# **Parliamentary** News

## (January 1984-March 1984: Part II)

## Mentally handicapped people

On 17 February, in reply to a question, the Minister of Health referred to the recent DHSS report, Helping Mentally Handicapped People with Special Problems. This report was prepared by a multidisciplinary team of officials, assisted by Professor Peter Mittler of Manchester University. The team studied the needs of mentally handicapped people with additional handicaps or problems and different ways of providing, from available resources, an effective service for them and their families. It was hoped that the report would be of practical assistance to those who are planning and providing services for such people.

#### Short report

On 16 February Mrs Short asked the Minister of Health what progress had been achieved following the report of the committee which she chaired. The Minister said that the health authorities were asked in Health Circular HC(82)4 to draw up plans to correct the imbalance between the number of consultants and training grade posts, so far as resources permit. The number of medical consultant posts has continued to rise steadily, the increase in the year to 30 September 1983 being 2.5 per cent for England and Wales. The rate of increase in the number of junior doctors has fallen from the high levels seen in the 1970s to just under 2 per cent for 1982–83. This meant, he said, that for the second year running, the ratio of consultants to junior doctors has improved, if only marginally.

#### Misuse of drugs

Wales

On 9 February Mr Wyn Roberts of the Welsh Office gave details of action being taken in Wales in the light of the report on treatment and rehabilitation made by the Advisory Council on the Misuse of Drugs. It was accepted that the prime responsibility for the provision and development of the services for drug misusers should remain at local level. District health authorities were being asked to collate data to give a more reliable picture of the precise extent and characteristics of the problem of drug misuse in Wales. In the light of the responses and taking into account other competing demands the Welsh Office would consider whether schemes for improving services to people with drug problems might be given some assistance in Wales. It would also be decided whether there is a need to establish a formal drug problem team and whether there is a case for any regional services for drug misusers. More detail regarding the approach of the Welsh Office was given in the reply.

#### Report of the Advisory Council

The Secretary of State (DHSS) also gave details of the

response of his Department to the Advisory Council's Report. He said that there had been very enthusiastic replies to the invitation for applications for grants from a fund of £6 million earmarked over three years for initiatives by statutory and voluntary bodies in England to assist drug misusers. Grants totalling £3.7 million have now been allocated to fifty-one wide-ranging projects. Health authorities are being asked to report to the Department their intentions in response to the Advisory Council Report. In a circular the Department will be asking RHAs to review the incidence of drug misuse in their areas in consultation with distinct authorities, local authorities and voluntary bodies and to report within six months on the scale of the problem and their plans for tackling it, including co-ordinated, inservice training arrangements. A working group of medical practitioners had been appointed to prepare guidelines on good clinical practice in the treatment of drug misuse and to consider the Report's recommendations for the extension of licensing restrictions to include all the opioid drugs.

#### Generic medical prescribing

On 15 February Lord Hunter of Newington asked the Government what progress had been made in their new campaign to encourage generic prescribing by doctors. He referred to a recent report by the RCGP entitled Prescribing—A Suitable Case for Treatment which strongly advocated the use of generic terminology. The Government in reply said that ways were currently being considered to persuade the medical profession of the value and economies to be made from generic prescribing.

#### **Drug addiction**

On 8 February Lord Pitt of Hampstead, a general practitioner, initiated a debate on drug addiction. He reviewed the present addiction problem but considered that the recommendations of the recent report of the Advisory Council on the Misuse of Drugs would not provide a sufficient solution. He felt that general practitioners should be the persons responsible for providing treatment and should be given appropriate training and remuneration where they were willing to undertake the work. This approach should be complemented by more available beds in hospital which should be organized on a regional level. He stressed the need for education and, together with other Peers who spoke after him, commented that the £6 million over three years recently provided by the Government is wholly inadequate. Lord Hunter of Newington, previously Professor of Pharmacology and Therapeutics in the University of St Andrews, said that drug addiction is increasing by about 30 per cent annually and commented on the limited ability of Customs and Excise officers to control the illegal entry of drugs. He said that the ability to treat patients is not keeping pace with the size of the problem and referred to the limited number of treatment centres and for the need to have one consultant in each district health authority with a responsibility for providing services.

