



ccba
Prime Minister 4.

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

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Telephone 01-407 5522

From the Secretary of State for Social Services

P A Bearpark Esq
10 Downing Street

3 November 1986

R4/11

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Dear Andy

At the dinner with Regional Health Authority Chairmen on 25 September, the Prime Minister asked to see examples of action taken by the Chairmen to publicise good news about the NHS.

I enclose a copy of the 1985/86 Annual Report for the North Western Region which the Prime Minister may wish to see. My Secretary of State's view is that this is an impressive document, combining a great deal of factual information with an attractive lay out.

Yours

Jane McKessack

Jane McKessack
Private Secretary



North Western Regional Health Authority

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Chairman : Sir John Page, O.B.E. General Manager : G.J. Greenshields, B.A., M.Litt., I.P.F.A., M.B.I.M.

With Compliments



*"Another year of progress
for North Western Health Services."*

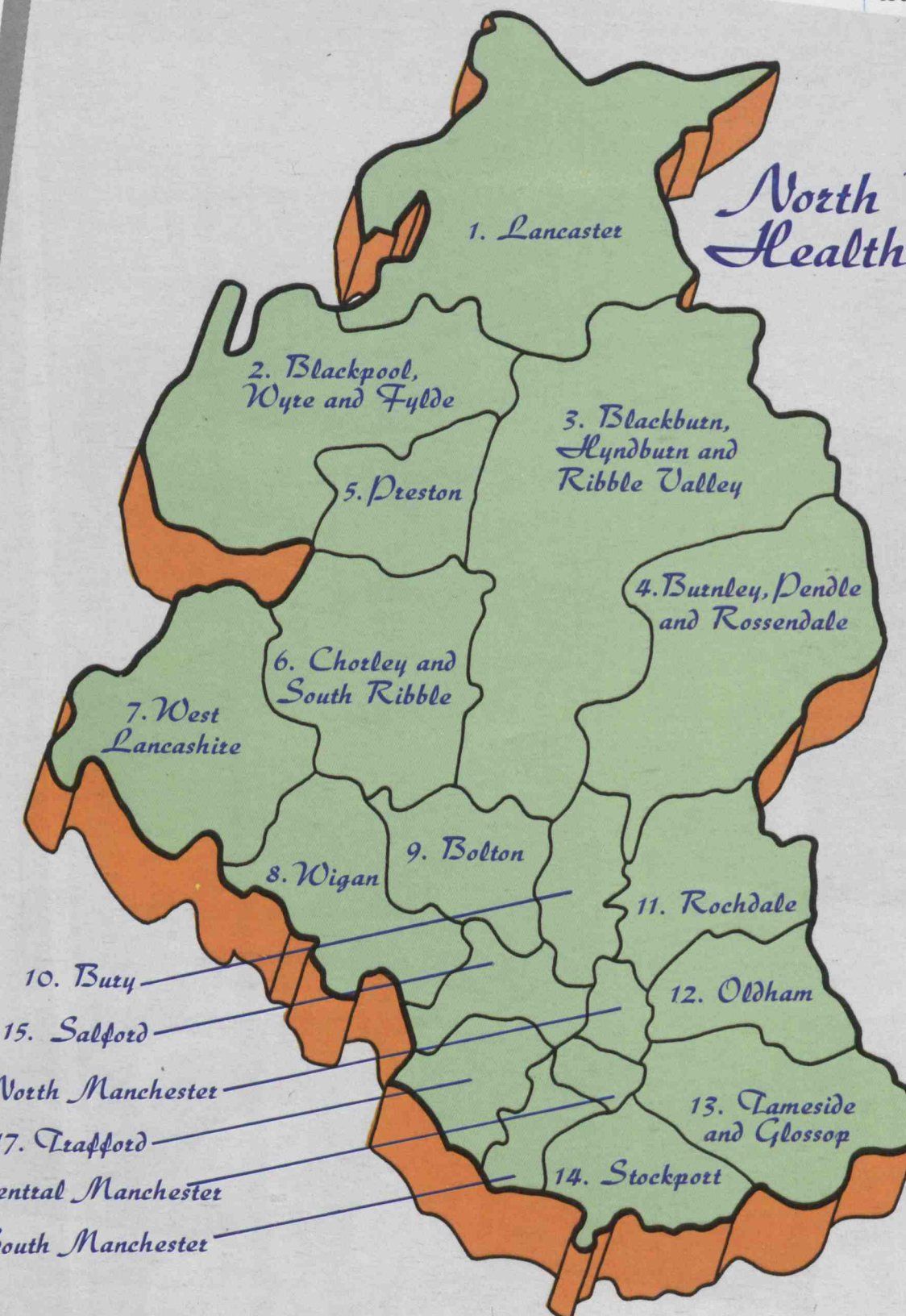
NORTH WESTERN HEALTH REGION

The North Western Health Region comprises nineteen District Health Authorities and the North Western Regional Health Authority, which is based in Manchester.

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*North Western
Health Region.*

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acknowledges the sponsorship of
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NORTH WESTERN HEALTH SERVICES ANNUAL REPORT AND ACCOUNTS 1985/6

“In the period covered by this Report April, 1985 – March, 1986, health services in the North Western Region have been consolidated and continued the progress and improvements I noted in the report on the previous year.

It is clear from the facts and figures herein that, over the Region as a whole, more patients are being treated, and this includes key ‘life-saving’ specialties such as cardiac surgery and renal medicine.

We have also seen further encouraging expansion of vital community services for the mentally ill, the mentally handicapped and the elderly.

Many much-needed new capital schemes have been successfully completed, providing a better quality of environment for patient care and, in many cases, filling gaps in services.

The National Health Service has regrettably and wrongly come under increasing

criticism in recent years. It is generally said that its services have either not improved as they should or that they have deteriorated. This is not true. Here, in the North West, we have the positive tangible evidence that overall services and facilities are steadily improving. Of course, the rate of progress is not necessarily as great in all districts simultaneously and we are also in the process of re-distributing services with the intention of equalising access to health care all over the Region. So it is necessary to view matters in a wide perspective and it is then obvious that there has been considerable improvement and progress.

We could always find worthwhile ways of spending more money. Equally, it must be realised that no-one is ever

going to be able to give us an open-ended cheque. So we must live within our means which are not substantial – nearly £1,000 million is now spent annually on health services in the Region.

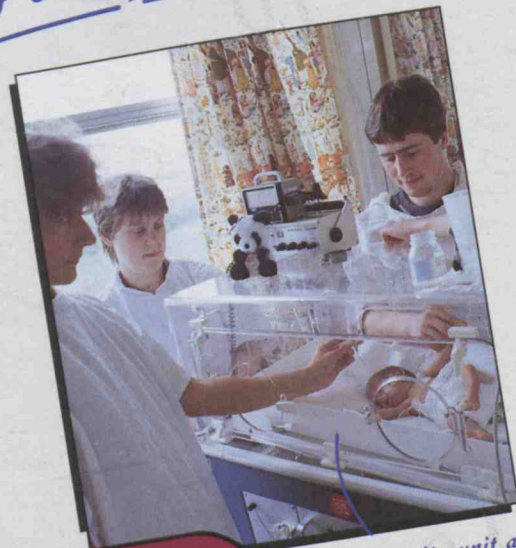
But money spent is only part of the story because the progress and improvements would not have been possible without the efforts of the staff of the NHS at all levels, whether engaged in direct patient care or behind the scenes. To them I offer my sincere thanks for another year of personal and professional dedicated commitment.”

