ing calls were managed in this way,[1] with a mean of 0.7 visits made in response to 2.6 calls in the weekday evening period.

In a comprehensive study of out-of-hours work in my practice (seven partners, 13 300 patients), one participant recorded 16 telephone contacts in one weekday evening between the hours of 18.30 and 23.00 and the mean for a six-month period was 6.1 per evening. Some of these are simple requests for advice, but it is clear that to visit all these patients would be difficult, and in addition, would reduce the availability of the doctor to the patient who needs immediate attention, a situation which may also lead to a complaint.

A selection of alternative ways in which out-of-hours work may be structured has been offered recently.[2] Contributions from the defence societies to this debate are important and relevent, and need to be made in the context of the realities of the workload.

JOHN PITTS

The Medical Centre
Hythe, Southampton SO4 5ZB

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Night calls — the patients' view

Sir,

Roused during the night, the field marshal on active service might shave, bathe and take a cup of coffee before addressing himself to his new operational problems. And before getting out of bed at all, he will have quizzed his aide-de-camp to make sure that rising was really necessary.

The doctor on night call is more like the junior officer in the front line, who is expected to give clear-headed attention to local problems within seconds of waking.

We can all sympathize with the doctor whose sleep is disturbed when he is trying to recover from an exhausting day — except, that is, when we are the ones in need of help. Then, our expectations are rather different. Our problem is to keep those expectations within reasonable limits.

It seems to me to be quite reasonable to expect that the doctor answering the telephone in the middle of the night will begin by telling me his name and asking mine. The fact that I have telephoned at all at that hour is evidence that I believe an emergency to exist, and I quite understand that I might be mistaken. But if the doctor decides that a visit is not necessary I would like to feel that he has elicited sufficient information from me to enable him to reach a sound decision.

In short, I would like to be satisfied that his decision to go back to sleep is professional rather than merely human.

JOHN HALSALL

18 St Michael's Close
Exeter EX2 8XH

Staff for general practice

Sir,

While in support of Dr Pritchard's editorial on general practice staff (February *Journal,* p.41) I would like to make the following comments.

Dr Pritchard is correct that no mention of practice managers is made in the government's white paper *Promoting better health*[1] nor is the Association of Health Centre and Practice Administrators included by name in the *Statement of fees and allowances.* Despite numerous approaches and appeals to the Department of Health and individual members of parliament, the association and the role of the practice manager remains unrecognized. However, it was gratifying to hear on a BBC Radio 4 interview that the Minister for Health recognizes that practice managers would play a key role in the implementation of the proposals outlined in the latest white paper, *Working for patients.*[2]

This association, with over 800 members, has been working voluntarily for 14 years in training managers in general practice in the tasks now specified in *Working for patients.* We will continue to train and educate our members to meet the challenges of the future and ensure that doctors are free of concerns over administrative details and able to devote their time to the skills in which they are trained — the treatment and care of their patients.

We are grateful for the support that the Royal College of General Practitioners has given us over the years and we look forward to working together to make the most of the new opportunities to improve the quality of patient care in general practice.

SANDRA E.A. GOWER

Association of Health Centre and Practice Administrators
c/o 14 Princes Gate
London SW7 1UP

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1. Secretaries of State for Social Services, Wales, Northern Ireland and Scotland. *Promoting better health (Cm 249).* London: HMSO, 1987.
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'Brittle' diabetes

Sir,

With regard to Dr Buckley's comments on 'brittle' diabetes (Digest, February *Journal,* p.82), it has been possible to measure the Somogyi effect objectively for many years. A finding of hyperglycaemia in the morning associated with a headache in type 1 and type 2 diabetes should alert the practitioner to the possibility that nocturnal hypoglycaemia is occurring. A morning measurement of creatinine to cortisol ratio will confirm that there has been excess nocturnal production of steroids in response to hypoglycaemia.

It is not a particularly expensive test to do and may help determine treatment in 'brittle' diabetics.

G.S-B. KELLY

8 Lavant Road
Chichester
Sussex PO19 4RH

Quality of care

Sir,

Nick Bosanquet's editorial (March *Journal,* p.88) rightly gives great credit to the family doctor charter of 1965. As he says, quality has emerged 'as a result of professional cooperation rather than economic competition' and the best hope for further progress still rests upon that factor. The College's own drive for quality review throughout the last decade has paved the way; money comes into the equation as it did before the charter, when income was effectively reduced by just those measures which would promote quality.

However, change in medical practice is a continuous process and Bosanquet seems unaware of the earlier changes which made the charter possible. The Dankwerts award of 1952/53 first gave general practitioners a fair level of remuneration in the National Health Service. After negotiation, the additional money was deliberately distributed in a way that favoured group practices, lists of moderate size and the establishment of new entrants to practice. The profession voluntarily set aside some of the award money to provide interest free loans for the improvement of group practice premises, something the Pilkington Royal Commission said the government should have done and should reimburse. As a result general practice was substantially reorganized and the new development of associating health visitors and home nurses was far advanced by 1965. The Gillie committee of 1963 had produced the guidelines and the pressure for the