

I saw him recently in DSM-IV but younger psychologist colleagues who were entrusted with his care seem to have forgotten about him and have little desire to ensure his whereabouts or condition. I am informed that most cannot recognise him, having been led astray by more alluring upstarts.

If he is found but is too ill to recover it might be that those of us who valued him greatly could ensure a worthy memorial.

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Depot clinics

Sir: Singh *et al's* (*Psychiatric Bulletin*, December 1995, 19, 728-730) conclusive findings showed that consumers preferred to receive their depot medication at the traditional psychiatric depot clinic setting. I studied an inner city sector (population 100 000) in Nottingham where there is a well developed community mental health service. We looked at the prescribing pattern to the population receiving depot medication.

We had 106 patients receiving their depot medication at this clinic. The diagnosis of our patient group was very similar: diagnostic breakdown (90%); schizophrenia (6%); bipolar disorder and schizoaffective disorder (4%). We also issued a questionnaire to the sector's 58 general practitioners (GPs) to see whether they were prescribing and administering a depot to any patient not attending the clinic: 75% replied and none was prescribing or administering a depot at a GP surgery.

It is essential that the future of the depot clinic survives within the mental health setting, be it hospital or community psychiatric base. These patients have a serious mental illness diagnosis. To ensure care and contact with this vulnerable group who usually relapse without medication the depot clinic remains a valuable resource.

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Audit and psychiatry of learning disability

Sir: Successful audit depends on active participation by a peer group working in the same speciality. As psychiatrists specialising in learning disability, we find that some clinical topics can be audited locally with the multidisciplinary team of the learning disability service, or with other psychiatric specialities, but there are some

topics that can be usefully audited only with specialist peers.

Psychiatry of learning disability is a small speciality with very low staffing levels in the former North Western region. There are only nine whole-time equivalent consultants, whereas the minimum number recommended by the College is 21 (for a population of around 4.2 million). Very few Trusts employ more than one consultant in the speciality. With the progress towards closure of the mental handicap hospitals and development of local services, doctors in the speciality have little daily contact with each other, and it is difficult to establish a peer group.

An organisational framework is required for audit, including a person to coordinate audit and administrative support, access to case notes, and information technology. It is not feasible to have an audit coordinator dedicated to the speciality in each district. If other psychiatric specialities have an audit coordinator, that person could provide some time, but it is difficult to secure a fair share of time, and the person is unlikely to be familiar with the speciality. Another option is for one service to take responsibility for coordinating audit in the speciality for several services.

There are also significant problems of gaining access to case notes. We have considered three options: case notes could be moved temporarily to a central place for audit, they could be scrutinised at their base by a person employed by the service which produced them, or they could be scrutinised by a person employed by another service.

The first of these is undesirable because of the risk of losing records, or needing them for clinical purposes during the period of the audit. The second is undesirable because of the need to validate the data. The third might be regarded by some Trusts as intrusion into their business by competitors.

There is a need to devise improved systems for enabling audit in psychiatry of learning disability in areas where consultants are single-handed in a service. We would welcome the views and suggestions of colleagues who have similar difficulties.

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Imbalance in the purchasing of drug services

Sir: Another tranche of grants was recently issued by the National Lottery Charity Commissions and Merseyside received £1.5 million to help good causes in the area. One voluntary drug