Baroness Trumpington in reply for the Government said that between 1980 and 1982 the quantities of heroin seized by the police and Customs increased five-fold and the quantities of cocaine increased by a similar amount in 1983 alone. The number of addicts seeking treatment from doctors for their addiction is increasing at a rate of between 25 and 40 per cent a year. Over 4,000 such addictions were notified to the Home Office in 1982 as compared with around 1,600 in 1972. She said that the Government was stepping up efforts to stem the flow of drugs from overseas by increasing the amount of aid made available to the United Nations for drug abuse control in producer countries. The numbers of Customs officers specializing in drug investigations had, since 1979, been increased substantially. The Government was also strengthening the control of drugs produced and prescribed in this country and are actively considering further changes. Controls on barbiturates under the Misuse of Drugs Act 1971 are to be introduced later this year. From 1 April dipipanone will be added to heroin and cocaine as drugs for which doctors require a special licence. The Home Secretary has also announced that he intends to make full use of his powers under the Misuse of Drugs Act to take action against doctors who are prescribing controlled drugs in an irresponsible manner.

At Question Time on 28 February Mr Patten replied to questions on drug addicts from Mr Kilroy-Silk. The Minister said that he would shortly be asking RHAs to report within six months on plans for tackling drug misuse. A working group of medical practitioners had been appointed to prepare guidelines on good clinical practice and the Department would be asking professional bodies what action they are taking on training. The Minister agreed that the problem of drug addiction was worsening and a report from the Advisory Council on the Misuse of Drugs on prevention was expected shortly. There was no clear evidence on a link between solvent abuse and drug misuse.

## **Griffiths Report**

On 28 February the Secretary of State said that he had established the Health Services Supervisory Board and started the process of setting up the NHS management board. He has consulted health authorities and professional bodies on the recommendations for implementation at regional and district level and was considering their comments. He was considering the appointment of a chief nursing officer and would make an announcement shortly. He did not regard the Griffiths proposals as a reorganization but as a matter of improving Health Service management. It was intended to take into account the report of the Select Committee on Social Services (Chairman: Mrs Short),

provided it appeared soon before implementing the Griffiths recommendations further.

#### Video Recordings Bill

This Bill had its Report Stage in the House of Commons on 16 March. An Amendment was agreed to which would exempt a video work if it is designed for use in training or carrying on any medical related occupation or for carrying on the occupation of a clinical psychologist. The Bill seeks to control the production and availability of video recordings, particularly those which exhibit extreme violence or deviancy.

#### Electroconvulsive therapy

In reply to a question the Minister said (13 March) that between 1 January 1974 and 30 September 1983 there was one death (in 1977) registered in England and Wales, assigned to ECT. The extent to which ECT indirectly relates to subsequent death is not known.

### Health care (contractual arrangements)

The Minister of Health in a written answer gave details of the number of deaths and discharges among, and the number of beds occupied on 31 December by, patients receiving treatment under contractual arrangements with institutions outside the NHS. This was broken down into various categories. In 1982 (England) there were 474 mental illness patients who died or were discharged from private institutions and 136 patients occupied beds on 31 December. Two hundred and seventy-five mental handicap patients died or were discharged and 652 occupied beds in institutions outside the NHS. Further details with respect to each regional health authority were given in relation to these patients. Details are to be found in *Hansard*.

## **Grendon Prison**

In a written answer (29 March) the Home Secretary announced that the first non-medical Governor, Mr M. F. G. Selby, had been appointed to Grendon Prison. He added that the Government is determined that the therapeutic facility at Grendon, a very valuable resource, should be enhanced and strengthened. He had set up a committee to be chaired by the Director of the Prison Medical Service, Dr Kilgour, to review and monitor the therapeutic regime at Grendon. The committee, which will report to the Director General of the Prison Service, will include the Governor and Senior Medical Officer and at least one forensic psychiatrist from outside the Prison Service.

