

a list of the occupants of all acute hospital beds over a six month period with primary diagnosis, sector, consultant and length of stay.

The qualitative information collected from the 12 districts includes the management arrangements for teams and other resources, referral and admission criteria, multidisciplinary and multi-agency working, care programmes, rehabilitation and continuing care services, user and carer involvement, out of hours services, provision for special needs such as ethnic minorities and reprovision strategies.

The national survey, carried out by local auditors, will provide a detailed list of the resources from all providers and their costs, together with a brief description of the management arrangements and care programme approach. The information will enable comparisons to be made between expenditure and resources in different districts. A comparative profile will be developed which will incorporate selected population and deprivation indicators.

### **Initial impressions**

The information collected so far indicates a wide variation in expenditure between districts in relation to the population served. The balance of expenditure on different types of service such as NHS beds or peripatetic staff also shows considerable variation.

A number of issues and problems have been observed in relation to the management and

quality of the services provided. For example, the management of beds, community professionals and other resources in a local area are often fragmented, which can lead to anomalies in admission criteria and a discontinuous service for users. Budgets are often insufficiently flexible at a local level to enable changes in staffing structures or innovative responses to be made to individual needs. The information available to clinicians, managers and purchasers is usually insufficient to enable adequate monitoring of the services provided or of their recipients. Training for many professionals has not fully addressed the needs of people in the community, particularly those with long term needs.

The development of care programmes is variable. Many providers have developed policies but encountered difficulties in putting them into operation, others have not yet established a clear policy. We have, however, observed a number of CPA systems which are working effectively, which have enhanced the communication between agencies and improved the care of vulnerable people.

These issues and others will be explored more fully in the national report to be published later in the year. More importantly, they will be followed up by trained local auditors in every district throughout England and Wales who will make specific comments and recommendations, tailored to the local situation.

J. Renshaw, *Health Studies, Audit Commission, 1 Vincent Square, London SW1P 2PN*

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## **Guidelines for submission of conference reports**

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- (a) Conference reports should not exceed 500 words.
  - (b) The report should not be a detailed minuted account of the proceedings.
  - (c) Reporters should concentrate on the most interesting or original presentations. The aim of the report is to stimulate and inform readers and to give them a flavour of the highlights of the conference. Within the confines of a 500 word article, this means that most published reports will be highly selective accounts of the conference.
  - (d) Reporters should give their personal impressions of the conference, critically reviewing the meeting from the audience's perspective.
  - (e) Conference reviewers are encouraged to contact the *Bulletin* office before submitting their reports.
  - (f) The conference reports must be submitted to the *Bulletin* within four weeks of the meeting.
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