

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.

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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 nor-

mal 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

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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.

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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 canister. 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.

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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