John Page

“Consolidating and continuing our progress...”



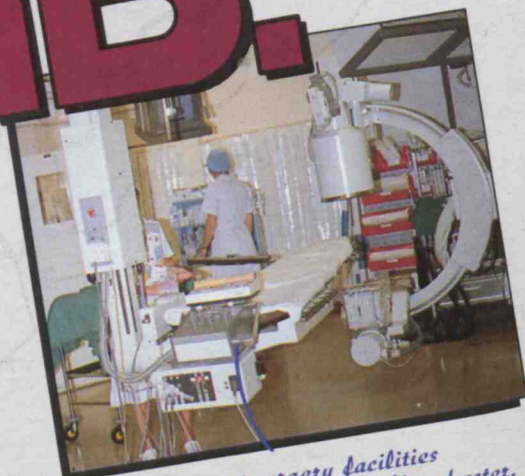
Sir John Page, O.B.E., Chairman
North Western
Regional Health Authority.



New maternity unit at
Sharoe Green hospital,
Preston.



Elderly
Severely
Mentally
Infirm unit
at Fall
Birch,
Bolton.



New open heart surgery facilities
at Wythenshawe hospital, Manchester.

£1B.

MORE PATIENTS TREATED AND WAITING LISTS REDUCED

As the figures on this page show, the period from 1980 to 1985 has seen a steady increase in the numbers of patients being treated in the North West. During the same time waiting lists for hospital admission have also fallen.

In-patient cases up
Last year 76,000 more in-patient cases were dealt with

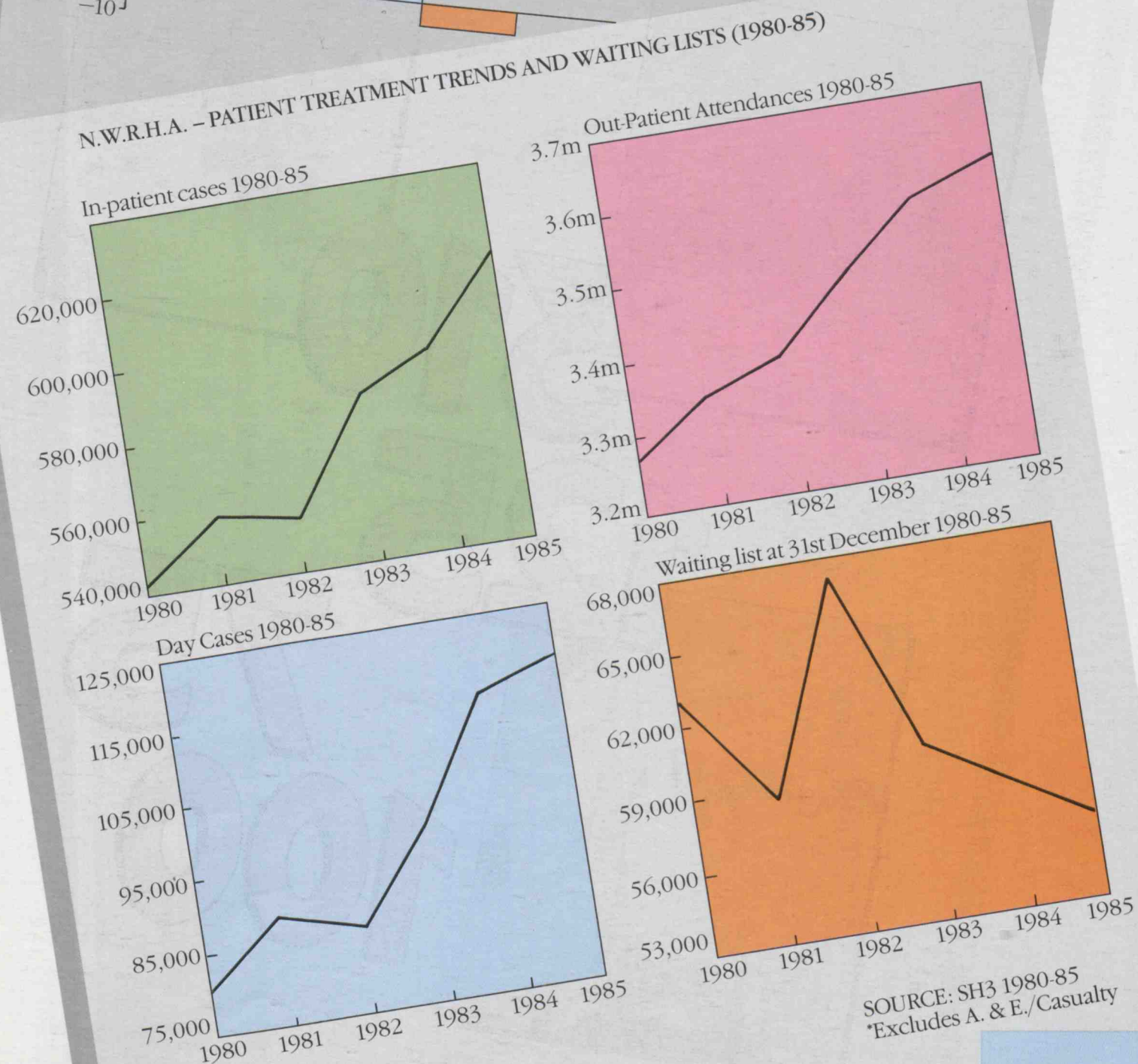
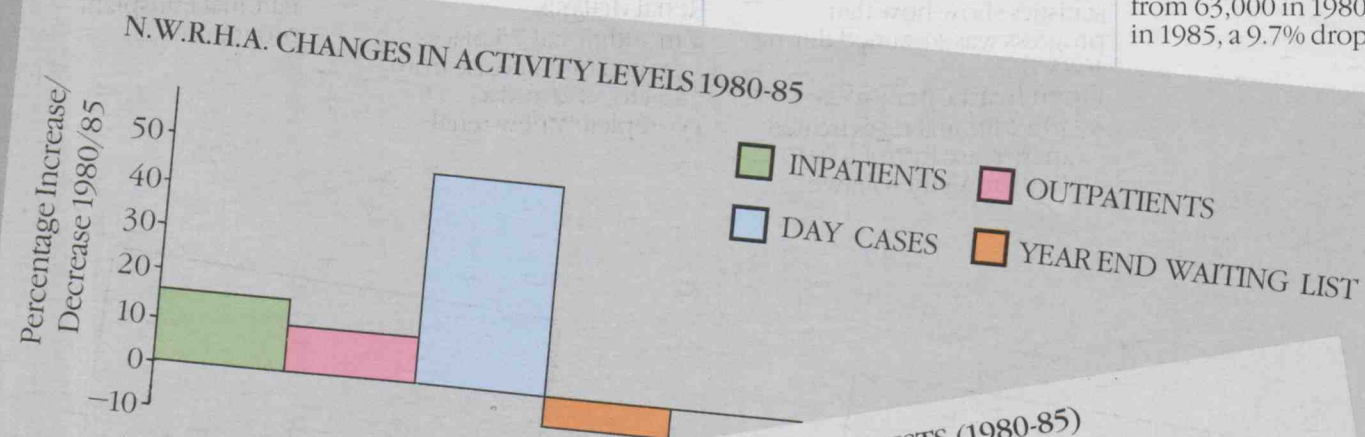
in our hospitals than in 1980 – a 14% increase.

Out-patient attendances up
There was also a significant increase in the number of out-patient attendances over the same five-year period. In total they rose by 311,800 (9.5%).

