see their income drop in favour of their colleagues who use a deputising service exclusively.

The solution to the problem is achievable and workable. It should be made explicit that consultations out of hours should take place at a designated centre. Family health services authorities should organise the centres. Transport should be sorted out by the patient or the authority as his or her representative. Offering a decent hourly rate for general practitioners to staff such centres would quickly attract enough doctors, who would be able to recoup their lost income for out of hours works by working perhaps one or two shifts each month if they wished.

Perhaps a better title for the article would have been "GP negotiators unanimously get fed up with negotiating" or "GP generals desert their troops."

MARTIN SHUTKEVER
General practitioner

Featherstone,
West Yorkshire

1 Heath I. General practice at night. *BMJ* 1995;311:466. (19 August.)

Service must change to deal with patients' reasonable demands

EDITOR,—Iona Heath's editorial on the problems of night visits omits one possible explanation for the rise in night calls, which is that an unmet need may have been caused by the reluctance of patients to call out their own doctor.¹ My experience as a principal is that most calls are understandable and not frivolous.

I believe that, for example, a parent with a sick child has a right to see a doctor at any time of the day or night and that that doctor should be adequately qualified, not tired, and have reasonable facilities to examine the child. A cooperative can fulfil some of these requirements, especially if it has somewhere where the parents can take their child to in the evenings. The main reason for not being able to leave their home seems to be that other children would have to be left in bed when one parent (usually the wife) has gone out to work.

I do not believe that patients value continuity of care as much as they value ready access to a good quality service. The best way to find out would be to ask them. This could be a suitable topic for somebody looking for a qualitative research project.

DAVID N H GREIG
General practitioner

Taunton,
Somerset TA2 7SR

1 Heath I. General practice at night. *BMJ* 1995;311:466. (19 August.)

New agreement is not the answer but an opportunity

EDITOR,—I do not share Brian Hurwitz's pessimistic response to the out of hours agreement for general practitioners.¹ The rising tide of demand for night calls is not the result of the patient's charter or the 1990 contract; it has its origins in a cultural shift of attitudes, which these documents reflected—a tendency to think exclusively in terms of the rights of the consumers of services at the expense of those who provide the services. This affects not just doctors but also teachers, ambulance crews, and even mountain rescue teams.

The new agreement represents an appreciable change in the government's approach. The problem of falling recruitment, especially among women doctors, has led to an acknowledgement that general practitioners cannot be expected to provide 24 hour cover. Terms of service have been amended, and money is being made available to allow the development of primary care night

centres, which most patients will be expected to attend. The proposals are not an immediate answer to the problem, but they present an opportunity. General practitioners should work with each other, their consultant colleagues, and managers to develop an out of hours service that meets the needs of those who use it and those who work for it.

JOHN HOPKINS
General practitioner

Parkgate Health Centre,
Darlington DL1 5LW

1 Hurwitz B. The new out of hours agreement of general practitioners. *BMJ* 1995;311:824-5. (30 September.)

GPs should be given breathing space to cope

EDITOR,—Iona Heath rightly points out general practice's problems in coping with changing social circumstances.¹ Recently I talked to a daughter of a former general practitioner in the north east; our talk added to my reservations about the logic of providing continuity of care 365 days a year. According to her, her father used to finish his surgery at 11 am on weekdays. He had his lunch at home, used to take his calls at home, and often managed to have two hours' sleep in the afternoon. He had a one hour surgery in the afternoon. He used to do all night calls himself but was never tired.

These days the working conditions are so different that we even have to eat our lunch during lunchtime meetings. Is it not sensible for the government and the rest of the higher authorities to rethink the logic of keeping the 24 hour responsibility, based on the change of working hours and conditions. To keep up the modern standard of general practice, doctors should be given sufficient breathing space to cope.

