

by solicitors contemplating a CFA. In these cases, accurate risk assessment is essential to the solicitor, particularly because after-the-event insurance is currently available for only a very specific category of personal injury cases. At this stage, insurers are unclear about how they can expand the existing system to cover other types of case, meaning that solicitors who choose to accept those cases must run them bare of insurance.

Given the problems potential litigants now face with the court system, alternative dispute resolution (ADR) methods are increasing in popularity. ADR offers several alternatives to traditional court methods and a number of opportunities for expert involvement. Within the scope of ADR, experts can act as advisors or offer expert appraisal of a technical issue. Parties may also agree to an 'expert determination', where an expert rules conclusively on the issue for them, or ask the experts to take on the role of mediator.

Experts interested in obtaining further details can contact the Society of Expert Witnesses on (0345) 023014 or write to PO Box 345, Newmarket CB8 7TU.

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Health of the Nation Outcome Scales for People with Learning Disabilities

Sir: Further to the publication of the original paper 'HoNOS in long-stay patients with learning disabilities' (*Psychiatric Bulletin*, May 1988, **22**, 306-308), we are writing to keep you informed of recent developments with regard to the piloting of the Health of the Nation Outcome Scales for People with Learning Disabilities (HoNOS-LD).

HoNOS-LD is the result of a collaboration between the Department of Health, the Royal College of Psychiatrists and the Centre for Outcomes, Research and Clinical Effectiveness (CORE) at the British Psychological Society, University College London. Like the generic HoNOS, HoNOS-LD is a set of scales designed to measure outcomes in a population of people with mental health needs. It retains the five-point scale of severity of problems, but has greater context reliability with regard to the associated needs of the client group. HoNOS-LD has 18 items, is designed for people irrespective of their degree of learning disability and should be used by trained professionals.

North Warwickshire National Health Service (NHS) Trust has allocated resources for the post of Regional Clinical Audit Coordinator who has responsibility for training, data analysis and dissemination in an area north of a line from

the Wash to the Bristol Channel, while CORE have employed a researcher to take responsibility for the same in participating trusts in the south.

Following a training day, agreement was reached that HoNOS-LD would need to be tested rigorously for interrater reliability and sensitivity to change. Version 2 is currently being piloted at over 20 sites (all NHS trusts) throughout the United Kingdom.

It is expected that data analysis will have been completed in Autumn this year and, if the instrument is demonstrated to have acceptable reliability, will be made available by the Department of Health for use in routine clinical practice for people with learning disabilities and mental health needs.

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The practice of evidence-based journal clubs

Sir: Geddes (*Psychiatric Bulletin*, June 1998, **22**, 337-338) states that an evidence-based journal club (EBJC) presentation can be prepared in two hours. This may be the case at the centre for evidence-based mental health in Oxford, but here in Britain's most northerly department of academic psychiatry we struggle to believe it. Perhaps our remoteness from such a centre of excellence slows our thinking, but we do not see how the process can be effected in such a brief time.

In Aberdeen we recently introduced an EBJC linked to the weekly case conference and we encourage junior staff to present. We find the preparation process takes considerably longer than Geddes allows, for several reasons. Many presenters lack experience in critical appraisal and require individual mentorship, not always available through their weekly educational supervision. The authors act as mentors, taking particular responsibility for helping trainees develop the required skills.

The clinical question is set three weeks ahead of the session by the consultant presenting the case and it is helpful for a mentor to be involved. The presenter requires guidance in the process of searching the literature databases and deciding which papers to select. Obtaining papers not held locally may take some weeks. Critical review may involve the trainee having to ask others for assistance in assessment of study methods, particularly statistics. Finally, the presenter needs to prepare materials and may wish to rehearse their presentation.