My understanding of the position is that an inflation-proofed growth of 3 per cent nationally is based on a forward-looking estimate of inflation. If this estimate is deficient by, say, 2½ per cent, and I understand that this is currently so, then the 3 per cent growth is reduced immediately to ½ of 1 per cent. The under-estimate in one year may well be rectified in a subsequent year, but this is small recompense if in that subsequent year the prospect for inflation is again underestimated. In such circumstances the deficiency is perpetuated from year to year.

If, by further mischance, real inflation is greater than anticipated inflation, say, in the instance given, if it is greater than 3 per cent, then any 'growth' is reduced to a negative value. Furthermore, if outside contractors to the Health Service look ahead and inflation-proof their estimates, the real value of any hedge against inflation is further decreased by their anticipated proofing.

In addition, the Health Service requires to keep pace with the growing population at, I understand, a rate of 1 per cent per annum. If there is a real inflation-proofed growth of ½ per cent per annum, then relatively there is a recession of ½ per cent against the 1 per cent needed to keep pace with population.

Nationally agreed priorities have to be implemented by Districts in the face of difficulties such as the above. Within cash limits, one man's priority is another man's cut, and in these circumstances it takes a firm will to give the psychiatric services, the elderly and the mentally handicapped their due precedence. All too often it just does not happen.

In these matters I would be happy to be shown that my views are wrong, as it would give me some heart in contributing to planning for a projected 65 per cent increase in the very elderly population of this District in the next ten years.

G. E. LANGLEY
Consultant Psychiatrist
Exe Vale Hospital
Exminster
Exeter EX6 8AB

Specialist Posts in Community Psychiatry

DEAR SIR,

The Social and Community Psychiatry Section of the College has set up a Working Party, of which I am Convenor, to examine the possibility of specialist posts in community psychiatry. Associated with this question is the need (if any) for specialist training. Such posts might include liaison with social services, preventive work, evaluation, and training of other professions.

It would greatly assist the Working Party if it could know of any such arrangements which now exist. I would therefore be grateful to hear from any colleagues who have specified sessions for community work or liaison with social services, or alternatively, *de facto* arrangements which have proved to be successful. Also, any current arrangements for training in this area of work would be of great interest.

In addition, the Working Party would be glad to hear views on the questions it is studying from other colleagues who have no specified arrangements of this kind. One relevant question is how many established consultants might want to transfer to such posts, if they existed.

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Under Discussion

Closures in the Health Service

The way in which lack of funds in the Health Service is leading to closure of psychiatric facilities of various kinds needs careful watching by those closest to the institutions affected. Closure or down-grading may be decided for a multiplicity of reasons, of which lack of money this year is only one. Sometimes the closure is less total than it appears (i.e. transfer of the work or staff elsewhere). In some cases the arguments about closure are bound to be fought locally with local knowledge; but in a few the case may have national implications. In these latter cases the College as a whole will want to act, possibly by making representations to the Secretary of State*, who might perhaps accept that facilities with a supra-regional function should have some special funding beyond that which their Health Authority can afford. Thus the John Conolly Hospital in Birmingham may be a local matter; the closure of the neuropathology department at Runwell is a transfer of work to a different site, not the closing down of one of the very few neuropathological opportunities in Britain; while the Henderson Hospital, also threatened, has some claim to be considered a national asset.

*A letter from the Secretary of State outlining the Government's position as regards the closures was published in the *Bulletin*, February, p. 32, but see also the letter from G. E. Langley above.

Recruitment to Psychiatry

The College in conjunction with APIT and the Association of University Teachers of Psychiatry is planning a conference in 1981 on recruitment to psychiatry and its implications for education and training. Various working parties are to meet and prepare reports on particular aspects of this theme for submission to the Conference, e.g. future pattern of psychiatric services, relation between psychiatry, social work, clinical services, training settings, psychiatric teaching and status in the medical school.

ONLOOKER