arguments with Department of Health Officials that Dr MacKeith was party to, but left the rest of us wondering whether we were not followers of the Grand Old Duke who was not so much passive as hasty in retreat.

ROBIN PINTO, *South Beds Community Health Care Trust, Calnwood Road, Luton LU4 0FB*

Sir: Dr Robin Pinto expresses anger at the care programme approach and the way it was introduced. I share completely with him dissatisfaction over the manner of its introduction. It was not properly discussed with the profession before being foisted on us; the documentation was abstruse to the extent of being misleading; we were never told how we would obtain resources to make it work; it was not specified who appoints the key-worker nor who that key-worker should be; and it was not clear who among the total of psychiatric discharges would be subject to the CPA. For all these reasons the manner of introduction of the CPA was little short of disastrous.

On the other hand, the principles which underline the care programme approach are simply those that psychiatrists have tried to practise for many years. When a patient is discharged from in-patient care it is reasonable that one individual should be identified to give adequate level of follow-up; if after-care involves social services and the health service, then reasonable liaison between the two authorities needs to be arranged; before discharge takes place there should be a plan agreed and accepted by all those involved to maintain the patient at the optimum level outside hospital.

These principles of care are reasonable. However, to be implemented, psychiatric services must have adequate resources; there must be enough consultant psychiatrists to look after the patients in the community who still require treatment and follow-up; the consultant needs to be able to identify the appropriate key-worker for each patient discharged into the community; it must be possible to agree with other authorities who takes responsibility for what parts of care, and who pays for it.

It is my opinion that rather than attacking the underlying principles of the care programme approach, Dr Pinto would more profitably spend his time working with us to achieve what is needed to implement it, both locally and nationally. We want to provide an improved level of psychiatric care to our patients but it cannot be done without additional resources and adequate control by consultants of the facilities we already have.

A. C. P. SIMS, *Chairman, Steering Committee, Confidential Inquiry into Homicides & Suicides by Mentally Ill People, PO Box 1515, London SW1X 8PL*

Fund-holding practices and follow-up clinics

Sir: Armond (*Psychiatric Bulletin*, February 1995, **19**, 177) highlighted potential problems in respect of fund-holding practices taking over the supervision of lithium prophylaxis of patients.

I was shocked last year to receive a letter from the fund-holding practice manager terminating further appointments and saying that follow-up would occur in the general practitioner's surgery. This patient, who I had been seeing for 12 months, suffered from a mild depressive disorder, largely related to his chaotic personal life. Management had involved supportive psychotherapy with problem-solving techniques and cognitive strategies to reframe pessimistic thinking. Matters had improved to the point where the patient anticipated returning to work. I wrote outlining his progress and planned one more appointment to confirm the improvement and then discharge.

I wrote to the GP expressing my disappointment and asking for clarification, including knowledge of whether the patient had been informed. I received another letter from the practice manager (not the GP) telling me that the practice had been arranging their own follow-up clinics for some time and that "as a matter of courtesy we inform the provider in good time so that they could reallocate the appointment to someone else". The writer trusted that I found the explanation satisfactory. I found the response of the local purchasing authorities more bland but equally unsatisfactory in that there seemed little more to be done about the matter *vis-à-vis* local management although the response was more positive from the Chair of the Regional Mental Health Services Committee.

The final icing on the cake was when, on the day and time of the appointment, the patient arrived with no knowledge of what had been happening but considerable surprise and anger when informed of it.

https://doi.org/10.1192/pb.19.6.373 Published online by Cambridge University Press