field work it is a simple matter to look at their histories in the manner described above.

Patterns of care can be of value when considering prognosis for groups of patients or individual cases. The amount of service use generated over a long period by these groups is of use in planning the services. We believe that we have a useful contribution to make in both these fields with the development of the techniques we have described.

ACKNOWLEDGEMENTS

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Parliamentary News

(April 1983–July 1983: Part II)

Law of Incest (Scotland)

In reply to a question, the Scottish Secretary said (14 April 1983) that the Government had received the report of the Scottish Law Commission on Incest and some comments about it, but they had no immediate plans for legislation on the subject. They thought it might more appropriately be considered in the context of a Private Member's Bill.

Police and Criminal Evidence Bill

The Police and Criminal Evidence Bill, which was passing through the last Parliament, was eventually abandoned and is likely to be reintroduced. However, it is of note that in response to pressure from many organizations including the Royal College of Psychiatrists, the then Home Secretary, Mr Whitelaw, agreed to bring forward Amendments to provide that confidential personal records relating to the work of medical and other caring professions and their voluntary counterparts and other voluntary counselling agencies should be altogether exempt from the provisions of Clause 10 which was designed to allow the police, when investigating serious crime, to obtain access to evidence of such crime for use in criminal proceedings.

Solvent Abuse (Scotland) Act 1983

This Act, which started its life as a Ten-Minute Bill, received the Royal Assent on 13 May 1983. Only about fifteen such Bills have been successful since 1945. The Act is the first statutory recognition of solvent abuse as a major problem, but it applies only to Scotland. It makes solvent abuse a ground for referral to a children's panel to which, in Scotland, young people under the age of 16 may be referred for, among other things, care and protection, guidance and treatment. The panels operate under the Social Work (Scotland) Act 1968, and problems can be discussed in informal surroundings with parents in attendance. The Act does not refer to adults.

Psychogeriatric facilities

Wales

On 25 April 1983 Mr Wyn Roberts indicated in a written reply that almost all health authorities make in-patient provision for psychogeriatric patients, but only Gwent and Mid-Glamorgan authorities designate beds for this purpose. In September 1982 the average number of available beds was 262 and 26 respectively within these authorities.

England

On 21 April 1983, in a written reply, Mr Finsberg said that national statistics do not provide this information.

Scotland

On 21 April 1983, Mr John MacKay for the Scottish Office said that some facilities for the care of psychogeriatric patients are designated, but the majority of elderly patients are treated in mental illness beds and figures are not collected to identify the specific number of beds used for psychogeriatric purposes. The majority of patients resident in mental hospitals or psychiatric units in Scotland are over 65 years old.

Resource assumptions for the NHS

On 30 June 1983 Mr Fowler indicated the longer term revenue and capital assumptions as a basis for NHS planning. He said they were intended as a guide for the next ten years and by replacing the unrealistic ones issued in 1978 would enable health authorities to plan ahead with more confidence. The future levels of resources for health services will depend on the success of the national economy and other demands, but he had told health authorities to assume for planning purposes that resources for hospital and community health services could grow at the rate of around 0.5 per cent a year. He said that this was not a commitment and

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health authorities must ensure that their plans were flexible enough to cope with more or less resources. In addition, the long term planning assumptions for each region were designed to remove steadily the inequalities in the resources allocated to regions which had persisted since the Health Service was instituted 35 years ago. He expected all parts of the Health Service to make more resources available for direct patient care by continuing to make better use of existing resources. These efficiency savings would be retained by regions in addition to resources provided by the tax-payer. Tables describing the details of the resource assumptions by region are published in *Hansard.*

MENCAP

Mr Patten said, in reply to a question, that MENCAP had been given a grant of £600,000 by the Government which is to be spread over three years.

Data Protection Bill

This Bill had its First Reading in the House of Lords on 23 June 1983. It was reintroduced and received its Second Reading in the House of Lords on 5 July 1983. In introducing it Lord Elton (Home Office) said that the Bill was drafted to fulfil two purposes. The first was to protect private individuals from the threat of the use of erroneous information about them, or, indeed, the misuse of correct information about them, held on computers. The second was to provide that protection in a form that would enable the Council of Europe Convention on Data Protection to be satisfied so as to enable the data processing industry to participate freely in the European market. Lord Elwyn-Jones, a previous Lord Chancellor, made particular reference to Clause 28 which deals with exemptions from the main principle that access about information held on a computer may be given. The section provides that 'personal data held for any of the following purposes: (a) the prevention or detection of crime; (b) the apprehension or prosecution of offenders; (c) the assessment or collection of any tax or duty; or (d) the control of immigration, are exempt from the subject access provisions.' Subsection (2) sets out the circumstances in which data on an individual may be passed on without the individual's knowledge or consent. The BMA had expressed itself strongly against the clause stressing that 'the key principle of data protection is that information should be regarded as held for a specific purpose and not be used, without appropriate authorization, for other purposes'. This was the first of ten recommendations by the Younger Committee on privacy, and was subsequently affirmed by Lindop. The BMA had said that doctors would be unable to safeguard the confidentiality of medical records if transfers of information could be made in secret to computer systems when those individuals cannot check the existence of records. They pointed out that medical information is particularly sensitive and that patients tell doctors things in the greatest confidence. If patients believe that confidential information can be passed on without their knowledge or consent, or if doctors think that people with access to their records could pass on their contents without their knowledge, then both patients and doctors would limit the information which is given and recorded, whereas medical confidentiality is a vital aspect of health care. The BMA have pointed out that if the proposed exemptions became law then, for example, a hospital employee with access to a patient's notes could transfer that information to the police without the patient's or the doctor's knowledge or consent, and that information could then be held by the police indefinitely. The BMA had suggested safeguards. Other Peers, including Lord Richardson, made similar points. The Bill was referred to the Committee Stage.

