need careful monitoring and evaluation. However, they have the potential to empower the peer educators, add to the social capital of marginalised homeless people, and build on existing informal strategies for coping.

The multiple needs of homeless people drive them into contact with a wide range of agencies. The response of individual agencies is often focused narrowly, driven by crisis, and short term. Yet the diversity of this multiagency contact presents a real opportunity for intersectoral health promotion. These agencies could coordinate health promotion activities with assistance from local health promotion specialists. New primary care groups may provide an ideal forum for developing strategies, backed by resources from local health improvement plans. Housing services may well be willing to participate, given the current enthusiasm for emphasising the added value to be provided over and beyond the provision of accommodation.

The white paper *The New NHS* develops the patient partnership strategy by encouraging patient, carer, and public involvement in making healthcare decisions.³² A nationwide pilot scheme, recently established by the National Homeless Alliance, aims to create a sustainable network of self help initiatives to help homeless people set their own agendas. Alongside this setting of priorities, we need action research projects that are developed in close collaboration with homeless people, their advocacy groups, and health professionals working in the area to improve and focus targeted health promotion activities. Only then will we be in a position to conduct evaluative research and build up an evidence based approach to health promotion for homeless people.

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A memorable patient Unerring trust

Mine is a rural practice in north Yorkshire, spanning over 20 villages. Needless to say, we have several branch surgeries, each of which has a different social grouping and a character of its own. Close to one distant surgery was a piece of common land, much favoured by the travelling people, most of them genuine Romany.

When in residence, they would turn up at the surgery in hordes, very demanding, but always respectful and polite. You had the feeling that complaints and illnesses had been "stored up," for a good sorting out. They always attended surgery and never called me out, although I had once been escorted with great dignity to a stream, in order to wash after delivering a baby.

I was, therefore, surprised to be asked to call at the caravans in order to see a man who was "very sick." It was a summer evening and a chair was produced for me to sit in the open. A cyanosed

and breathless man of about 65 was helped from a caravan in obvious cor pulmonale. Accustomed to a different audience, I was horrified and began to talk about hospital admission, but this was firmly and politely declined.

At the end of a long day I became irritated and asked if they had brought me seven miles to refuse my advice. With patience they explained that they had received my advice. If I thought he was going to die then they were sure I was correct. Politely they added, "What you don't realise is, we have brought him from 200 miles away to see you."

Humbled I returned to my comfortable home. I never saw him again.

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