Day cases up
Day cases have risen by an even greater percentage. Last

year 116,300 patients received treatment on this basis, compared with 79,300 in 1980. The extra 37,000 cases represent an increase of nearly 47%.

Waiting lists down
Whilst more people have been receiving treatment than ever before, numbers on the waiting list have been falling – from 63,000 in 1980 to 56,900 in 1985, a 9.7% drop.



SOURCE: SH3 1980-85
*Excludes A. & E./Casualty

STRENGTHENING 'LIFE-SAVING' HEART AND KIDNEY TREATMENT SERVICES

More cases dealt with than ever before.

Historically, the North West has not had the resources to meet demand for 'life-saving' treatment of conditions like heart disease and kidney failure. Tremendous strides forward have been made in the past three or four years, however, and the following statistics show how that progress was sustained during 1985/86:

Open heart operations

- 310 additional cases treated (an increase from 1,450 to 1,760) at Wythenshawe

Hospital, Manchester Royal Infirmary and Victoria Hospital, Blackpool.

Angioplasties

- 125 cases treated by means of this relatively new procedure for replacing affected arteries.

Pacemaker implants

- 870 pacemaker implants performed.

Renal dialysis

- an additional 75 places created (an increase from 454 to 529) and a completely new renal

dialysis unit opened at Preston with the intention of providing a further 60 places.

Kidney transplants

- a total of 100 kidney transplants performed – a slight increase on 1984/85 – with the North Western Region also becoming a net contributor of kidneys to the national transplant programme.

NEW CAPITAL INVESTMENT

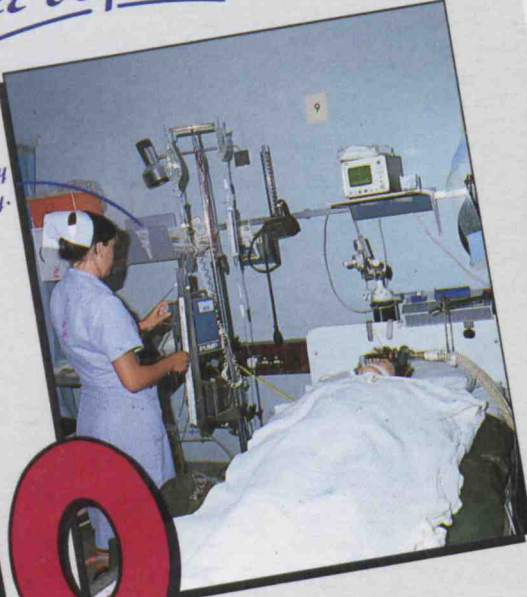


A ten-year programme is under way to build new hospitals where there are major gaps in services and to replace and improve existing facilities which are either inadequate or wearing out because of age.

"More cases dealt with than ever before..."



Post-operative recovery from open heart surgery.



310 additional open heart operations.

Open heart surgery in progress.



Exercise and rehabilitation.

310
125
75
100

125 artery replacement cases treated.

75 additional renal dialysis places created.


100 kidney transplants performed.

"Filling gaps and improving quality..."

Schemes started in 1985/86
Important new developments which started on site during the year included:


BOLTON		
*Bolton General Hospital – Mental Illness Unit providing 48 beds	£1.91m	July 1985
*Bolton General Hospital – Communications Centre	£0.90m	November 1985
NORTH MANCHESTER		
*North Manchester General Hospital – District Workshops and Transport Department	£1.21m	September 1985
SOUTH MANCHESTER		
*Withington Hospital – Paediatric Unit	£2.83m	July 1985
*Christie Hospital – Leukaemia Unit	£0.82m	September 1985
BURY		
*Fairfield General Hospital – Phase I Development providing 56 acute beds; 46 children's beds; a children's outpatient department; paediatric assessment unit; dental department; antenatal clinic and midwifery training school	£4.98m	August 1985
ROCHDALE		
*Birch Hill Hospital – Unit for the Younger Physically Disabled	£1.15m	November 1985
BLACKPOOL		
*Fylde Community Hospital, with 96 geriatric beds, 50 geriatric day places and rehabilitation facilities	£5.89m	June 1985
BURNLEY		
*Burnley General Hospital – Unit for the Younger Physically Disabled	£1.38m	April 1985


Schemes completed in 1985/86
Important developments completed or nearing completion during the year included:


		Date completed		
WIGAN				
*Royal Albert Edward Infirmary – Ward Block Phase I providing 112 acute beds; 3 operating theatres and one minor theatre	£6.64m	May 1986		
*Leigh Infirmary Second Mental Illness Unit providing 60 in-patient beds and 80 day places	£2.69m	May 1985		
			*Leigh Infirmary HSDU, sub-station and roadworks	£1.85m December 1985

		Date completed		
BOLTON				
*Fall Birch Elderly Severely Mentally Infirm Day Unit with 40 day places and support places	£1.14m	December 1985		
ROCHDALE				
*Rochdale Infirmary – ESMI Unit with 50 in-patient beds and 50 day places	£2.39m	April 1985		
*Birch Hill – Replacement Telephone Installation	£0.64m	November 1985		

		Date completed		
BURY				
*Fairfield General Hospital – Boiler House	£1.47m	November 1985		
*Fairfield General Hospital – Mental Illness Day Unit with 80 places	£1.32m	April 1986		
*Fairfield General Hospital – Communications Complex	£0.46m	July 1985		

		Date completed		
SALFORD				
*Prestwich Hospital – Regional Adult Secure Unit with 88 beds	£2.26m	April 1986		
*Hope Hospital – Replacement of Main Cold Water Supplies System	£0.47m	May 1986		

		Date completed		
NORTH MANCHESTER				
*North Manchester General Hospital – ESMI Day Unit with 50 places	£0.76m	May 1986		


		Date completed		
CENTRAL MANCHESTER				
*St Mary's Hospital – Improvements to Paediatric Services	£0.35m	June 1986		


Schemes in progress
Other major schemes still in progress include:

		Scheduled completion		
BURY				
*Fairfield General Hospital – Kitchen, Dining Room and HSDU	£3.00m	April 1987		
CENTRAL MANCHESTER				
*Advance Works for Manchester Royal Infirmary Redevelopment Phase II	£1.95m	September 1986		
OLDHAM				
*Oldham District General Hospital – Phase I Redevelopment providing 300 beds; seven operating theatres; an accident and emergency department; a pharmacy and new out-patient and X-ray departments	£17.74m	February 1988		
BLACKBURN				
*Queen's Park Hospital – Phase I Redevelopment	£4.43m	December 1986		

		Scheduled completion		
TAMESIDE				
*Tameside General Hospital – Phase II Development providing 139 acute beds; three operating theatres; an accident and emergency unit; an out-patient department and X-ray facilities	£16.44m	July 1987		
*Tameside General Hospital Geriatric Unit	£2.62m	September 1986		
BURNLEY				
*Burnley General Hospital – Pharmacy and HSDU	£1.91m	January 1987		
*Burnley General Hospital – Extension for Kitchen and Dining Room	£0.97m	September 1986		

Schemes completed in 1985/86
Important developments completed or nearing completion during the year included:

		Date completed		
TRAFFORD				
*Park Hospital – Geriatric Unit and Rehabilitation Facilities with 96 in-patient beds and 50 day places	£3.94m	February 1986		
*Partington Health Centre Extension	£0.42m	February 1986		
SOUTH MANCHESTER				
*Wythenshawe Hospital – Expansion of Open Heart Surgery Facilities	£0.57m	March 1986		
*Withington Hospital – Maxillo Facial Unit Phase I	£0.89m	July 1986		

