

There is a footnote which has important practical consequences for general practice. It is one thing to legislate for open access to information which is held on computers. It is quite another to open to patient access records created in the past by health care professionals, when there was no such expectation. These past records will almost certainly contain data which would have been excluded had the health care professionals concerned expected open access.

If manual records are to be open in the future, general practitioners might be obliged, prior to that legislation, to reform all their past records, summarizing the data which are relevant, editing data which might be prejudicial and defamatory, and

ensuring that relevant data are recorded in clear and unambiguous language.

Although some valuable insights and information would be removed from such reformed records, they would nonetheless constitute a significant improvement on the vast majority of contemporary records. Perhaps we should earnestly hope that society will force this change on the profession. We should of course need to remind government of the considerable resource implications. Resource allocation is most often discussed in economic terms. It is of course an ethical issue.

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Community children's homes

THE report of the Social Services Inspectorate of the Department of Health and Social Security on their inspection of community homes has been produced with commendable speed. During the last quarter of 1984 the inspectorate visited 149 community homes in 29 local authorities — 13% of all local authority community homes. The thoroughness of the inspection is equalled by the frankness of the report, which time and again surprises the reader by its sympathetic handling of this most difficult area of care. It deals with what is good and what is bad in these homes, and includes a detailed section on the provision of health care in which there is implied criticism of the general practitioners who provide medical services to these homes.

The inspection took place at a time of change — all the local authorities involved were reformulating their child care policies or had recently done so. Most were moving towards reducing the amount of residential provision in their areas and also trying to reduce the length of stay of the children in their homes.

A further factor was the change which had taken place in the populations of the homes in recent years. At the time of the survey 80% of the children were aged 13 years or over. The traditional image of a 'children's' home must now be altered to take account of the now predominantly teenage population.

The inspectorate also found that the care staff were faced with a change in their traditional role. The substitute parenting role of previous years needed to be developed to prepare them for dealing with the older children, many of whom had experienced a succession of broken relationships, both before and after coming into care. There were many examples of disruptive and delinquent behaviour, of depression and self-abuse, of drug, solvent and alcohol misuse, school refusal and promiscuity. The staffing of the homes had also changed; 98% of staff were now non-resident, two-thirds were aged under 40 years and the ratio of men to women was 1:2. On the whole the inspectorate reported that staff were under-qualified and staffing cover was barely adequate in most homes.

Unfortunately, the inspectors found that the majority of premises visited were in poor shape, many were cramped and some over-crowded with a poor general standard of furnishing. Despite this the life-style in most homes was in keeping with the age group of the residents; regimes were child centered and control was maintained on the basis of good personal relationships.

The arrangements for health care in the homes were looked at carefully by a senior medical officer and nursing officer, and they have made many recommendations. It would seem that all children had easy access to a general practitioner, but in a few homes the local general practitioners only signed the children

on as temporary residents, a situation which was felt to be unsatisfactory.

Some local authorities appointed general practitioners as visiting medical officers. The inspectors were worried about the role of these general practitioners, who in most cases provided the usual general practice services and routine medical examinations. They were critical of the fact that visiting medical officers often made no attempt to collate medical records, examine vision or hearing or investigate the immunization status of the children. They propose that local policies should incorporate the idea of a coordinator for each home, who would obtain the past medical history, maintain a brief record while the child was in the home and make sure that there were no gaps in the health record so that no child would reach the age of 16 years without a full assessment having been made. The coordinator would be appointed either from the social services department or from the health service but would be non-medical.

The report also recommends that discussion should take place between the district health authority and the social services department on the form and content of psychiatric and psychological support needed. A suggested solution would be to appoint a psychiatric adviser to the local authority and to develop closer contacts with the local child guidance clinics. Clear links would also be established with the health education officer of the district health authority for advice, support, information and in-service training in health matters, particularly with regard to drugs, solvent and alcohol misuse and smoking.

Arrangements would also be made for staff to receive advice and help in dealing with the development of sexuality and with information and support on specific subjects, such as contraception, pregnancy and sexually transmitted diseases.

General practitioner services would be required to treat illness and arrange referral to specialist advice but the role of the visiting medical officer was regarded as out-dated. Child development needs would be met by the combined efforts of the local authority and district health authority staff.

This is an excellent report giving a penetrating insight into the workings of local authority community homes and their clients. This report is to be sent to all local authority and district health authority general managers and the recommendations, if implemented, will improve the quality of care being given in children's homes. General practitioners involved in this work would do well to take careful note of the health care recommendations as they would appear to be critical of the present medical care being offered.

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