necessary in order to keep the costs of the scheme down.

While this charitable organization is motivated by the very best of intentions, we must question this general approach to providing support for carers in the community. The organization is trying to provide a service which our social service departments should be providing. Time and time again, however, we are told by social services that they do not have the money and resources to expand their activities. But the money is there. The problem is that it is being diverted to various charitable and voluntary agencies active in these areas. The government is therefore making a clear political choice as to how state support to carers in the community is distributed. They are cutting back on democratically accountable public services and are handing the task over to the voluntary/charitable sector. No doubt this will be presented as 'the acceptable face of privatization' stepping in where the statutory services have failed.

The present Prime Minister is on record as favouring the restoration of 'Victorian values'. Is this to be another, albeit subtle, way of doing it? Are we to see a future where more and more caring services are to be provided based on this model where local worthy people, motivated by Victorian senses of public duty, establish charitable organizations to cater for 'the needy poor' of their local parishes? Their efforts will be pump-primed by central government but will in time be expected to generate their own financial support from 'socially concerned' private enterprise, jumble sales, flag days and who knows what else.

It may seem ungrateful and hard-hearted to be so critical of the well meaning efforts of the voluntary sector but we must not retreat from the present position that adequate support for carers in the community is a social right. And if it is a social right then it must be provided for and administered by democratically accountable public bodies and not left to the chance of charitable provision. Charitable and voluntary effort will always have a role in complementing the statutory services but they must not be allowed to supplant them. Such an approach failed in Victorian times and is bound to fail again.

BRIAN GIBBONS

39 Villiers Road
Blaengwynfi
West Glamorgan SA13 3TH

Visiting the elderly

Sir,

Two years ago we set up a voluntary scheme from within our practice population to visit the elderly who are either infirm or relatively housebound. The visitors also act as a liaison between the medical services and our patients. As the scheme has grown we have looked for other practices who might be doing the same thing. We would very much like to hear from them if they would be interested in meeting to discuss the issues and to compare results.

PETER KERSLEY

Tanglewood
Park Road
Stoke Poges
Bucks SL2 4PJ

Generic inhalers

Sir,

I have recently finished my vocational training and become a principal in general practice. I have always been a great enthusiast of generic prescribing but several of my patients have complained that their generically prescribed drugs are not as good as the original brand named products. In most cases I have been able to reassure them by an explanation about generic prescribing.

However, in the case of aerosol inhalations the quality of the delivery mechanism is just as important as the actual content of the aerosol cannister. Several asthmatics have complained that salbutamol inhalers are not of as high a quality and do not deliver the same effect as the original brand product. Recently one of my patients had an inhaler which lasted only four days and delivered 40 doses at most.

I have taken this up with the pharmacist and will contact the manufacturer but I would be interested to know if other practitioners are finding similar problems with generic inhalation medicines.

R. ANTONY

Old Harlow Health Centre
Jenner House
Garden Terrace Road
Harlow
Essex CM17 0AX

AIDS, HIV and general practice

Sir,

I recently represented the College at a seminar on the acquired immune deficiency syndrome (AIDS) which was organized by the TUC for their members. I came