		Date completed		
LANCASTER				
*Queen Victoria Hospital – Phase I Redevelopment providing 48 geriatric beds	£2.59m	April 1986		
PRESTON				
*Sharoe Green Hospital – Conversion of Ward Block to provide 126 maternity beds; central delivery suite; special care baby cots; 12 general practitioner maternity beds; 67 gynaecology beds and out-patient consulting suites	£2.01m	November 1985		
*Royal Preston Hospital – Accommodation for Scanner and Haemodialysis Unit	£1.90m	June 1986		

		Date completed		
BLACKPOOL				
*Victoria Hospital – Phase IV Development providing 112 acute beds; three operating theatres; one plaster theatre; and a boiler house	£4.73m	April 1986		
*Fleetwood ESMI Unit with 56 in-patient beds and 50 day places	£2.57m	April 1986		
*Hospice at Bispham with 30 acute beds for terminally ill patients	£0.83m	March 1986		
*Victoria Hospital – Extension to Out-patients Department for ENT patients	£0.66m	May 1986		
BURNLEY				
*Burnley General Hospital – Phase III Redevelopment providing 168 acute beds and three operating theatres	£5.90m	August 1986		

ESTABLISHING A PATTERN OF COMMUNITY BASED SERVICES FOR THE MENTALLY HANDICAPPED

Strenuous efforts have continued throughout 1985/86 to implement an ambitious programme for re-locating mentally handicapped people from institutions into homes of their own. The target is to provide an extra 3,200 community places by 1993 and to reduce in-patient beds from around 3,600 to less than 300.

No children in hospital any longer
The past year has witnessed the end of an era: there are no longer any mentally handicapped children from the North Western Region resident in hospitals. All are being cared for in the community.

Community places created
In addition, a total of 138 community places were established in a wide range of imaginative local schemes such as:

- two four-place group homes in Rochdale and two in West Lancashire;
- a 'core and cluster' development in Bury designed to provide the necessary infrastructure for the expansion of local services.

Staff Appointments
Sixty-four new 'direct care' community staff for mental handicap were appointed, including nurses, health visitors, team leaders, speech therapists and others who have been specifically trained to support individuals at home and their families.

Communications
Two important "communications" initiatives were launched in a bid to ensure that the momentum behind the implementation of community care policies is not lost and that public understanding and support are obtained:

- A video entitled "A Home of Their Own" was produced and launched by the RHA in October, 1985. Telling the

story of four young mentally handicapped women on their journey from life in Calderstones Hospital, Burnley, to an ordinary house in Rochdale, it demonstrates through a documentary format that, with the right planning and facilities, community care can and does become a workable reality. "In April, 1985, the RHA published the first issue of "Action Line," a regular newsletter giving up-to-date information, facts and figures about progress in the Region towards community-based care. As many as 5,000 copies were distributed to health and local authorities, CHCs and voluntary organisations.

DEVELOPING COMPREHENSIVE CARE FOR THE MENTALLY ILL

Strategy for running down the large institutions

A new and important chapter in the history of care for the mentally ill is about to unfold. In July, 1985, the RHA published a consultative document on its proposed short-term strategy for the run-down of the large mental illness institutions in the Region: Whittingham (Preston); Prestwich (Salford); Lancaster Moor (Lancaster); and the unit at North Manchester General. The aim is to transfer nearly 1,400 patients into the community by 1993/94.

The following guiding principles for the transfer of patients were recommended:

- There must be appropriate local facilities.
- There must be every expectation that the quality of life for each individual will be improved.
- Patients and staff must be adequately prepared.
- Individual programmes of

treatment must be worked out. "Where transfers are not successful, there should be no obstacles to patients returning to their hospital of origin for reassessment. **Development of District-based services**

The run-down must, of course, be accompanied by the development of alternative local services. Broadly speaking, the strategy envisaged a mix of facilities:

- acute units on District General Hospital sites, preferably in peripheral locations and designed to create as much domesticity as possible;
- community resource centres forming the core of a network of local services and possibly incorporating a walk-in centre and a day centre;
- long term hostels providing 10-12 places for semi-acute and new 'long-stay' patients and staffed on a 24 hours a day basis;
- short-term hostels offering rehabilitation and requiring greater involvement by patients in their day-to-day running;
- houses or self-contained flats for patients who can live a predominantly self-sufficient life-style (with some of this accommodation being staffed according to patients' needs);

• day centres accommodating up to 20 people each and providing much-needed social support.

The pace of change expected in the next three years

Districts were asked, in conjunction with the large mental illness hospitals, to draw up plans for the resettlement of long-stay patients which would meet the following targets:

- 1986/87 2.5 places per 100,000 population or 5% of the total District requirement (whichever is the larger);
- 1987/88 and 1988/89 5 places per 100,000 population; or 10% of the total District requirement (whichever is the larger).

In practice this should mean around 100 transfers taking place during 1986/87.

Districts were also asked to make sure that the patients who are not transferred over the next five years do not suffer from a poorer quality of life and, where possible, benefit from improvements.

Capital schemes

Between 1986/87 and 1994/95 a total of 23 hospital building projects, including new facilities for mentally ill patients, will get under way in Blackpool, Blackburn, Bolton, Burnley, Bury, Central Manchester, Chorley and Lancaster.

Community psychiatric nurses

An additional 37 community psychiatric nurses were appointed during 1985/86, strengthening local

services designed to help the mentally ill live independent lives in their own homes.

Facts to remember

From the early 1950's the North West has pioneered the development of comprehensive local mental illness services based on District General Hospitals. Over the past ten years or so regional policies have emphasised:

- the desirability of segregating in-patient and day patient provision for those with senile dementia;
- the possibility of rehabilitating and returning to the community a proportion of the severely institutionalised 'long-stay' patients;
- the importance of not admitting patients to the large hospitals from those Districts with their own services.

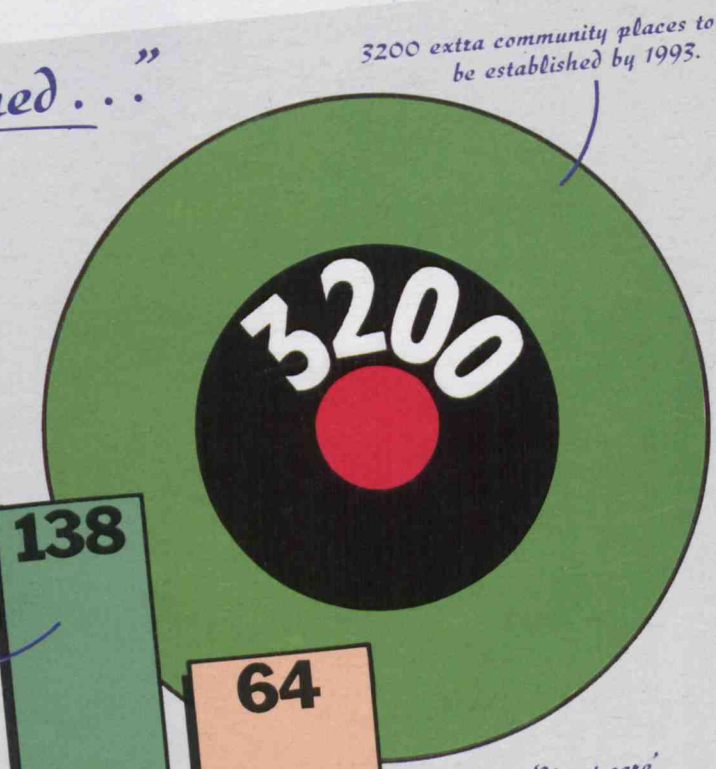
Significant progress has therefore been made in building up District-based services:

- Acute services are based at 13 out of 21 District General Hospital sites.
- All Districts have a community psychiatric and out-patient service.
- Separate units for the elderly mentally infirm have been established in 17 Districts. Since 1979, 14 new schemes have been implemented with a total of 810 day places and 792 beds.

