

the Finance Officer, is pored over by the Honorary Officers, and is subjected to detailed examination by the Executive and Finance Committee, before being debated at the Council and ultimately put to the Annual Meeting. Any thoughts which I might harbour of doubling the subscription rate would

undoubtedly be picked up and thrown out long before I had managed to put such novel ideas into practice.

Dr W. D. BOYD
Honorary Treasurer

Who pays for continuing care of the chronically ill?

The Public Policy Committee wishes to draw the attention of members of the College to an important recent judgement by the Parliamentary Commissioner for Health (Ombudsman). He ruled, in the case of a woman chronically disabled by a head injury and judged by her consultant as likely to "need sustained nursing care for the rest of her life", that the local Health Authority had a duty to continue to provide care at no cost to the woman or her family. He took into account the Health Authority's responsibility, as recently amplified by the NHS Management Executive, that "if in a doctor's judgement a patient needs NHS care then there is a duty on the health service to provide it without charge within the resources available". The issue was well highlighted by the BMJ's Parliamentary correspondent,

John Warden (BMJ, 2 November, 1991, Letter from Westminster, 303, 1092). A recent speech by the Minister for Health, Stephen Dorrell (3 December, 1991 - Written Answers, p. 114) has confirmed the position and the recent report of the Select Committee on the Fourth Report of the Social Security Committee on 'The Financing of Private Residential and Nursing Home Fees' (HMSO, £8.90) provides extremely relevant background. The Ombudsman's decision is likely to have a profound influence on the future funding of care for the elderly and chronically ill.

Dr R. G. JONES
Secretary
Public Policy Committee

Psychiatric Bulletin (1992), 16, 189-190

Report of a seminar on psychiatric provision for people with long-term mental illness*

DOUGLAS G. FOWLIE, Chairman, Social Community and Rehabilitation Section

This meeting was part of the IHSM series Medicine for Managers. Forty-four members of the IHSM participated. Also present were psychiatric trainees and members of the medical press. The theme for the day was to explore the uncertainty about how to meet the needs of people disabled by long-term mental illness.

Professor Steven R. Hirsch introduced the topic, clarifying the difficulties of data collection on local epidemiology and emphasising the continuing uncertainty about rates of seriously disabling mental

illness. Despite difficulties in quantifying the problems, he concluded that long-term mental illness continues to generate sufficient difficulties for a percentage of patients to require long-term care.

Dr Peter Liddle used case examples to emphasise that some patients with protracted mental illness persistently behave in a seriously disruptive manner with consequences that cannot easily be absorbed in a community setting. He spoke about the multi-factorial origins for such behaviour with a definite interaction between illness and adverse social circumstances. He outlined methods of assessing the scale of these problems and opened the debate about meeting those needs, when large mental hospital sites were closing. He emphasised the need for:

*Arranged for the Institute of Health Services Management by the Social Community and Rehabilitation and General Psychiatry Sections of the Royal College of Psychiatrists at Keele University on 9 October 1991.