

SKERRITT, U., PITT, B., ARMSTRONG, S., *et al* (1996) Recruiting patients for drug trials: a difficult task. *Psychiatric Bulletin*, **20**, 708-710.

C. J. HALEY, *Senior Registrar, University of Liverpool, Whelan Building, Liverpool L69 3BX*

### GPs and the Care Programme Approach

Sir: To gain a more up-to-date picture of GPs' awareness of the care programme approach (CPA) we replicated the Grace *et al* study (*Psychiatric Bulletin*, **20**, 634-644) but added questions to determine GPs' knowledge of the different levels of the CPA and modified one question to ascertain GPs' thoughts on the worth of their input to CPA meetings. Two hundred GPs were surveyed in the Doncaster area and 64% replied. Of those, 67% knew of the CPA, 93% via the local services. Of those who knew, 91% knew there were different levels of CPA, but only 14% knew the inclusion criteria; 28% were aware they were invited to reviews but only 50% thought they would attend, with 24% saying they would attend less than half the reviews and 26% saying they would attend none. The majority, 60%, of those aware of the CPA felt they would have little to contribute to such meetings.

These findings suggest firstly, in the two years since the previous study, GPs' knowledge of the CPA has improved due to communication with the local psychiatric services, DoH guidelines playing little part. Secondly, although most GPs aware of CPA were aware of there being different levels of CPA, very few were aware of the basis for allocation despite the fact that we expect GPs to become involved with patients on levels two and above. We include the criteria in our discharge letters, but they are tucked away in small print at the page bottom. Thirdly, although our policy is to invite GPs to reviews we have not monitored this; with the result that only a third of GPs are receiving invitations, a subject for future audit. Lastly, the majority of GPs feel unable to attend meetings and believe they would have little to contribute if present. This is unsurprising as the role of the GP here has been poorly defined, there are intense pressures on GP time, and care of the mentally ill requiring specialist services has recently been defined as a non-core service.

GRACE, J., STEELS, M. & BARUAH, R. (1996) General practitioners' knowledge of and views on the care programme approach. *Psychiatric Bulletin*, **20**, 643-644.

ANDREW AL-ADWANI *Specialist Registrar*, and WAHEED NABI, *Consultant, Doncaster Healthcare Trust, Armthorpe Road, Doncaster DN2 5LT*

### Non-attendance at clinics

Sir: We were interested to read Potter & Darwish's article regarding out-patient non-attendance in children and adolescents (*Psychiatric Bulletin*, December 1996, **20**, 717-718). The authors have demonstrated the aphorism, 'there is nothing like behaviour to predict behaviour'. To describe the pattern of out-patient non-attendance at a child and adolescent psychiatry clinic in Birmingham, we undertook a retrospective case note study. All such defaulters were identified during one calendar year (1991). Of 462 referrals received by the then Heathlands Clinic, 56 (12%) did not attend for their initial appointment. Of these, 28 (50%) were offered a second appointment, of whom 12 (43%) subsequently attended. When those offered a second chance were scrutinised, being younger ( $P < 0.001$ ) and male ( $P < 0.01$ ) predicted subsequent attendance. Those that were offered a second appointment following an initial non-attendance were also on the waiting list for a significantly longer period of time: a mean of 58.5 days compared with 39 ( $P < 0.05$ ). This study is consistent with that of Bowman *et al* (1996) who found a highly significant relationship between length of time from referral to appointment and subsequent attendance among paediatric ophthalmology out-patients.

One variable not addressed by either study is the fact that clinicians offer subsequent appointments often on the basis of professional concern, for example child protection issues, rather than the probability of future attendance. Cottrell and colleagues (1988) studied 100 consecutive referrals of which 16% failed to attend at all. This was significantly associated with parental opposition to referral.

BOWMAN, R. J. C., BENNETT, H. G. B., HOUSTON, C. A., *et al* (1996) Waiting times for and attendance at paediatric ophthalmology outpatient appointments. *British Medical Journal*, **313**, 1244.

COTTRELL, D., HILL, P., WALK, D., *et al* (1988). Factors influencing non-attendance at child psychiatry outpatient appointments. *British Journal of Psychiatry*, **142**, 201-204.

SIMON SMITH, *Consultant General Psychiatrist, Kidderminster General Hospital Psychiatric Unit, Hereford*; MOLI PAUL, *Senior Registrar, Shrewsbury Child & Family Service, Shrewsbury, Shropshire*; RICHARD SOPPITT, *Senior Registrar and Honorary Lecturer, University of Birmingham and the Parkview Clinic, 60 Queensbridge Road, Moseley, Birmingham*; FELI ROLDAN, *Ashburne Hall Clinic, Dunedin, New Zealand*; SHOBA GEORGE, *Psychiatric Registrar, Sandwell Learning Disability Team, Sandwell, West Midlands*