dental access clinics. It has 48 beds for older people; 12 beds for younger physically-disabled people, and 20 beds for older patients with dementia. Outpatient services including physiotherapy, podiatry, X-ray, community dentistry, family planning, paediatric, and geriatric clinics are available.

Geriatric in-patients generally include individuals from local acute hospitals requiring continued medical care and physiotherapy. However, we also manage complex community-based patients referred by local GPs, most of whom need further investigation and treatment. The type of GP referral, highlighted to me some of obstacles a GP may encounter in the community, such as a lack of immediate investigative facilities and specialist review. It encouraged me to re-evaluate the potential role of the proposed 'polyclinic' within primary care.

Lord Darzi has envisaged the replacement of single-manned GP surgeries with 'polyclinics' by 2009. 'Polyclinics' are planned to provide specialist services run by several health professionals based in a single location. However, the Sheffield Faculty of the RCGP recently debated Lord Darzi's review of the NHS. They concluded that general practice should continue to be locally accessible, personal, and the source of a wide range of services to provide effective continuity of care.[1]

It appears that perhaps the government should invest more into existing community hospitals, which to some extent already provide specialist inpatient and outpatient services. These hospitals could work alongside GPs without disrupting their existing setup, thus allowing GPs to nurture personal and trusting relationships with their patients', which to me, is a fundamental aspect of being a GP!

**Shaista Sultan**
*Surrey. E-mail: shaissl@aol.com*

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# APMS contracts

I read Dr Conlon's letter in your September edition[1] with some incredulity and a great feeling of sympathy for those of his employees who may have been faced with redundancy or a loss of earnings in order for the practice to avoid a financial disaster. This was, after all, an APMS contract for which he made a successful bid at a price he felt was appropriate for the services he was offering. It is absolutely vital for any practice or consortium to formulate a sound business plan in advance of any APMS contract bid in order to see if it is economically viable. In this case, it clearly was not. Full credit must go to the PCT, of whom I am not acknowledged to be a great admirer, for increasing the payments by 85% when there was no contractual obligation for them to do so.

I hope that this example serves as an object lesson to all those practices who may be tempted to make bids for APMS contracts without doing the most basic arithmetic. It is unfortunate that more GPs today have not had the benefit of a grounding in the Classics. If they had, they would understand the meaning of the Latin expression *caveat emptor*.

**Charles Zuckerman**
*Northfield Health Centre, 15 St Heliers Rd, Birmingham, B31 1QT.*
*E-mail: charles.zuckerman@blmc.co.uk*

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