

## The College

### Winter Quarterly Meeting 1988

The Winter Quarterly Meeting was held at The Royal Society of Medicine, London on 26 and 27 January 1988 under the Presidency of Dr J. L. T. Birley.

#### BUSINESS MEETING

The business meeting was held on Wednesday 27 January 1988, attended by 35 Members of the College.

#### MINUTES

The minutes of the Autumn Quarterly Meeting held at Kensington Town Hall, London on 28 and 29 October 1987 and published in the *Bulletin*, January 1988, were approved and signed.

#### REPORT OF REGISTRAR

Since the last Quarterly Meeting in October, there have been two successful College initiatives on the limitation and prevention of substance misuse. On 6 November the College held a Consensus Meeting on Alcohol, which was attended by representatives of a number of statutory and voluntary bodies, including the Medical Royal Colleges. As a result of the Meeting, a Consensus Statement *A Better Response to Alcohol-Related Problems* was agreed and a press release issued. The Statement, which closely follows the College's views as expressed in its Report *Alcohol—Our Favourite Drug*, recommends a framework for action for the reduction of alcohol-related harm. The Statement has received considerable publicity, and is being used and quoted in a number of settings. It has also been circulated to the College's Divisions, for the views and comments of members.

The College launched its report *Drug Scenes* at a major press conference on 27 November. The Report is an authoritative treatment of the nature and causes of addiction, and includes recommendations for a range of broadly-based strategies for tackling drugs problems. The Paul Getty Jnr Charitable Foundation has recently donated £2,000 for the dissemination of the Report to secondary school teachers in selected areas.

Since October, Council has met once, and the Executive and Finance Committee three times. There has been considerable discussion in both places of the ways in which the College might respond positively, at a time of rapid evolution, both in patterns of service delivery, and of training and career structures. Evidence of cutbacks in funding for mental health services has been collected and forwarded to the DHSS: the Registrar has asked that College members

send him any further information about cuts in their areas. Publication of the Griffiths Report on Community Care is imminent: the Executive and Finance Committee has established a Working Group to consider Griffiths' recommendations, and prepare the College's response. A Working Group of the Executive and Finance Committee has been set up with the remit of producing recommendations on the components of a comprehensive district psychiatric service. This Group will also be considering ways in which the College might take the lead in providing external standards for the audit of clinical activity. The issue of service efficiency generally will be examined by a joint working group between the College and the DHSS: it is hoped that there will ultimately be agreement on improved criteria for measurement of quality of service. In conjunction with the Institute of Health Service Managers, the College has organised a Seminar on Schizophrenia, to take place on 15 March. Between 40–50 Managers will be invited to participate and the Seminar is intended to give authoritative guidance on the nature, epidemiology, treatment and resource implications of the condition.

An advisory Group of College members has been established to consider the implications of the Report on the implementation of *Achieving a Balance*. Representatives of the Manpower Division of the DHSS attended the College on the afternoon of the January Council meeting, and gave an informative and thought-provoking summary of the principal provisions of *Achieving a Balance*. The Manpower Committee is to hold an Open Forum on the Report on 19 February, to which members of the Education Committee, the Joint Committee on Higher Psychiatric Training and Regional Advisers have been invited.

The training implications of the move towards community-oriented psychiatric care are under review. The Executive and Finance Committee has recently approved for publication in the *Bulletin*, as a discussion document, a report on this subject, prepared by the Collegiate Trainees' Committee. Training implications will be the topic for the Education Committee's Open Forum on 7 March. The Executive and Finance Committee will be considering the establishment of a Working Group to consider training provisions for consultants in these settings.

Council has recently approved the establishment of an Overseas Desk within the College, under the aegis of a Sub-Dean. The Dean has summarised for the *Bulletin* various options for development, which include College support for nominated overseas trainees, mutual recognition of

psychiatric qualifications, links with, and services for, overseas members, and psychiatric training overseas. It is hoped that there will be a positive response to these proposals, particularly from members overseas.

Representatives of the College and the Welsh Office met in November to discuss the development of psychiatric services for the mentally handicapped in Wales. The Welsh Office has indicated that it will take into account the College's recommendations concerning provisions for this group.

The College held a briefing session for the Press on 19 January, to explain the reasons for its support for the 28 week time limit for therapeutic abortion, particularly in the case of mentally handicapped women.

The College has also submitted evidence on a number of

issues currently being considered by the Home Office: these included the Review of the Parole System, amendments to the Liquor Licensing Bill, in respect of the law affecting the sale of liquor to underage persons, and the review of the Law Affecting Amusement Machines.

A College Statement on Benzodiazepines and Dependence, containing useful guidance on indications for use and possible effects, and prescribing, has been approved for publication in the *Bulletin*. The Statement has been welcomed by the DHSS, and its recommendations are being implemented.

I am pleased to report that Council has elected Dr D. Dick to serve as Vice-President for the year 1987/88.

PROFESSOR. R. G. PRIEST

### *Cuts in Mental Health Budgets*

During discussions on financial cuts to the Mental Health Services I have asked Divisions, Sections and Groups for evidence of cuts to be sent to the College. The Editors have suggested that, to help members to monitor the continuing financial situation, I should explain here the nature of the various financial pressures that are exerted.

Loss of finance can come about in three ways:

- (1) Funds arising from closure of run-down mental hospitals *should* be put into the mental health budget. We have had a ministerial undertaking on this point. Unfortunately, it seems that this does not always happen, and it is difficult to keep track of since one does not always know when such funds have been put into the District budget. Our colleagues in the DHSS would regard this as a very serious deviation of funds.
- (2) The mental health budget is set in a District for one year, but the mental health budget in the following year may be cut or may not make full allowance for inflation and so on. If it is possible to have sight of the mental

health budget then this is possible to identify. It is important to note details of any cuts both in absolute terms (e.g. £1M) and in relative terms (e.g. 7½% of the total mental health budget), and in either case it is helpful to have a note of the total mental health budget. Other figures which should be useful, though less crucial, would be the total District budget and the cuts made in the total District budget.

- (3) Claw-back of unspent money is common. Where a budget has been set for a year but money has not been spent (e.g. because of difficulty in recruitment of nurses), the unspent money may be clawed back for use to prop up overspending in other specialties.

I have listed these in order of the seriousness with which they might be regarded.

We have sent off evidence of cuts to the DHSS but it is important to continue to be on the alert for further encroachment.

Professor R. G. PRIEST  
*Registrar*