LETTERS

Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

Health promotion under the new contract

Sir,

To assess how the health promotion department in greater Glasgow health board could more effectively support local general practitioners, and to foster stronger personal links between general practitioners and health promotion officers, a questionnaire survey was carried out by health promotion officers in February 1990. Representatives from 202 practices (91% of all practices in greater Glasgow) participated.

Almost all general practitioners (96%) expressed the view that they had a role in health promotion although only 43% had made any previous use of the services of the health promotion department. This reflected the fact that most health education carried out by general practitioners was directed towards individuals and carried out opportunistically in the context of the consultation. Structured, formal health promotion sessions were uncommon at the time of the survey. However, there was a clear indication that most practices were intending to establish or develop health promotion sessions — sessions for well women, well men, heart disease prevention, dietary advice and smoking cessation were the most commonly cited. The practices will need considerable support if health promotion sessions are to increase to these levels. The provision of additional staff, training for staff, adequate premises and support materials were identified as the main needs.

This survey has highlighted three main areas for concern. First, it has revealed that the health promotion department is seen primarily as a resource of leaflets and posters yet most health promotion professionals would argue that they have a much more active role to play as trainers, advisors and active participants. Clearly, much more needs to be done through joint working and collaboration to foster stronger links between general practitioners and health education/promotion officers. A second concern is that the establishment of formal, structured health promotion sessions might diminish the general practitioner's long established role as an opportunistic health promoter. This would be a backward step which we need to guard against. Thirdly, it is difficult to see how health education/promotion departments will be able to meet the increase in demand for support materials which will inevitably accompany the current growth in health promotion sessions. It is therefore important to establish clear and agreed priorities so that the most important resource needs are identified and potentially constructive relationships are not compromised over disputes about resource provision.

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A simple ophthalmic diagnostic aid

Sir,

I wish to report the use of a metal tea strainer as an inexpensive and easily managed pin hole device. Some referrals to overcrowded eye outpatient departments could be avoided or redirected to opticians if a pin hole test were available in general practice. After recording distance vision, a pin hole in an opaque disc is held in front of the patient's eye allowing a small pencil of light to enter the eye unaffected by the eye's focusing system, creating a smaller blurred circle on the retina. If the vision is improved, this indicates that it is the focusing system which is at fault and this can usually be corrected by spectacles. If the vision is not improved, a pathological state is more probable.[1,2]

The pin hole can be difficult to manipulate, especially for patients with less dexterity and comprehension, and discs with multiple holes are often used to overcome this problem. A metal tea strainer has multiple holes and is easy to hold and manipulate. Tea strainers are available for less than £1.00 in supermarkets and although most have holes larger than the ideal 1 mm,[2] in the author's experience they are nearly as effective as the pin hole discs used by ophthalmologists. Good background illumination on the chart is necessary, since the pin hole diminishes the amount of light entering the eye.[1]

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References

1. Duke-Elder S (ed). *System of ophthalmology*. London. Kimpton, 1962: 374-375.
2. Bennett AG, Rabbetts RD. *Clinical visual optics*. 2nd edition. London: Butterworths, 1989: 84.

The telephone — an under-used instrument?

Sir,

Recent studies have shown there is a need for more efficient communication between secondary and primary care.[1-4] The shift of responsibility for care and recovery at an earlier stage to the general practitioner has made this particularly important. The time taken for the general practitioner to receive information following a patient's discharge from hospital has been shown to be a problem.[1-3]

In order to explore the speed, reliability and acceptability of early transfer of information by the junior hospital doctor making use of a telephone, an attitude questionnaire was sent to the 245 general practitioners who refer patients to the medical inpatient services of Plymouth general hospital. The 87% response rate was felt to indicate a representative sample of opinions. Of these general practitioners, all confirmed a telephone message would be helpful but 90% preferred the service to be limited to particular cases. A similar proportion (92%) said they did not object to being disturbed during surgery hours. However, reservations were expressed at the inconvenience of being in-