"Good progress maintained..."



138 community places created.



3200 extra community places to be established by 1993.

64

64 new 'direct care' staff appointed.

3600

0

No mentally handicapped children in hospital any longer.

300

Reduction of in-patient beds from 3600 to less than 300 by 1993.



Mental Handicap Strategic Target (1983-93)

"The number of nurses and carers in community mental handicap services to increase by some 2,000 to approximately 2,420 (wte).

"The latest initiatives..."



37 more community psychiatric nurses appointed in 1985/86.

Mental Health Strategic Targets (1983-93)

• 3,600 more hospital places for the mentally ill, 600,000 more day attendances a year, 470 more community psychiatric nurses, 900 more beds in District General Hospitals and 2,000 fewer beds in large institutions.

EXPANDING FACILITIES TO HELP DRUG MISUSERS

The North West has been hit hard over recent years by the scourge of drug misuse. Current estimates suggest that up to 5,000 people may be affected, with particular problems in Greater Manchester, Blackburn, Burnley and the Skelmersdale area of West Lancashire.

Developments in 1985/86

Concerted efforts are being made by health authorities to combat this growing menace. New developments in 1985/86 included:

- a total of £342,000 made available to Districts by the Regional Health Authority to develop locally-based community services for drug misusers;
- the first intake of students in September 1985, to a Manchester Polytechnic course on drug and alcohol dependency nursing;
- expansion of the urine screening service at Hope Hospital, Salford;
- a drug research project established jointly by the

Regional Drug Dependence Unit at Prestwich Hospital, Salford, and the University of Manchester to obtain more accurate information on the numbers and types of misusers.

Community drug teams: an expanding role

The larger role being played by community drug teams in each District has been reflected in a drop in referrals to the Regional Drug Dependence Unit, which fell from 435 in 1984 to 236 in 1985.

The teams act as a first point of contact for many misusers, the majority of whom can be treated locally on an out-patient basis. In-patient treatment facilities have

also been established in all Districts, so that only the more difficult cases need be referred to RDDU.

Prevention: the key in the long-term

Contrary to a popular misconception, drug misusers are not all 'drop-outs and delinquents' by any means. Many are normal, ordinary people with potential for leading happy and fulfilling lives if they can be helped at the right time. Preventive action is also being taken to try to ensure that youngsters never start experimenting with drugs – a dangerous game that can ultimately destroy themselves and their families.

THE PREVENTIVE APPROACH

With a background of higher than national average numbers of deaths each year from diseases such as cancer and bronchitis, the NHS in the North West must be and is concerned with tackling the root causes. Health authorities, encouraged by the RHA, are increasingly adopting a preventive approach to complement their efforts in improving treatment facilities.

A number of important regionally co-ordinated initiatives took place or got

under way during 1985/86. They included:

'Project Smoke-Free'

This three-year smoking prevention programme (announced in last year's annual report) is the most ambitious venture of its kind ever undertaken in the United Kingdom. Its aim is to help reduce the prevalence of cigarette smoking in the North West, where over 7,000 people (one in seven of all deaths) are killed each year from smoking-related diseases.

Supported financially by both the Health Education Council and the Regional Health Authority, the project was launched in September, 1985, and involves four main tasks:

- Using the mass media to get the message across that smoking is harmful to health, but that there are many tried and tested ways of giving it up.

- Working with schools to influence children and their families (so that children do not succumb to this addictive habit and parents who smoke are encouraged and helped to give up).

- Working with as many organisations as possible to promote a smoke-free environment in indoor public places (public buildings, shops, cinemas, restaurants, transport, leisure and recreational establishments and so on)

- Working inside the NHS itself by setting an example to the rest of the community (phasing out cigarette sales, extending no-smoking areas in NHS hospitals and other premises and providing help and advice to patients and staff who want to give up).

As Project Smoke Free completes its first twelve months, it can be said to have stimulated considerable interest nationally in pioneering techniques for addressing the smoking problem, including a highly successful 'Smokebuster Club' for school children (now with over 9,000 individual members); the imaginative use of local newspaper advertising offering practical tips on ways of kicking the habit; and the marketing of a non-smoker's 'survival-kit' for those who want to avoid the risks of passive smoking.

Alcohol Education
The North West has one of the worst alcohol abuse records in the country. Consumption of alcoholic drinks is 25% above the national average and weekly household expenditure, at an average of £7.20, is the highest of any region in England and higher than in Scotland. In 1984, 189 people died of cirrhosis of the liver and the North West leads the list of all regions for admissions to mental illness

"Community teams get to work..."

Figure 1: Drug addicts notified to the Home Office (United Kingdom)

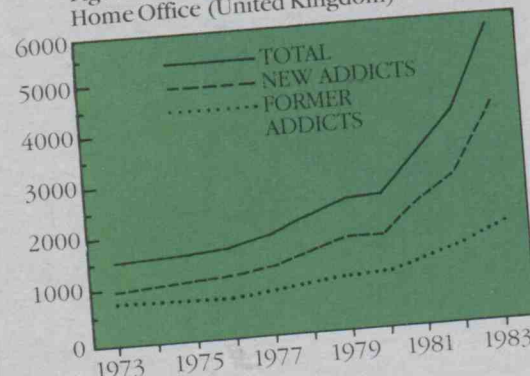
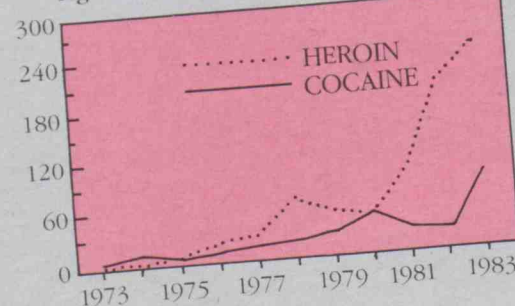


Figure 2: Quantity seized (in kilograms)



Official figures indicate the growth of the drug problem. The actual numbers involved in drug misuse are many times higher.

Source: Tackling Drug Misuse: a summary of the Government's strategy - Home Office, March 1985

DRUG MISUSE AND THE YOUNG



Urine screening service expanded at Hope Hospital, Salford.

£1 1/3m.

£342,000 available to develop local community services for drug misusers.

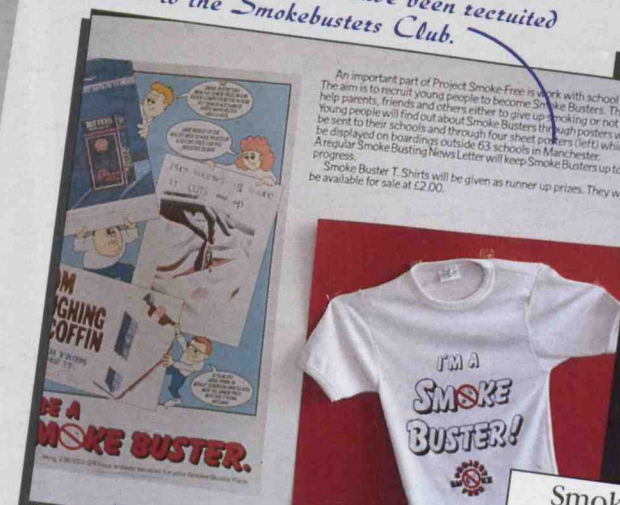


Fall in R.D.D.U. referrals from 435 to 236.

