

Health and social services “locked in a vicious circle”

Annabel Ferriman *BMJ*

Two thirds of hospital beds in England and Wales are occupied by people aged over 65, but many of these people could move out of hospital sooner, or need not be there at all, if they had access to more effective rehabilitation services, the Audit Commission has found.

The commission's latest report states that health and social services are locked in a vicious circle. Rising hospital admissions and falling lengths of stay are reducing time for recovery and rehabilitation and are leading to increasing and unsustainable demands on social services. The report says that these demands are absorbing resources, thereby reducing funds for community services that could help to contain rising

hospital admissions.

It also shows big discrepancies between health authorities in the number of rehabilitation beds per person aged over 75. Numbers vary by a factor of five between 18 and 90 beds per 10 000 population. Daily therapy time per bed also varies from a few minutes to nearly one hour.

The report calls for major changes in the approach taken by the NHS and social services departments, identifies the key questions that need to be

addressed locally by these services, and proposes a framework for strategic joint working. It also recommends that authorities establish intermediate rehabilitation services.

Trusts that do not have stroke units should look to see how best to set them up in accordance with the research evidence, it says. Rehabilitation is more effective in stroke units, and the delivery of equipment to those who have received rehabilitation in a stroke unit is much better than to those who have not.



Treatment time for rehabilitation patients varies from a few minutes a day to nearly an hour

Other key findings were:

- Care was often poorly coordinated, with poor multidisciplinary care and an absence of protocols for ensuring a smooth transfer of care between different parts of the NHS or between the NHS and social services

- Many older people said they were not asked what therapy they needed and did not participate in their own rehabilitation programme; well over a third of stroke patients were not even told what a stroke was while in hospital, and the majority did not receive ongoing therapy at home on discharge

- Intermediate settings between hospital and home, which provided more active rehabilitation and confidence building, cost half as much as hospitals but were available in only half of authorities. □

The Way to Go Home: Rehabilitation and Remedial Services for Older People is available from Audit Commission Publications, Bookpoint Ltd, 39 Milton Park, Abingdon OX14 4TD (freephone 0800 502030), price £20. It can be accessed at www.audit-commission.gov.uk.

Access to investigations is needed 7 days a week

Roger Dobson *Abergavenny*

More consultants, access to hospital investigations seven days a week, and closer links with intensive care specialists are urged in a report from the Federation of Medical Royal Colleges in the United Kingdom.

The report, written by a working party looking at the problems surrounding acute medical emergencies, says that the number of such admissions has increased every year for the past 20 years.

The number of non-elective finished consultant episodes has increased from 3.5 million in 1992-3 to 4.6 million in 1998-9, with more than 40% of acute medical admissions being of people aged over 65.

“At the same time there has been a decrease in the number of hospital beds, an increase in medical specialisation, a reduc-

tion in the number of physicians willing to undertake emergency medical work, a decrease in experienced junior staff, and a greater demand for accountability,” says the report.

Problems identified include an imbalance between admissions and available beds, a lack of sufficient emergency outpatient clinics, poor access to investigations, a lack of adequate social services resulting in bed blocking, and non-availability of ambulance services for out of hours discharges.

Other problems identified include an increased reluctance to discharge rapidly because of inexperienced junior staff, and a lack of adequate discharge arrangements.

Among the report's recommendations for improvements are an increase in consultant numbers, with more physicians trained in both a specialty and general internal medicine. □

Acute Medicine: The Physician's Role—Proposals for the Future is available from the Royal College of Physicians Publications Unit (tel 020 7935 1174 ext 358), price £12.

Full story in News Extra at bmj.com

GPs want self regulation to continue

Linda Beecham *BMJ*

Representatives of the UK's 35 000 GPs have overwhelmingly voted for the continuation of self regulation of the medical profession but called on the current General Medical Council to improve its performance.

At last week's conference of representatives of local medical committees in Manchester, Dr Andrew Stewart, a GP in Cornwall and a member of the GMC, said, “We live in difficult times, with the government keen to control every aspect of our lives.”

He did not dispute that the profession needed regulating, but there was no case, he said, for scrapping self regulation and replacing it with state regulation. If that happened the public would not trust doctors, and he questioned whether the profession would trust itself.

“Do not let self regulation be washed away in a hysteria of political correctness,” he added.

A member of the GMC, Dr

Brian Keighley, said that the BMA was sending out the wrong messages with the votes of no confidence in the GMC passed by other craft conferences (10 June, p 1557; 17 June, p 1626). □

Full story in News Extra at bmj.com

Correction

In our picture story describing the new charity being set up to educate the public about facial surgery (17 June, p 1623), we wrongly gave its name as Changing Faces. The correct title of the charity is Saving Faces. We apologise for this mistake.

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