eries. The same applies to those travelling on a strict budget, such as backpackers, who decide that, as the immunizations are recommended but not compulsory, there is scope for an economy. Not only will these travellers miss out on approriate immunization, but they will also miss out on the important pre-travel health advice that is given during a consultation. Thus, an 'at-risk' subgroup can develop which not only has an increased potential for personal illness, but which presents a risk to public health through the importation and spread of infection on their return.

Removing the option of NHS-subsidized travel immunizations obviates the need to consult the GP for pre-travel advice. This commercial opportunity encourages 'cut-price' operators, furthering the potential for inappropriate advice. The GP has the unique advantages of local availability and existing knowledge of the patient's lifestyle, past medical history, allergies, immunization history, and vaccine side effects. Access to these records is also vital to the GP when called to the returning ill traveller, as are details of the pre-travel preventive measures. In addition, any change capable of promoting a de-skilling of travel health expertise in primary care is a retrograde step.

There is increasing concern to explore options whereby the patient meets some of the costs of health care provision. It is wise not to lose sight of the hidden costs this could bring to the patient, the community, the taxpayer, and the profession.

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HIV

Sir,

Since the beginning of the HIV epidemic, GPs have not been as involved in the care of people with HIV infection as they have with other chronic, usually fatal illnesses. It is hoped that this situation will change with the advent of newer therapies, which will improve the prognosis of such HIV-infected individuals and broaden current HIV testing policies.[1]

We reviewed our communication with GPs by recording letter-writing in notes. We collected data from consecutive clinics to see if there were any notable trends and any areas where we might make improvements. In total, 229 patients were reviewed (response rate = 75%). In 128 cases (56%), we were communicating with GPs. There was a significant difference between the sexes. In 51% of male patients, communication was occurring with GPs, compared with 76% of females ($P>0.01$). An AIDS diagnosis also increased the probability of having a GP with whom the hospital communicated (67%; $P = 0.02$).

There was no significant difference when variables such as ethnicity and risk were compared. Perhaps not surprisingly, those patients diagnosed over five years had an increased probability of communication occurring (65%) when compared with those who had been diagnosed for less than one year (43%). This review identified 27 patients with whom communication with GPs should have been occurring but wasn't. The total proportion of GPs who were receiving letters after this review was 68%.

We know that women in particular have links with primary care prior to HIV diagnosis[2] and these links seem to be maintained after HIV diagnosis. The fact that many HIV-infected individuals are young mobile men may mean that they do not have established links with GPs prior to diagnosis and that they therefore need more encouragement to register with a GP who is aware of their HIV status.

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References

1. Noone A, Goldberg D. Antenatal HIV testing: what now? *BMJ* 1997; **314:** 1429-1430.
2. Madge S, Olaitan A, Mocroft A, *et al.* Access to medical care one year prior ro diagnosis in 100 HIV positive women. *Fam Pract* 1997; **14:** 255-257.

The Framingham risk score

Sir,

The Framingham risk score has now been incorporated into EMIS, one of the leading UK general practice computing systems.

Instead of using rather tedious 'look-up' tables, the five-year risk of coronary heart disease can be calculated by simply entering the blood pressure and smoking status of the patient. The risk is initially calculated on the basis of an estimated serum total cholesterol of 6.4 mmols/l and a high density lipoprotein cholesterol of 1.2 mmols/l for men and 1.4 mmols/l for women, to give a total cholesterol/high density lipoprotein cholesterol ratio of around 5. If actual total cholesterol or high density lipoprotein cholesterol are available, these will be used in preference. This is considerably easier than using 'look-up' tables. These calculations are publicly available and are a useful attribute for any computerized GP system.

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The Red Book

Sir,

In November 1997 I gave a lecture to our local vocational training group on the Red Book. This was a particularly bright and enthusiastic group of young registrars. However, I was horrified to discover that, four months into their GP practice year, only one had heard of the Red Book, none had been issued a copy, and very few had discussed the various claim forms with their trainer. None of them were aware of how claims were processed in their practices, or whether any patient contact they had made had generated a claim form.

Am I alone in wondering if the latest batch of registrars are only instructed in the techniques of summative assessment and how to become video stars, while neglecting the art of family medicine and the business side of general practice? If this is true, they will experience a tremendous shock when they finally achieve partnerships. It is to be regretted that general practice, with its fundholding, commissioning, and budgets, is becoming more of a business than the caring profession I once entered. To neglect this basic aspect of practice finance is a disservice to the next generation of family doctors.

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