"Tackling the root causes of ill-health..."

Already 9000 children have been recruited to the Smokebusters Club.

Newspaper advertising to help smokers give up.



Think you're a non-smoker? Take a deep breath...

SMOKING AFFECTS EVERYBODY!

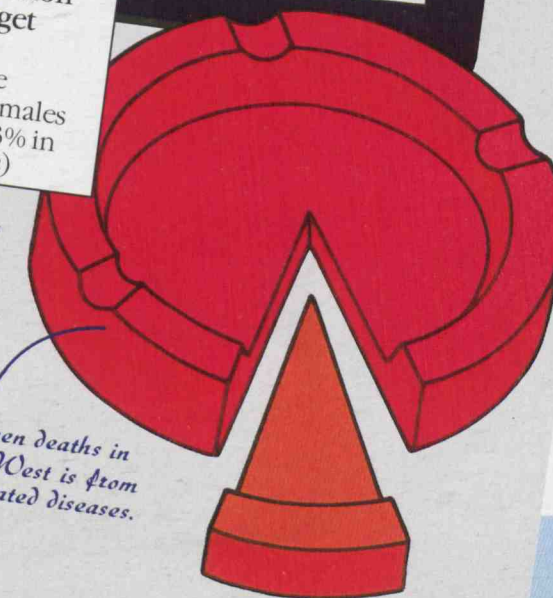
FOR YOUR NON-SMOKERS SURVIVAL KIT, PLEASE CONTACT PROJECT SMOKE FREE. Tel: 236 0311

Smoking Prevention Strategic Target (1983-93)

* to reduce cigarette smoking to 15% in males (16-74 years) and 13% in females (16-74 years)

One campaign has drawn attention to the dangers of passive smoking.

One in seven deaths in the North West is from smoking related diseases.



hospitals with a primary diagnosis of alcohol dependence.

For all these reasons the RHA has been pleased to collaborate with the Health Education Council and local organisations in planning a three-year alcohol education programme designed to help reverse the worrying trends of the past ten years. Recent months have been spent in working out the initial phases of a major public education campaign to promote the concept of 'sensible drinking' which, in essence, means:

- keeping to a daily limit equivalent to two pints of beer and not drinking every day of the week;
- avoiding alcohol at certain times of the day or in certain situations – at work and when driving a motor vehicle, for example;
- understanding more about alcohol – so that, for example, beer and lager drinkers are not lulled into a

sense of false security by some of the popular misconceptions about the relative strengths of a pint of their favourite brew compared with a double of spirits.

Food and Health

In association with Manchester Polytechnic, the Regional Health Authority has initiated a two-year 'Food and Health' project. The aim is to gather information on food topics in the North West and to provide a service to health policy-makers and practitioners by:

- putting together the experiences of current policies in action to see what lessons can be learned; and
- helping to make links between the different sectors of the food system and assessing their combined influence on the consumer.

Topics being explored include:

- food manufacture in the region;
- food-related diseases;
- public attitudes to nutrition;
- catering at work;
- food availability, price and purchasing;
- purchasing policies and food costs in the NHS;
- current education policies in schools and colleges on nutrition.

Dental Health

Health authorities in the North West have been addressing the big problem of tooth decay (together with neighbouring Mersey region, we have the worst dental health record in England) and are actively exploring the potential for extending the considerable benefits which fluoridation of water supplies has brought to other parts of the country.

A survey of Manchester and Newcastle five-year olds carried out in July, 1985, revealed the enormous gap between these two industrial cities. At this age, children in non-fluoridated Manchester have two and a half times as much tooth decay as those from fluoridated Newcastle.

Over the past year all nineteen North Western health districts have affirmed their support for the principle of fluoridation. Every family practitioner committee has done likewise. Opinion research has also been undertaken in most parts of the region, with results indicating that an average of 75 per cent of people questioned in representative samples of the population think fluoride should be added to water if it can reduce tooth decay.

A video to promote the benefits of fluoridation has been produced by a North Western regional co-ordinating group in collaboration with the Health Education Council and the British Fluoridation Society. Entitled "Look What You're Missing," it reviews the scientific and medical evidence in favour of this important public health measure.

"Health for All Week": 10th to 14th March, 1985

Public participation was very much the theme of "Health for All Week" in March, 1985, when the three Manchester districts, Manchester City Council, Project Smoke-Free, North

West ASH and the Hospital Arts Project pooled their resources to mount a series of exhibitions, special events and live performances on a wide range of health issues in the Arndale shopping centre, including smoking, diet, exercise for the middle aged and the elderly and health care for ethnic minorities.

The aim was for the RHA to work collaboratively with local organisations in priority areas of health promotion, whilst testing out ideas on public participation in the WHO 'Health for All 2000' statement.

HEALTH IN THE NORTH WEST Scope for action

As we said in our ten-year strategic plan published last year, we want to help people become healthier so that they

can avoid having to become our 'customers' in the first place. We also want to make sure that they can get NHS treatment services when they need them.

The figures on page five of this report show the improvements being made in providing treatment. But what are the main causes of ill health and what is the scope for preventing avoidable diseases and deaths?

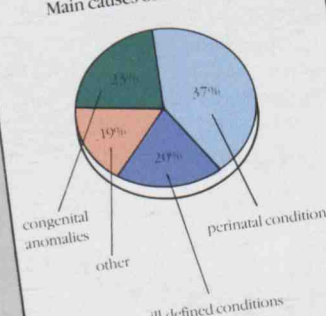
Infants aged under one year

- Congenital anomalies are responsible for nearly one quarter of infant deaths. Some of these are preventable, like chromosomal abnormalities and spina bifida, the incidence of which is declining.
- However, perinatal conditions are still the most important cause of death and a significant cause of infants being admitted to hospital. Many of these conditions are related to low birth weight and are preventable by mothers not smoking, having an

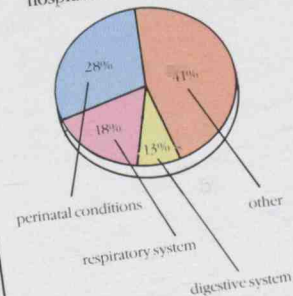
adequate diet, cutting out alcohol and receiving early and regular antenatal care.

- Respiratory diseases in infants are higher in children whose parents smoke.
- Diseases of the digestive system include mild gastroenteritis. We are looking at ways of encouraging the management of these children at home and thus avoiding the social and family disruption of admitting them to hospital.

Main causes of deaths: 1984



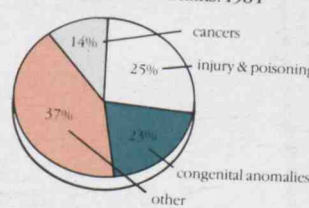
Main reasons for needing hospital treatment: 1984



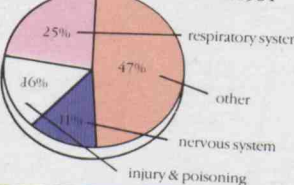
Young children aged 1-4

- Injury and poisoning are responsible for one quarter of the deaths of young children, and for a high proportion of hospital admissions. These are virtually all preventable by, for example, home safety measures and the use of childproof containers of pills and medicines.
- Congenital anomalies and cancers (such as leukaemia) remain significant causes of death and may not be preventable.
- However, a quarter of hospital admissions of young children are due to respiratory diseases, many of which would be preventable if parents did not smoke.

