

## Correspondence

### *The Health Advisory Service*

DEAR SIRs

I think there are even more serious questions to ask about the Health Advisory Service than those raised by Professor Goldberg (*Bulletin*, February 1986, 1, 36). I will leave readers to formulate most of those questions themselves once they know the following.

A report in the mid-1970s showed that the nursing staff/population ratio of this hospital's catchment area was 78 per 100,000. Since that time there has been a small increase in absolute numbers of staff and also a calculated decrease in the catchment area population, which seems inconsistent with the evidence of one's own eyes, a considerable house building programme including several large new estates. Nevertheless, if one takes calculated figures the ratio is probably 80–85 per 100,000.

In its comment on nurse staffing the 1985 HAS Report for the hospital says: . . . 'The full community-based psychiatric services envisaged by this staffing target [Better Services for the Mentally Ill 100: 100,000] has not been achieved in any substantial measure for the population served by Highcroft Hospital. Few Health Districts in the *country* (my italics) have been able to fund or recruit sufficient numbers of registered mental nurses to meet the requirements. . . . There is nothing exceptional about overall nurse staffing at the hospital. . . .'

In the Government's Response to the Second Report from the Social Services Committee, 1984–85 Session on Community Care there is a passage . . . 'The White Paper goal of 100 nursing staff per 100,000 has now been exceeded (again, my italics) in most parts of the country.'

Readers will note a gap between the two parts of the quotes from the HAS Report. It is worth filling it, because it raises one question I will ask. The missing passage is: ' . . . It is unfortunate and misleading that 'shortage of nursing staff' is the focus of dispute, criticism and adverse publicity about Highcroft Hospital. It has become a handy excuse for those with limited vision of where mental illness services should be going and a pronounced interest in maintaining the status quo. . . .'

The same Government document on Community Care (Cmnd 9674) says in para. 45 'The need to avoid developing services for those of milder disorders at the expense of those with more serious disorders is recognised.' The question therefore is whether the authors of that Government Response suffer from the limited vision found in the hospital staff by the HAS or whether the HAS is preaching yesterday's dogma.

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DEAR SIRs

We write from a peripheral mental hospital to support Professor Goldberg's views on the Health Advisory Service. We have received exactly the same advice concerning sectorisation and specialism as we knew we would before the visit because this has for a long time been the party line, regardless of the views or experience of others.

Consultants in this hospital do have their areas of special interest and their different ways of doing things. However, we try in the face of HAS advice to uphold the principle of freedom of choice for patients and general practitioners and for continuity of care. Their advice can be seized upon by others with less immediate responsibilities for patient care and it is timely that this problem should be aired now as new General Managers may consider advice from outside to carry more authority, however stereotyped it is and whatever the local conditions are. In a speciality such as psychiatry when there are so few proven rights and wrongs in how a service should be provided, it is surely better to allow different patterns to evolve to suit local circumstances as long as they are not manifestly inefficient or uncaring.

We think that the Health Advisory Service should explain why freedom of choice of Consultant and continuity of care for individual patients is unacceptable, since their advice runs so consistently counter to these aims.

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DEAR SIRs

With reference to Professor Goldberg's letter, I should like to confirm that similar experiences with HAS visits have been shared by other colleagues, at least in the South West Thames Region. Three broad aspects of HAS reporting were mentioned. The use of over-inclusive, categorical statements which are difficult to substantiate or to refute is one; favourites are 'lack of multidisciplinary work' and 'lack of Consultant leadership'. There is also the insistence on the strict application of certain organisational devices, regardless of local experience and needs, and without evidence of their usefulness; the example of sectorisation, given by Professor Goldberg, is a case in point. Furthermore, opinions and assumptions which run contrary to established clinical knowledge are sometimes expressed; in one district, for example, a well developed rehabilitation