

basis in Northern Ireland for several years now, no attempt has as yet been made to implement this policy. This has led to the current situation where the Western Health and Social Services Board is estimated to be around £9 million underfunded according to the Department of Health and Social Security's own figures for Northern Ireland. While we are well aware of the relative poverty of staff and service in the hospital and community sectors which this underfunding has produced, it is obvious from the results of Birch and Maynard's paper that there is bound to be a significant hidden impact in the general practitioner services, especially in light of the view that 'the ability of patients to express needs as demands is conditional upon the availability of services'.

I am sure your readers can well imagine the impact upon their own services if RAWP had not been implemented in England and can sympathize with their colleagues in general practice in the western part of Northern Ireland.

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Thyroid disease follow-up

Sir,

We read with interest the report (*News*, November *Journal*, p.524) by Drs Jeremy Jackson and Peter Baxter of a framework for thyroid follow-up in general practice. Hypothyroidism is one of the few conditions which entitles a patient to life-long exemption from prescription charges. If form C-P 11 is completed by the patient and a doctor, and sent to the family practitioner committee, an exemption certificate will be granted to the patient. Some patients are not aware of this.

From the records of serum thyroxine and serum thyroid-stimulating hormone estimations carried out between June 1983 and March 1985 in the Department of Biochemistry at Northampton General Hospital, 1555 patients with hypothyroidism were identified. Of these 843 were already exempt from charges because of their age. Of the remaining 712 patients 140 were selected, as they were from eight training practices willing to cooperate, or under the care of the consultant with a special interest in hypothyroidism. We asked the doctors for permission to write to the patients — 15 patients were excluded at their general practitioner's request, and no reply was received concerning a

further 15 patients.

A questionnaire was sent to 110 patients and 86 replies were obtained from patients eligible for an exemption certificate. Twelve of these patients did not have an exemption certificate. Of those who did, 46 had been informed by their general practitioner and the remaining 28 by other sources.

We recommend that informing patients of their right to free prescriptions should be included in the framework for management of hypothyroidism.

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Sex and health promotion

Sir,

Like Professor Clarke (*December Journal*, p.555) I deplore the adverse consequences of present day sexual behaviour with epidemics of sexually transmitted diseases, cervical cancer and abortion. In recognizing the need for a new primary care initiative I feel that all primary health care team members (in particular general practitioners) must warn those who are sexually active and using contraceptive measures, especially those under the age of 20 years, of the risks they run. For such initiatives to be effective all contraceptive advice and care should be centred on the primary health care team.

The organization 'Life' offers a national resource for competent pregnancy testing and advice regarding unplanned pregnancies, in addition to post-abortion counselling. The address of 'Life' is 118-120 Warwick Street, Leamington Spa, Warwickshire CV32 4QY (tel. 0926-21587/311667) and the telephone numbers and addresses of all local offices are available on request.

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Promoting better health

Sir,

With the knowledge of what has happened in the hospital service over the last few years I think it is naive to welcome the promises contained in the government's

white paper with such unreserved enthusiasm (*January Journal*, p.1). Of course there are some elements in the proposals that are laudable and demand our support; it would be remarkable if there were not after all the debate. But there are others that are far from laudable. It is rightly pointed out that much of the document is vague and that much detailed work is now needed.

There is an arrogance inherent in the philosophy of the College that general practitioners can do anything, which at the best of times I find distasteful; in the current climate it is positively suicidal. I agree that general practitioners should be promoting health, improving information systems, educating, managing better and generally aiming to improve their services — but it has to be put in context. The hospital service is falling to bits. This has been acknowledged in public by the Royal Colleges of Physicians, Surgeons and Obstetricians and Gynaecologists. The services provided by the local authorities are ever diminishing and we are increasingly being asked to pick up the pieces. If we are to be able to meet the expectations of our patients and of government, and fulfil our own hopes we will need a lot more than what is on offer in the white paper. And it is not just a question of money.

There are many issues which are not thought through and as an inner city general practitioner one that alarms me is the issue of list sizes. After considerable debate it is now widely accepted that reducing list size is an important way of improving quality and moving to a more preventive approach, especially in areas of deprivation. A recent editorial in the *Journal* (November *Journal*, p.481) supported this conclusion. And yet there are several proposals in the white paper encouraging larger list sizes.

To improve the services we offer our patients is a worthy objective, but to expect us to be able to achieve it by swallowing the brave words of a government which has openly admitted that it is no longer committed to the concept of free treatment at the point of need is laughable. We must be more aware of the hidden agenda of the government, which almost certainly includes cash limiting more and more of the family practitioner services. And that would have a catastrophic effect on the quality of service to our patients.

As a local medical committee member I know that many of my colleagues share my misgivings. For our College and *Journal* to take so uncritical a line undermines the position of those who will be involved in the many negotiations which lie ahead. The College cannot afford to re-