Main causes of deaths: 1984



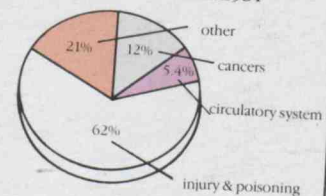
Main reasons for needing hospital treatment: 1984



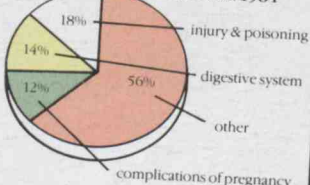
Young adults aged 15-24

- Nearly two thirds of deaths of young adults are due to injury and poisoning.
- Road traffic accidents, particularly involving inexperienced road users, are very much to blame and are often associated with alcohol abuse. Greater emphasis on road safety teaching, coupled with the 'don't drink and drive' message, would help reduce deaths.
- Complications of pregnancy are a significant cause of young women coming into hospital. This is particularly true of teenage mothers. Contraception and better family planning are the most obvious ways of reducing the risks.

Main causes of deaths: 1984



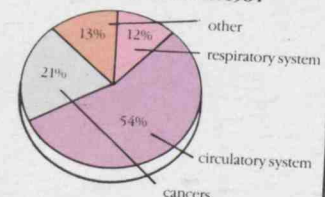
Main reasons for needing hospital treatment: 1984



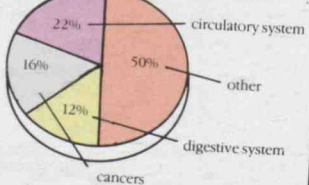
Elderly people aged 65 and over

- Over half the deaths in the elderly are due to diseases of the circulatory system. These could be prevented by the same measures applicable to younger age groups.
- In elderly men, deaths from cancer are very often due to cancer of the lung, which should be almost entirely preventable.
- Diseases of the digestive system include peptic ulcers, which can also be prevented by not smoking.

Main causes of deaths: 1984



Main reasons for needing hospital treatment: 1984



Prevention of alcohol misuse Strategic target (1983-93)

*to reduce to 4% of males aged 18 and over those who consume an average of eight or more units of alcohol a day;
*to reduce to 1% of females aged 18 and over those who consume an average of six or more units of alcohol a day.

Nutrition and Healthy Eating Strategic Target (1983-93)

*to increase to 70% those aged 14-70 years who can identify the major foods which are high/low in fat, sugar, salt, fibre, vitamins and calories.

Average of £7.20 per week per household is spent in the Region on alcoholic drinks.

Sensible drinking, with a daily limit on the amount to be consumed, is the key to the future alcohol education campaigns in the region.

Dental Health Strategic target (1983-1993)

*to increase to over 90% those receiving public water supplies containing approximately 1mg/litre (one part per million) of fluoride.

Adjusting the fluoride level of water supplies will help prevent tooth decay.

Eating for health: part of the strategy to beat coronary heart diseases.

INCREASED DEMANDS ON BLOOD TRANSFUSION SERVICE

Opening of new centre
A new £6.5 million Regional Blood Transfusion Centre was officially opened by HRH The Princess Alexandra on 3rd June, 1985 in Plymouth Grove, Manchester.

Incorporating up-to-date laboratories and sophisticated scientific equipment, the centre has been designed to support a much-needed expansion of blood transfusion services in the North West, particularly in the manufacture of specialised products such as Factor VIII (used in the treatment of haemophiliacs to control bleeding) and in meeting the increased demands of hospitals for blood for complex operations like open-heart surgery.

The purpose-built facility – not far from the famous

Manchester Royal Infirmary – has also solved the previous problems arising from BTS staff working in three separate locations in the city.

Campaign for new donors

The Royal opening coincided with the start of a campaign known as "LIFESAVER 85" to recruit up to 10,000 new blood donors.

The urgent need for extra recruits was emphasised last winter, when BTS managers had to appeal for the help of the public as stocks fell to low levels and deliveries of blood to hospitals began exceeding collections by around one hundred units a day.

The campaign resulted in a 115% increase in donations in Greater Manchester and a 52% increase in Lancashire.

IMPROVING MANAGEMENT EFFICIENCY FOR BETTER PATIENT CARE

Putting the consumer first:

Considerable emphasis has been put during the year on improving and streamlining management systems in order to release resources for re-investment in patient care and to provide a better quality of service to NHS users by cutting out bureaucracy.

Providing more cost-effective services

Maintaining the quality of existing services whilst seeking ways of providing them more 'cost-effectively' where possible has been, and remains, a major objective for health authorities. Collectively, during the year, they have succeeded in releasing a total of £10.5 million which can be re-invested in future priority

areas of health care. A further £3.1 million was also saved on a one-year basis only.

Such 'cost improvements' have arisen from a wide range of measures including competitive tendering for 'hotel services,' implementation of Rayner scrutiny recommendations, energy-saving and rationalisation of services.

The RHA headquarters has itself contributed directly to the creation of this investment pool, with cost improvements of some £750,000 resulting from a slimming down of its own workforce, higher efficiency and the implementation of a regional supplies and stores policy to get maximum return from the purchasing power of the NHS across the region.

Higher efficiency

Progress was made in implementing plans to computerise patient and staff records in the region and generally to improve the efficiency of services through the use of high technology. The overall strategy, which will see a total of £11 million invested by the end of the current year, is designed to:

- streamline and speed up procedures for retrieving vital clinical information about patient care;

- enable managers to make better use of the 74,000 NHS staff employed in the North West;
 - control the use of drugs more effectively; and
 - provide better stock control.
- Speeding up administration and enhancing the quality of service**

Rochdale was the first of the nineteen districts to introduce a fully computerised medical records system for hospital and clinic patients. By November, 1985, a total of 283,000 individual records had been transferred from the previous manual system on to a master index accessible through terminals at Rochdale Infirmary and Birch Hill Hospital.

Target date for completing the installation of the new patient administration system is June, 1987, by which time some nine million records in over one hundred hospitals will have been put on to computers. When fully operational, the system will help staff responsible for patient care to obtain up-to-the-minute details of individuals' medical histories, reducing both the time involved and the potential for mistakes.

In this way health authorities in the North West will be making full use of

modern technology in their bid to use existing resources to maximum effect and enhance the quality of service provided to the consumer.

