Correspondence

Inner-city general practice population with schizophrenia

Sir: Blair & Deaney (*Psychiatric Bulletin*, April 1998, **22**, 221–225) give an enlightening view of the care of people with schizophrenia within primary care. They speculate on the difficulties of coordination of care and suggest realigning services so that community mental health teams (CMHTs) became "more practice sensitive".

We have adopted this approach within Pathfinder Mental Health Trust in Wandsworth and Merton for some time now. Initially introduced in Wimbledon in 1986, it proved invaluable in setting up a time efficient and durable monthly liaison meeting between team and practices (Midgley *et al.*, 1996, Burns & Bale, 1997). As a result of this experience (and of a survey of general practitioners' (GPs') view of our services conducted in 1995) 'practice alignment' was introduced across all nine of the general adult teams in 1996. The result is easier and more effective communication, better mutual understanding of strengths and weaknesses and a range of shared care that reflects the individual competencies of those involved. A further review of GP opinion in early 1998 indicated significantly improved satisfaction with our services.

Achieving GP alignment is not easy, nor is it problem-free. The transfer of care took over a year and was disruptive for many patients and their keyworkers. The complexity of some of the arrangements (three way swaps, etc.) has to be experienced to be believed and not all teams or practices could move at the same pace. Sensible policies for exceptions such as patients with no GP, are in transit between GPs (often a sign that something dramatic is on the go) or who are living with their mother and consulting one GP while being registered with another etc. require tolerance and some ingenuity. Patients served by each CMHT are now more widespread, noticeably increasing travelling time.

We experimented with one group practice to include patients resident in the neighbouring borough and the results were not good. Problems consistently arose both in coordination of long-term health and social care and in emergency procedures. After several months of trying, both the GPs and CMHT agreed that it is not a sensible option. Would it be so outrageous to suggest in our new primary care-led National Health Service that the time has come for GPs to change on this one? In urban settings surely primary care should start to move towards co-terminosity with health authorities and social services.

Blair & Deaney's considerations of the optimum integration of GPs with CMHTs (and social services) are particularly important and timely as we approach the planning for primary care commissioning groups.

BURNS, T. & BALE, R. (1997) Establishing a mental health liaison attachment with primary care. *Advances in Psychiatric Treatment*, **3**, 219–224.

MIDGLEY, S., BURNS, T. & GARLAND, C. (1996) What do mental health teams and general practitioners talk about? Descriptive analysis of liaison meetings in general practice. *British Journal of General Practice*, **46**, 69–71.

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Proposed reforms to civil justice

Sir: Psychiatrists offering their services as expert witnesses must be aware of the proposed reforms to civil justice. If these reforms, which suggest fundamental changes to the very structure of civil litigation, succeed experts will face greatly changed demands.

For example, legal aid looks set to become a licensed service with only 'franchised' firms permitted to undertake legal aid work by January 2000. Those experts wishing to work on the much-reduced volume of legal aid cases will need to be listed as 'approved' by franchised firms. Experts may well be asked to agree to lower or much-delayed payment for this 'privilege'.

Furthermore, the Government's proposal to control legal aid costs by removing monetary claims from legal aid is contingent upon successfully increasing the scope of conditional fee arrangements (CFAs). This means expert witnesses will face increasing pressure from some solicitors to accept work on a 'no-win', 'no-fee' basis. Some practising solicitors believe the only feasible way for them to undertake work on a no-win, no-fee basis is if experts agree to share the risks. However, most individual experts, the Society of Expert Witnesses and the Law Society are united in their rejection of contingent payment terms for experts because they would fatally wound the expert's claim to impartiality.

However, CFAs may also mean more work for experts, who can expect to be asked for advice in the early stages of risk assessment undertaken

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