

Letters

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The fairy godmother has spoken

Our Editor, in his comment on the White Paper 'Our health, our care, our say'¹ rightly points out that 'the difficulty of provision for disadvantaged groups is a stain on the face of primary care.' He later says that the proposition that life checks for all, as proposed in this government White Paper, are likely to be of marginal value.² This might be true of the articulate worried well. However, some disadvantaged groups are very likely to benefit considerably from structured relevant health checks, for example, people with severe learning disabilities.³

As far as people with learning disabilities are concerned, a previous government White Paper (2001)⁴ promised Health Action Plans (HAPs), for all patients with learning disabilities, by June 2005. A sample of 451 practice managers responded to a questionnaire about the Valuing People targets in November 2005. This suggested that 'the targets for the White Paper have not been met, and in particular most practices seem unaware that they exist ... 76.7% of practices overall did not know how many of their LD [learning disability] patients had been offered a HAP'. Health checks are necessary to inform HAPs. Nearly 67% of practices said they could identify their patients with learning disabilities and 36.4% said they offered health checks, mostly annually' (personal communication, 2005). With regard to people with learning disabilities this new White Paper says that the Department of Health 'has previously committed to introduce regular comprehensive health checks for learning disabled people ... We will review the best way to deliver on this

earlier commitment.' (page 100)¹ As David Jewell says of the new White Paper, 'It is government as fairy godmother ... No doubt we should all like to go to the ball, but ... who is going to pay?'¹

Those with learning disabilities often, like Cinderella,⁵ remain as our submerged silent minority patients. While reviewing the best way to deliver, why not get on with delivery now? If a third of practices are already providing some form of health check service to their patients there should be plenty of experience on which to draw.

What is needed is cash rather than further procrastinating reviews. Why not ensure fulfilling 100% of current targets now, which if done properly, will involve appropriately structured health checks? GPs, in working with their patients, carers and nurses, should be well able to deliver. What is needed is government putting money where its mouth is. Fairy godmother has spoken again, this time she must also wave her wand.

Graham Martin

Red Roofs, Warwickshire, CV11 5TW
E-mail: graham@ghbmartin.co.uk

Jill Rasmussen

The Moat House, Surrey, RH1 3PN

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3. Baxter H, Lowe K, Houston H, *et al*. Previously unidentified morbidity in patients with intellectual disability. *Br J Gen Pract* 2006; 56: 93–98.
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Discovering the research priorities of people with diabetes in a multicultural community

The paper by Brown *et al*¹ is a much needed piece of research in an area that has been neglected by funding bodies in the past.¹ However, despite its patient-centredness, it is still not truly ethnocentric — as far as readers could tell, the ethnicity of the 'Asian' focus groups was not clarified. As there are big differences between 'Asian' or 'South Asian' communities² (usually defined as people originating from the Indian sub-continent), either of which should be defined in a paper, it is currently considered more culturally sensitive to identify groups by their own specified ethnicity.^{3,4} It would not alter the word count to use, say, 'Pakistani' instead of 'Asian' and is far more specific.

For me, this is a lesser issue than that of how we deal with the findings — for the last 25 years, black and minority ethnic communities complain that they are extensively researched, their needs are defined,⁵ but that nothing comes back to improve their situations. The current situation is still one of short-term funding for black and minority ethnic community projects, both research and service provision, with add-on monies to mainstream planning (for example, the Health Inequalities Fund of the Welsh Assembly Government initially offered 3 years' funding, then increased it by 2 more years and finally by 1 more year, but each time towards the end of the previously agreed funding period).⁶ In addition, research and academic