

Furthermore, other than involving the Court of Protection, there are no statutory mechanisms allowing the Responsible Medical Officer to have access to a patient's money to meet his/her needs, although it appears to be a common local practice for small sums to be spent by the nursing staff on behalf of severely disabled patients. The climate of decision making may change substantially when Section 1 of The Disabled Persons Act 1986 is implemented enabling patients' advocates to be appointed. It is recommended that:

- (7) A key worker be nominated from the multidisciplinary team to advise on the finances and needs of each individual patient, liaise with involved parties, and act, as necessary, on his/her behalf.

It is understood that the Department of Social Security is reconsidering the issue of long-stay patients unable to manage their financial affairs, and it is anticipated that the recommendations made in this document be considered for inclusion in the Department's revision of DHSS Memorandum HM(71)90.

Approved by Council, March 1990

References

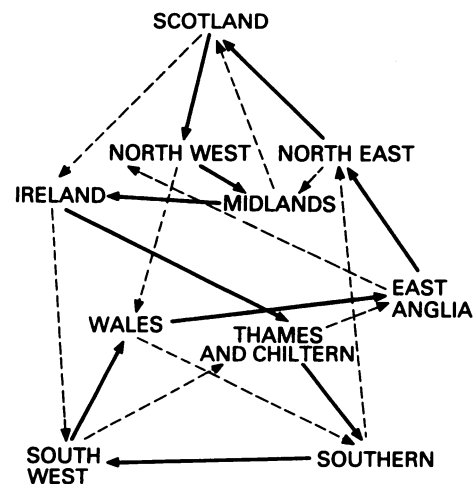
- (1) The Second Biennial Report, Mental Health Act Commission 1985-87.
- (2) The Third Biennial Report, Mental Health Act Commission 1987-89.
- (3) House of Commons (1985) Community Care with Special Reference to Adult Mentally Ill and Mentally Handicapped People. Second report from the Social Services' Committee Session 1984-85 (Chairman - Mrs Renee Short). London: HMSO.
- (4) Not a Penny to Call My Own: poverty amongst residents in mental illness and mental handicap hospitals. Bradshaw & Davis, Kings Fund Publishing Office, 2 St Andrew's Place, London NW1 4LB.
- (5) Hospital Memorandum on Patients' Monies. HM(71)90, Department of Health & Social Security, Alexander Fleming House, London SE1 6BY.
- (6) Report to Council from Public Policy Committee on DHSS Consultative Document: Patients' Money. Accumulation of Balances in Long-stay Hospitals. PPC 29/81.
- (7) Mind Policy Paper No. 1: Money in Hospitals: the incomes of people living in long-stay hospitals. MIND, National Association for Mental Health, 22 Harley Street, London W1N 2ED, 1983.

Approvals Exercise

Fellows and Members will know that the Approvals Exercise depends on teams comprising the convenor, a consultant and a senior trainee from one Division of the College, making visits to training schemes in another Division.

It was decided soon after the institution of the Approvals Exercise that for a number of reasons there should be a change of Divisional visiting every few years. It is now more than a decade since the last change and so it has been agreed by the Central Approval Panel and ratified by the Court of Electors, that there should be a change of Divisional visiting as from 1 January 1991. The diagram right shows the existing scheme of visits and also the proposed change. We hope that implementing this change will not cause any difficulties for the recipients of College Approval Visits which have in general, been so successful in raising training standards in hospitals and schemes in the United Kingdom and Ireland.

Professor A. C. P. SIMS
Dean, July 1987-July 1990



Interrupted lines - existing arrangements
Heavy lines - proposed system