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The times

Advice to purchasing authorities

PETER URWIN, Member of the Joint Working Group on the Purchasing of Psychiatric Care

We are now well into the second year of the separation of purchaser and provider functions in the National Health Service. District health authorities as purchasers of services are required to assess the health care needs of their population (NHS Management Executive, 1991a) and seek professional advice regarding both the need for, and the provision of, services. The NHS Management Executive acknowledges that local clinicians in provider units will continue to make a major contribution to this advice (NHS Management Executive, 1991b).

Until recently clinical advice has taken the form of prioritised lists of clinical needs, usually generated through the local cogwheel medical advisory system. This system has not always favoured psychiatry.

In the new role, district health authorities have been seeking advice in varying ways. Some districts have established a medical advisory committee, often including both local general practitioners and hospital consultants. The Director of Public Health, who is usually an executive member of a district health authority, remains a major source of medical advice to the authority. In many districts some degree of public consultation regarding priorities for expenditure will have occurred. Nevertheless, clear advice from local clinicians may well be sought by district health authorities and it is essential for consultants to consider how best to present their advice to ensure that it is accepted by those authorities. In the past, such advice has often taken the form of detailed specifications, including staff, day places, in-patient beds, etc. for an 'ideal' service. Such advice remains relevant but does require to be more specifically related to the demography of the local population. The College's advice on services is available in *Mental Health of the Nation – The Contribution of Psychiatry* (Royal College of Psychiatrists, 1992) and from time to time advice regarding sub-specialties has been published in the *Psychiatric Bulletin*. This advice is usually based on established patterns of care and epidemiological research.

During the past year the College has had a Joint Working Group with the Faculty of Public Health Medicine reviewing how psychiatric advice may best be presented to purchasing authorities. A report will shortly be available from this Joint Working Group which examines the purchasing framework, the provider view, the nature and volume of services required, details the specialist services required and also comments on links with other services, quality issues and cost (Royal College of Psychiatrists and Faculty of Public Medicine, in preparation).

The consultant psychiatrist will continue to have an important role in highlighting deficiencies in local services. Particularly helpful information regarding indicators of mental health in the population is included in the papers of two workshops organised by the Faculty of Public Health Medicine and the Royal College of Psychiatrists and the Department of Health during the Autumn of 1990 (Jenkins & Griffiths, 1991).

Quality issues in psychiatry share much in common with other medical specialties, particularly in the provision of a timely, courteous and accessible service, but clear communication with primary care and prompt and predictable response to emergencies are much valued by general practitioners. The use of protocols may also be a way of ensuring an adequate quality of treatment in a service. Such an approach has been described by the Quality Assurance Project of the Royal Australian and New Zealand College of Psychiatrists (Royal Australian & New Zealand College of Psychiatists, 1982–1985).

The changes in the NHS will provide opportunities for the development of different styles of care and delivery of service, providing these are effective and acceptable to patients and GPs. There is, however, much merit in careful trials of new patterns of service before established services are discarded. It is likely that advice from local clinicians will be most effective where it is supported by GPs and patients' organisations and can be shown to be more sensitive to the needs of the patients, their carers, and GPs.

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Confidential Enquiry into Homicides and Suicides by Mentally Ill People

A Confidential Enquiry has been set up to review cases of homicides and suicides by mentally ill people. It is appreciated that those looking after people with psychiatric illnesses have always been alert to the need to protect those in their care. However, the objective of the enquiry is to discover whether some of these distressing deaths might have been prevented by different approaches to clinical management or by different provision of care.

As Director of the Enquiry, I have been greatly encouraged by the positive support which I have already received from those with whom I have discussed our plans and I am now keen to make readers of the *Psychiatric Bulletin* aware of our intentions.

Cases will be identified through various channels, and I shall then be writing to the psychiatrist most likely to have knowledge of the circumstances surrounding the illness or death of the notified individual. I shall ask them to complete a questionnaire and to give me their frank opinion as to whether in retrospect they consider that alternative strategies of specific treatment or of more general management might have reduced the likelihood of death.

I want to emphasise that the responses which I receive will be treated with the utmost confidentiality and that complete anonymity of patient and of respondent will be ensured. With this assurance I am hopeful that anyone receiving a letter from me will recognise that their individual response, when associated with many other responses from around the country, will allow us to make some useful recommendations about the care of those who are at risk of harming themselves or others.

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