Mental health legislation

On 18 July 1983 Mr Beith asked what representations the Secretary of State for Social Services had received from the Association of County Councils about resource problems met in operating the Mental Health (Amendment) Act 1982. In reply Mr John Patten said that the Association wrote to the DHSS on 8 July about resource problems councils envisaged in connection with the introduction of approved social workers and a meeting was being arranged.

Shoplifting

Mr. Wardell, on 18 July 1983, asked the Secretary of State, DHSS, if he was aware of any studies that had been undertaken on the possible relationship between people convicted of shoplifting and the consumption of drugs of the benzodiazepine group. In reply, however, the Minister did not know of any such studies being undertaken in the United Kingdom.

Psychiatry in Birmingham

On 22 July 1983 Mrs Renée Short asked a number of questions regarding proposals to ensure an improvement in training facilities in psychiatry in Birmingham and the progress towards a new psychiatric unit. In reply the Minister said that responsibility for the provision of training facilities in psychiatry in Birmingham rested with the local health authorities concerned. A scheme to build new psychiatric facilities on the Queen Elizabeth Hospital site in Birmingham was at the moment included in the West Midlands RHA's operational capital programme with a proposed start date of 1986–87, but that capital programme was under review.

Mental health care (standards)

Mrs Dunwoody asked the Secretary of State, DHSS, whether he would initiate a public inquiry into the standards of care in mental illness and mental handicap hospitals in the NHS. Mr Kenneth Clarke rejected this suggestion and said that health authorities were responsible for the maintenance

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and monitoring of standards of care in all their hospitals, including mental illness and mental handicap hospitals. If they chose to do so they could be assisted by the Development Team for the Mentally Handicapped and by the Health Advisory Service whose reports the Government recently decided to publish in the future, save in exceptional cases.

Development Team for the Mentally Handicapped

On 25 July there were a number of questions about the work of the Development Team for the Mentally Handicapped. The Minister of Health said that decisions about publication of Development Team reports are not taken by Ministers. The Team's reports are the property of the health and local authorities who seek its advice, and decisions about the availability of reports are entirely for them. No decisions had yet been taken about the leadership of the Team when Dr Gerald Simon retires as its Director. The Minister refused to act upon a suggestion that an inquiry should be instituted on the conditions for mentally handicapped people in each of the institutions that had been criticized in reports. The Minister said that up to June 1981 eighty-two reports to authorities had been made by the Team.

Consultants

On 26 July a number of questions were asked about consultant manpower. The Minister for Health confirmed that the Secretary of State had made it clear on 7 July that it will be necessary for health authorities to work to lower manpower targets for 1984, but the Government remained committed to the policy objective of improving the medical staffing structure, and therefore the quality of medical care, by increasing the ratio of consultants to junior staff. In the four years from 1978 to 1982 the number of consultants had increased by 992, which is an increase of 8.1 per cent. Mr Jack Ashley asked the Minister to comment on the distribution of consultants, noting that in the West Midlands there was less than one consultant per million people whereas the Thames Region had seven consultants per million people. The Minister said that the unfair distribution of resources went back to the beginning of the NHS, but he agreed that the situation was unsatisfactory and the Government continued to redistribute resources, and therefore consultant staff, in their allocation of monies. As a result they continued to give the West Midlands Region growth money and had told it to continue planning in the expectation of increased resources in the next ten years. He denied a recent report that as a result of cuts in resource allocations it would be necessary to dismiss 20,000 NHS staff, including doctors and nurses. It was believed that a more efficient use of manpower could be achieved without any adverse effect on patient services.

Voluntary Organizations

The DHSS gave details of grants to voluntary bodies in 1982–83 when the Department gave grants totalling over £15 million to ten different schemes.

Summer Recess

Parliament adjourned for the Summer Recess on 29 July 1983.

ROBERT BLUGLASS

Psychiatry at the Careers Fair

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Earlier this year the Department of Psychiatry was invited to participate in a Careers Fair at the Medical School, organized by the Postgraduate Dean's Department rather than the BMA. This fair was aimed at medical students and junior doctors, and consisted of poster displays and stands by many different medical specialties. The students attended in huge numbers and in discussions afterwards their representatives commented that it was particularly helpful to realize that careers were available in specialties such as dermatology, venereology and some branches of chemical pathology.

The problem for major specialties such as medicine, surgery, general practice and psychiatry is rather different from the smaller branches of the subject. Perhaps because the students have direct knowledge of them, they already have some idea about what the specialty offers, and there are generally no recruitment problems. Where psychiatry is concerned we already have more applicants than places on our training scheme, so we saw the problem in three main aspects. First, we wanted to improve the calibre of the potential recruits to the subject by showing the subject in such a way that the most able medical students would give us serious consideration. Second, we wished to improve recruitment to 'shortage specialties' within psychiatry, notably mental handicap and psychiatry of old age. Finally, we wanted to make available information about the actual process of training to be a psychiatrist, both from a factual and from an experiential standpoint. Our stand had four components: senior psychiatrists and psychiatrists in training available to talk to individual students; a free

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