Health Services

Tony Warnes

Robin Haynes, Regional anomalies in hospital bed use in England and Wales. *Regional Studies*, **19** (1985), 19–27

This article claims to provide the first study of regional variations in hospital bed use in England and Wales broken down by the main groups of conditions. It therefore makes a useful contribution to the debate about the redistribution of resources with the National Health Service, both between regions and among different services.

Data are drawn from the Hospital In-Patient Enquiry, a one-in-ten sample of National Health Service hospital patients' records, excluding the psychiatric system and since 1977 the maternity system. As several years elapse before the publication of these data, the study is of 1976–8. The measure chosen to represent the total load on the health service is the average number of hospital beds used daily over the three-year period. For each of the 14 Health Authority Regions in England and for Wales, three rate indexes were calculated for the fifteen relevant groups of the WHO's International Classification of Diseases, Injuries and Causes of Death; namely beds per 100,000 population, beds per discharge per day (the mean duration of stay), and beds per death per day.

For all conditions, together, the lowest regional bed rate per 100,000 population is 64% of the highest, but the range is greater for most specific groups. The largest range is for the infective and parasitic diseases, a sufferer being four times more likely to occupy a hospital bed in the North West RHA than in SE Thames RHA. Contrary to a widespread belief, the regions with the highest bed rates tend to be in the northern and western regions, while the southern and eastern RHAs are where most of the minimum rates are found.

Because the 'need' for hospital care varies regionally with age structure and social and industrial composition, Haynes discusses the possible methods of representing morbidity. The Resources Allocation Working Party (RAWP) approach used the standardised mortality ratio and although this is heavily influenced by deaths among elderly people, it is argued that no superior index is available. No adjustments for flows across-RHA boundaries are made, but age-standardised daily bed rates per 100,000 population are calculated for ten-year age groups. These are further standardised by the regional death rate for each condition. In general terms the adjustment for mortality increases the bed rates in the south and east (reflecting their lower mortality or

demand) and lowers them in the north and west. They thereby reduce the regional disparities among the non-standardised rates.

For all conditions the adjusted bed rates vary from 312 for Trent and East Anglia RHAs to 432 for NW Thames, an order of magnitude that is unsurprising and uncontroversial, but for individual groups of conditions extreme variations, 25% above or below the national mean, are identified for infective and parasitic diseases, and for diseases of the blood and blood-forming organs, respiratory conditions, congenital anomalies, perinatal conditions and the residual category of 'symptoms and ill-defined conditions'.

Haynes concludes the paper with a careful and extended discussion of the implications of his findings. His view is that acute in-patient services will continue to dominate the health service. Not even the most charitable observer would claim that the RHAs with low bed rates for certain conditions have been deliberately anticipating future priorities, or that the present large and arbitrary variations from region to region facilitate the adoption of national priorities. In general terms, the results uphold the redistribution of resources recommended by RAWP but the London and Oxford Regions are not always the most generously endowed with beds, nor the northern and western RHAs always relatively deprived: it depends upon the diagnostic condition. The excessively large regional anomalies imply substantial inequity and require a policy response.

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Clinical Psychology — Jeffrey Garland

Molinari, Victor and Reichlin, Robert E., Life review reminiscence in the elderly: a review of the literature. *International Journal of Aging and Human Development*, **20** (1985), 81–92.

The 84-year-old woman was a 'thick file' patient: a veteran whose 25 year history of psychiatric treatment had left a bulging wad of case notes as her only inheritance. Understandably, the notes gave her dark side, a story of gloom, punctuated by temporary remissions.

She told me to go away. She wanted to die. Nothing could be done. If I didn't believe her, I could 'look at the notes'. I explained that I had done this, but the notes were incomplete. Because of this I would have to ask some important questions. For example: 'When was the last time you were happy?'