set with no effect on lifestyle accounting for 41.5% (*n* = 32) and a further 9.1% (*n* = 7) of patients declining surgery. Other ocular pathology including macular degeneration 14% (*n* = 11) and glaucoma 5% (*n* = 4) accounted for relatively few patients not being listed for surgery.

GPs do not generally have access to slit lamps and fundus biomicroscopy and understandably may feel out of their depth. However, we have shown that when assessing the patient with cataract it is important to assess the effect on the patient's lifestyle and their willingness for surgery before referral, and would encourage all GPs to do this to reduce the number of patients referred prematurely for their cataract operation.

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Should GPs be prescribing more vitamin D?

The problem of rickets and osteomalacia among the immigrant community living in Britain was first highlighted in 1962.[1] More recent studies suggest that this problem persists.

Lawson and Thomas found suboptimal vitamin D levels in 20–34% of toddlers of Asian origin.[2] Shaw and Pal found that 85% of patients of Asian origin attending Birmingham antenatal clinics were vitamin D deficient in winter months[3] and Datta *et al* found that 50% of non-white patients attending antenatal clinics in South Wales had low vitamin D levels.[4]

Although supplementation of infants from racial groups is recommended, a previous study found that this occurred in less than 5% of infants.[5] The problem is complicated by recent NICE guidelines, which do not recommend vitamin D supplements for pregnant women.[6]

We undertook a postal and face-to-face questionnaire among practices in the Thames Valley area and Lambeth (this London area was chosen as their PCT has a policy of encouraging vitamin D supplementation of infants with dark skin).

Practices were asked whether they prescribed vitamin D supplements to pregnant women of Asian or African–Caribbean extraction and their infants. They were also asked to state if the approximate percentage of Asian or African–Caribbean patients was above or below 8%.

There was a 71.2% response to the 73 questionnaires sent out. In addition, 11 practices were asked face to face. Thirty-eight (67.9%) practices stated that their population was above 8% Asian or African–Caribbean (two practices did not specify).

Only two (3.4%) of the practices stated that they supplemented and this was for infants and not the mothers. Both of these practices were in Lambeth.

We were surprised at the low level of supplementation. It may be that in addition the health visitors in these practices are also prescribing vitamin D.

The recent CMO update has reiterated the need for vitamin D supplementation.[7]

We would recommend that a publicity campaign be started to encourage vitamin D supplementation.

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Continuing care

A recent edition of *SAGA Magazine* follows newspaper and television campaigns providing material about NHS funding for continuing care.[1]

While applauding the media's raising of awareness about the opportunity to capture the full care costs (whether in a nursing home, residential home, sheltered accommodation or the individual's own home), inadequate coverage has been given to the requirement that the person's condition must be complex, intensive, unpredictable or unstable enough to meet the criteria for the funding from the government. Individuals may not meet the criteria laid down by the relevant strategic health authority — either by dint of their mental condition, or their physical condition, or a combination of the two — it is regrettable that families' hopes may have been raised inappropriately.

In the absence (so far) of national criteria, it would be worthwhile for GPs to obtain the continuing care criteria from their strategic health authority. They will then see the detail that describes the necessary complexity, intensity, instability or unpredictability of a patient's condition.

From time to time, families pursue their case about their relative stating that the patient's GP has assured them that the criteria are met. While this may sometimes be a robust opinion, regrettably it is not always so. The task of the local panels assessing applications, and the subsequent review panels at strategic health authority level (the 'second bite of the cherry') is therefore made more complicated, if after careful and sympathetic consideration, the individual's condition falls short of fulfilling the criteria.

As chairman of two Strategic Health Authorities' Review Panels, I recognise that people will only hear what they