

LETTERS

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Mental health care

Sir,

We would like to thank David Tovey (Letters, July *Journal*) for this opportunity of further promoting the cause of mental health care and continuing medical education in primary care psychiatry.

The Second London Commission has now published its report, *Transforming Health in London*,¹ and recommends that more resources are devoted to improving primary care services within the metropolis. Recent investment has improved the position materially, but our work, using available indicators, shows that inner London lags behind other deprived inner city services so that further work needs to be done. More practice premises fail to meet desirable standards, fewer have practice nurses, and targets for immunization are less likely to be met by primary care services in London. Inevitably, we have relied on published data where good primary care services are grouped together with those performing less well; thus, we may appear not to be appreciating the excellent work being done in many parts of the city.

Dr Tovey's complaints about the report are selective.² He chooses to ignore the text describing how these differences may be explained and the fact that, while many practices have excellent mental health services, this is not universal.

The issues are quite clear: the majority of mental health care takes place in primary care; undergraduate and postgraduate training do not adequately skill GPs in primary care psychiatry; and continuing medical education (CME) activities on this subject are of variable quality and for the most part are neither adequately evaluated nor assessed. An outcome of 'popular and rewarding' may make the organizers congratulate themselves, but says little about the effectiveness of the educational event. If Dr Tovey has evidence of changes in clinical behaviour resulting

from his multiprofessional meetings we would be interested to see it.

Dr Tovey does us a disservice by accusing us of using a top-down specialist-driven agenda for CME. We are currently involved in developing educational resource materials for GPs through a process of meetings between GPs and specialists to define the necessary content for these packages. These meetings have been widely advertised within Lambeth, Southwark, and Lewisham, and the agenda 'to contribute to the development of an educational package' has been quite explicit. None of the participants have complained that the process is pedagogically driven, and they have given us valuable and informative feedback, mutual collaboration being a central tenet in this process.

Primary care psychiatry is arguably one of the most important parts of primary care when one considers the additional psychological attendants of organic illness and illness behaviour, and, like Dr Tovey, we will continue to work with practitioners through appropriate educational means to improve their practice.

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References

1. King's Fund. *Transforming health in London*. London: King's Fund London Commission, 1997.
2. Johnson S *et al*. *London's mental health*. London: King's Fund, 1997.

Single-handed GPs

Sir,

Many things interested me in the June edition of the *BJGP*, but, as a single-handed GP, two things stood out. The first, in the Digest section, was Professor Howie's careful and meticulous handling of some interesting information coming from a single-handed GP in Scandinavia. The second, careless and wanton, is to be found in the fourth paragraph of the leading article 'Mental health care in the community: what should be on the agenda?' Here, Kerwick and Goldberg juxtapose the statements that 'GPs in areas of privation are underperforming' and 'More London GPs are single-handed...' This remark about single-handed practice I feel to be unwarranted, unproven, parochial, and unworthy in this context. Yes, London has greater problems quantitatively than elsewhere in the land. Yes, London has a large proportion of single-handed practitioners. There is, however, no causal connection.

Elsewhere in Europe, notably in Holland and Scandinavia, most GPs are single-handed or in very small practices. There is nowhere, to my knowledge, any suggestion that their medical care is inferior to that provided in the United Kingdom.

I would be grateful if the editorial team and those reviewing papers would ensure that such prejudice, however fashionable, does not creep into our *Journal* and go unchallenged by default.

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