#### Prisoners (medical services)

In reply to questions on 6 March, Mr Hurd of the Home Office confirmed that certain prison establishments have arrangements by which medical reports may be provided for the courts for defendants remanded on bail. He said that the Home Secretary is generally satisfied with the medical

arrangements in prisons but there are areas in which the Home Office is anxious to make improvements. In particular the Home Office acknowledged that the Prison Medical Service is under strength. Efforts were being made to attract a greater number of suitably experienced and qualified doctors to the service and this was meeting with some success. The supply of consultant psychiatric services (including forensic services) is in general satisfactory. The system of joint appointments raised a number of difficulties and there were no plans for further appointments of this kind.

#### **Peter Sutcliffe**

On 27 March the Home Secretary announced that he had received recent reports which satisfied him that Mr Sutcliffe's mental condition had seriously deteriorated and that he was now suffering from a grave form of mental illness. He could now represent a serious danger to prison staff and others. Reports indicated that he required treatment which could only suitably be given in a hospital. He had therefore directed the patient's removal to Broadmoor Hospital under Section 47 of the Mental Health Act 1983 and he was removed on that day. He was satisfied that the most stringent security precautions would be taken at Broadmoor where there is considerable experience of treating dangerous patients in secure conditions. If Sutcliffe's mental health improved he might be sent back to prison to continue his sentence.

### **Mental illness**

The Minister replied to a further question from Dr David

Owen about psychiatric morbidity. In reply he said that the RCGP report, Prevention of Psychiatric Disorders in General Practice (1981), stated that 'psychological problems are prominent in about a quarter of adult general practice attenders and significant psychosocial factors are present in about half of the consultations concerning children.' He said that the figures available centrally on specialist services for in-patient, out-patient and day patient care represent the total number of admissions or attendances rather than the number of people. Many people have more than one admission or attendance in a year and are therefore represented more than once in the figures. There were 184,000 admissions to mental illness hospitals and units in England during 1982 for in-patient care, of which 50,000 were first admissions, and there were 71,000 resident patients in these establishments at the end of 1982.

#### Overseas doctors

On 16 January Dr Owen asked a series of questions about the proportion of doctors in regions and specialties who were born outside Great Britain and Ireland. In reply the Minister said that the RHA with the largest proportion of doctors (excluding hospital practitioners, paragraph 94 appointments and locums) born outside the UK and the Republic of Ireland on 30 September 1982 was the North Western Regional Health Authority with 35.1 per cent. The next largest proportions were for Northern RHA and NW Thames RHA, each with 32.3 per cent. On the 30 September 1981, 79 per cent of senior registrars in mental handicap were foreign born.

ROBERT BLUGLASS

# News Items

## Professor G. C. Timbury

In the Birthday Honours List, Professor G. C. Timbury, recently Registrar of the College and formerly Physician Super-intendent at Gartnavel Royal Hospital, was awarded the OBE.

## The Merck, Sharp and Dohme Prize

The winner of the 1984 Merck, Sharp and Dohme Prize in Psychiatry (East Anglia) was Dr Tom Dening with an entry on 'Wilson's Disease—Psychiatric Aspects'; 2nd Prize was awarded to Dr Fenella Tallack for her entry on 'Current Approaches to Treatment in Anorexia Nervosa and Bulimia Nervosa'. (Both trainees are at Fulbourn Hospital, Cambridge.)

The Academic Department of Psychiatry announces that the competition has now been opened for the 1985 MSD Prize—£100. Psychiatric trainees working in the East Anglian Region

are eligible. Further information: Mrs M. A. Coburn, PGME Secretary, Fulbourn Hospital, Cambridge CB1 5EF (telephone 248074 extension 261).

## Research on Child Care Issues for the DHSS

The DHSS funds good quality research proposals in fields relevant to policy and the Department's Research Liaison Group (Child Care), covering care services for children, has updated its research strategy in a recent report. Information: Miss P. Barrett, Secretary, Children's RLG (Child Care), DHSS, Alexander Fleming House, London SE1 6BY.

## College Secretary

The new Secretary of the Royal College of Psychiatrists is Mrs Vanessa Cameron.