

developing standardised multi-dimensional outcome measures remains a long-term goal.

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Reference

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NHS reforms

DEAR SIRS

I enjoyed the article by Harrison (*Psychiatric Bulletin*, January 1993, **17**, 29–31) and share some of her concerns. To determine whether the new reforms are leading to improvements over the 'old NHS', it is necessary to specify their objectives of improving efficiency and equity, and more scope for consumer choice (Culyer *et al*, 1990). The consumer-patient plays a slight role in the reformed NHS and it is the purchaser guardians of the patients' interest (GPs and DGMs) and providers who shall be held accountable.

One principle of the reforms is to create a situation in which need is better assessed at the community level with the delivery of care responding to this expressed need more efficiently. The author failed to underscore the problems with needs assessment. Was she referring to the total needs of psychiatric patients when discussing the issue of significant unmet need? I hope not! Resources are scarce and I expect public health departments to use their influence with purchasers to concentrate on the costs and benefits of marginal changes in what we are already doing. It is important that the morality of recognising that need is not absolute and cannot be met in full is accepted (Mooney, 1986). By highlighting the choices to be made, and the opportunity costs involved, Goldberg & Gater (1991) are at the cutting edge of this form of decision making.

I agree that psychiatric services face many challenges but I would caution against alarmist over-reaction. It may be appropriate that our profession concentrate on the more severely ill! Audit of the effectiveness of our inputs and linking these to output and costs can be enlightening. In the short-term competition between provider units may introduce discrepancies in negotiating terms and conditions of service. However, because the NHS is highly labour intensive it is particularly sensitive to wage cost inflation (Culyer *et al*, 1990). Any sensible manager will recognise the need to manage capital resources effectively with the appropriate skilled labour.

Once contracting as a process is fully understood, it is probable that contracts will become longterm relationships permitting the purchaser to acquire economies of scale and influence service quality (Culyer *et al*, 1990). Self interest may lose out and be replaced by mutual inter-dependence and a sense of duty. My fear is the use to which data on costs will be used. Decisions based on quantifiable financial criteria may lead to neglect of quality of care which is much more difficult to measure.

Any good options appraisal will consider the 'what if we do nothing' scenario and must remind the author that standing on the sidelines will remain an option for some. However I intend to comply with her prescription and wonder if she had any depot preparations due out before April for my more recalcitrant colleagues!

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MOONEY, G. H. (1986) *Economics, Medicine and Health Care* (1st edn). Bodmin: The Harvester Press Group.

Reply

DEAR SIRS

Since I wrote this article with the hope of stimulating debate about the impact of the NHS reforms on psychiatry, I welcome the opportunity to respond to Dr Travers' comments.

I agree that mental health needs are complex and diverse, and that, as yet, the methodology required to assess such needs is not sufficiently developed. However, having recently worked in a purchasing department for 18 months, I am very aware that purchasers are pressing ahead with such assessments, whether or not local service providers are working with them. This has two unfortunate consequences. The first is a very real danger of re-inventing the wheel, as researchers with little experience in mental health expend significant time and money on methodologically flawed prevalence studies, only to find that much of the work has been done before. The second, and perhaps more serious difficulty, is that where such assessments have not been undertaken collaboratively, neither side will be able to agree on the service implications arising from the results. Such conflicts are unlikely to be productive, but district service providers ignore, at their peril, the reality that purchasers can and will take their money elsewhere. But