R R NAIR
General practitioner

Fairways Surgery,
Wrekenton,
Gateshead

1 Heath I. General practice at night. *BMJ* 1995;311:466. (19 August.)

New money should be divided equally amongst all GPs

EDITOR,—Who is meant to benefit from the out of hours arrangements for general practitioners, including the allocation of £45m, recently agreed with the government?¹ Is it meant to be our patients or us as doctors? Or both?

Most patients would prefer to have their own doctor call on them for out of hours emergencies, so the arrangements are clearly not meant for our patients' benefit. Are they meant for doctors like my partner and me, who, in a rota with neighbouring practices, wish to continue to provide their own out of hours service? Clearly not. This is despite the fact that for us to provide our own night cover is what our patients want and is unquestionably superior to the proposed extension of cooperative and deputising services. No, the arrangements and the £45m are meant for those doctors who, for understandable reasons, no longer wish to provide their patients with out of hours cover.

One would have thought that, if money were to be thrown at the problem, it would be to encourage doctors to provide the best service—that is, to do their own on call work. The current scheme, however, puts large sums at the disposal of those who do not wish to provide the optimal service. This hardly seems sensible or fair.

The General Medical Services Committee tells us that we should apply quickly for some of the £45m allocated to out of hours care. I do not want to apply for any of this money. If further financial incentives are needed a fairer system would be to

give each general practitioner an equal share of the money available as an out of hours payment to spend on deputising services or not, as he or she sees it. This would encourage general practitioners to provide their own out of hours service and not penalise those who wish to do so.

C D A FABRE
General practitioner

Buxted,
Uckfield,
East Sussex TN22 4LA

1 Beecham L. GPs accept out of hours offer unanimously. *BMJ* 1995;311:827-8. (30 September.)

And finally, in the good old days . . .

EDITOR,—Iona Heath's editorial clearly states the effects of social deprivation on general practice.¹ I worked for 31 years in a deprived area without any modern advantages. Patients with severe chest pain were not told to dial 999 but were visited by their general practitioner with oxygen, given anti-arrhythmic drugs when needed, and visited daily during rehabilitation. Pneumonia was common in winter, but patients were treated effectively at home. Evening visits were made, while Saturdays were full working days, with long evening surgeries. Night visits enabled us to retain our clinical skills and were diluted by daytime trivia. Lighter road traffic made the journey easy, but few patients possessed a telephone, and telephones in the neighbourhood had usually been vandalised.

There were no rotas, deputising services, or appointment systems and no computers to print routine letters and repeat prescriptions; but advantage was taken of the full waiting room to place there a tape recorded message dealing with such matters as a forthcoming flu epidemic and offering advice on self care in common conditions to encourage patients not to attend and possibly infect others. The 1966 contract greatly improved conditions, the government being influenced by threats of resignation.

Heath's proposal that the public should decide what sort of service it wants would only make matters worse and imprison doctors further in legislation. With subsidised staff, computers, mobile telephones, rotas, and deputising services, and with most weekends off and at least four weeks' holiday, modern general practitioners should find their work extremely satisfying. To be paid for night calls and to travel abroad for refresher courses whose costs can be set against tax were unheard of in my day. How is it, then, that we worked so hard, with fewer resources, yet did not need stress clinics? When I applied to enter medical school I was simply asked if I played rugby football. Possibly the requirement, introduced in the 1960s, for intending students to have three science A levels has altered the type of entrant so that they are now more intellectually gifted but perhaps less able to withstand the inevitable rigours of the job.

M KEITH THOMPSON
Retired general practitioner

Croydon,
Surrey CR0 5QS

1 Heath I. General practice at night. *BMJ* 1995;311:466. (19 August.)

Correction

Management of genital candidiasis

A typesetting error reversed the meaning of the final sentence in the fourth paragraph of the letter by David J White and Susan M Drake in this cluster (2 September, p 629). The sentence should read: "Requests for support from the pharmaceutical industry for both this and other studies of hormonal treatments for recurrent vaginal candidiasis have been unsuccessful [not successful, as printed]."