

## Correspondence

### *Implementation of Griffiths*

DEAR SIRS

Many agencies have tried to advise on the government's implementation proposals for the Griffiths report. One might have hoped that the consistency of views expressed would influence decisions made. Opinions available to the author are astonishingly consistent, but do not seem to have been heeded. The Royal College of Psychiatrists, MIND, SAMH and the individual service responses all advocate effective and heeded consultation, at least transitional real extra money, an organised move towards new arrangements and a minister for community care, while endorsing many of the basic and manifest concepts behind the community care bill.

We now require a strategy for coping with the implementation of what is ultimately decided. The Scottish Psychiatric Rehabilitation Interest Group (SPRIG), a multidisciplinary forum, has had two debates on the topic. The author left these stimulated by the need to debate these topics widely, rather than by the quality of the debates witnessed. It is too easy for each discipline to say it does its job, too easy to get into interprofessional jealousies, too easy to suspect this government's motives, and above all else, far too easy to do nothing about it. SPRIG proposes a working group to examine implementation of community care and this letter is partly intended to be a contribution to that forum. It is suggested that the following might contribute to a strategy for coping with implementation.

- (a) There is a need to grasp the new era and situation clearly. We should develop a clear view of what the plans for community care should be. If possible these should be prepared with the widest local consultation. If parts of the services are inaccessible to the planning process at this time, they should be developed and communicated anyway. The proposals should be based on demonstrable needs as far as possible, NHS and Social Work Managers should be made aware of the views as they develop. They should as far as possible include consumer opinion.
- (b) Implementation of such plans or the lack of it, should be recorded and reported regularly. At times going to the press should be considered.
- (c) In our practice excellence should be targeted. The new code of practice for the Mental Health Act and the Royal College discharge code of practice and the Tom Clarke bill should be

implemented and in particular the vulnerable should be monitored indefinitely.

- (d) It must be possible to protect and advance our service by using monitoring and audit of our practice. Both the Mental Health Act Code and the Royal College discharge procedures provide clear cue lists about what ought to happen, who ought to be invited in decisions. A picture will emerge in considering patients and their needs in the light of these two codes of what the facilities ought to be. If we recorded:
  - (i) lack of contribution to the plan by a discipline
  - (ii) ways in which the plan fell down
  - (iii) what resources would be needed to do the job properly
  - (iv) difficulties with services as they arise; (this would include indecision, delay, injustices and discrepancies)then we at least would have clarity about what the problems were.
- (e) Such collected information could be made accessible to an independent monitoring body. In Scotland the obvious candidate for this would be the Mental Health Commission.

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### *Clinical audit in psychiatry*

DEAR SIRS

According to Charles Shaw (1990), the planning and development of audit is divided into distinct phases.

Judging from recent communications in the *Psychiatric Bulletin* we are at present trapped somewhere between the philosophical, organisational and practical stages of audit. The organisational phase concerns resource implications and who should audit, the practical phase the subject matter and the method of audit. Dr Halstead has drawn attention to the College recommendation of one session per week per consultant and raises questions about the cost effectiveness of such a time commitment, an organisational issue. Dr Gath replied on behalf of the College emphasising the nature of audit as distinct from mere data collection, and the need for focusing