Reducing bureaucracy and cutting costs

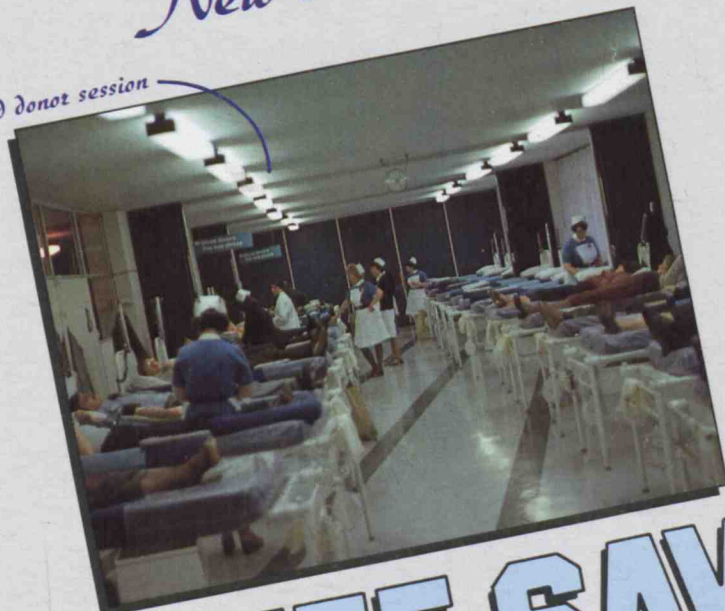
Running almost in tandem has been the implementation of a £5 million 'integrated personnel system' to give managers more comprehensive and more accurate information about their staff. Trafford was the pilot district for this scheme, with the remainder of the region having now also received the new computer-based package.

In addition to manpower planning – making sure the right staff are in the right places to provide an appropriate level of service – the system is capable of offering better information on general stock expenditure trends, essential supplies in stock and the costing of drugs and pharmaceutical items.

The end result will, it is intended, reduce unnecessary bureaucracy in record-keeping and make sure that the cost of management and support services is kept to an absolute minimum.

"New centre and new campaigns..."

Blood donor session



Please
GIVE BLOOD

New donors are constantly needed to help save lives. Please contact either of our two main centres for details:

Greater Manchester
TEL 061-273 7181
Lancashire
TEL: Lancaster
(0524) 63456

"LIFE SAVERS 85"
Recruitment publicity material

GIVE BLOOD

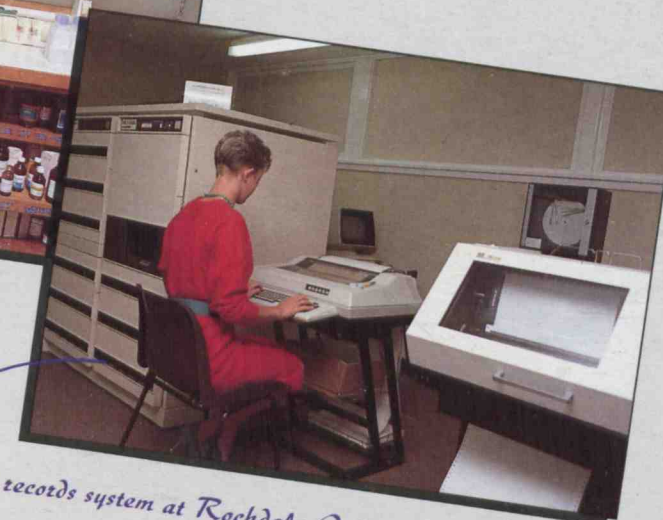
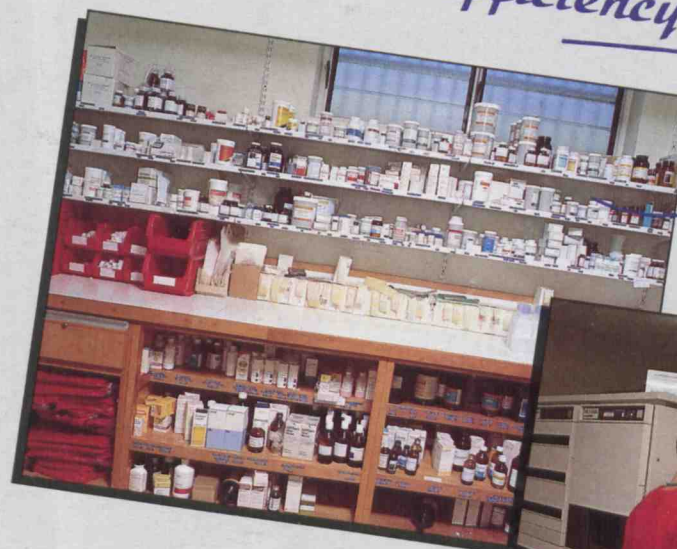
RED ALERT

DON'T LET US RUN OUT OF BLOOD

THE NATIONAL BLOOD TRANSFUSION SERVICE
We're all in it together

"Computerised efficiency, better control..."

New technology is helping to improve the control of drug usage.



Computerised medical records system at Rochdale Infirmary

SPOTLIGHT ON THE DISTRICTS

This section of the report looks at a few key developments in each of the nineteen District Health Authorities in the region. Necessarily – in a report about the Health Service in the whole of the North West – it is only possible to give a brief glimpse of the achievements recorded in any one district.

More detailed information may be obtained by writing to the District General Manager concerned.

1. Lancaster

LANCASTER

- additional community places established for mentally ill and mentally handicapped people being resettled from Lancaster Moor Hospital and the Royal Albert Hospital;
- other developments: a 20-place mental illness day hospital in the city centre and a 48-bed unit with day places for elderly and ESMI patients at Queen Victoria Hospital, Morecambe.
- appointment of an additional consultant paediatrician specialising in neonatal care;
- ophthalmic laser for treatment of disorders of the retina – of particular benefit in maintaining the sight of the elderly and diabetics.

2. Blackpool, Wyre and Fylde



BLACKPOOL, WYRE AND FYLDE

- new community places for mentally handicapped people at Fleetwood and Rossall;
- consultant child psychiatrist appointed to develop home service;
- good progress on Fairhaven nursing home project – with benefits to elderly patients needing long-term continuous care;
- ESMI unit at Fleetwood completed.

3. Blackburn, Hyndburn and Ribble Valley

BLACKBURN, HYNDBURN AND RIBBLE VALLEY

- multi-disciplinary community drugs team established to provide treatment and education;
- purpose-designed dental unit completed at a cost of £300,000;
- phase one of Queen's Park Hospital in progress, together with Roman Road Health Centre.

4. Burnley, Pendle and Rossendale

BURNLEY, PENDLE AND ROSSENDALE

- 20 Calderstones mentally handicapped residents resettled into the community as part of a 'partnership scheme' between the health authority and local authority housing and social services departments;
- doubling of available day places for pre-school children with mental handicaps at the Warner Street Clinic at Haslingden.

5. Preston



PRESTON

- new obstetric and gynaecology facilities opened on Sharoe Green Hospital site after £2 million upgrading scheme;
- £1½ million unit to house scanner and haemodialysis facilities for kidney patients opened at Royal Preston Hospital;
- extension to Royal Preston Hospital acute psychiatric unit completed.

6. Chorley and South Ribble

CHORLEY AND SOUTH RIBBLE

- an innovative 25-bed mental health unit established providing 'round the clock' support and advice for clients and families;
- expansion of community psychiatric nursing service, with patients visited having doubled from 620 in 1984 to over 1,250 in 1985.

7. West Lancashire

WEST LANCASHIRE

- a second community home for the mentally handicapped opened in Skelmersdale;
- community drug team established;
- throughput of in-patients and day cases up by 12% (and by 80% for ENT patients);
- £450,000 refurbishment and upgrading of pathology laboratories at Ormskirk and District General Hospital and Wrightington Hospital.

8. Wigan



WIGAN

- new community places created for the mentally handicapped in Leigh as part of a 'core and cluster' scheme;
- sixty ESMI in-patient beds and eighty day places created at Leigh Infirmary;
- 12-bed unit for younger chronic sick opened at Astley Hospital on 30th September, 1985;
- phase one of the Royal Albert Edward Infirmary redevelopment completed, with 112 adult acute beds and three major operating theatres.

9. Bolton

BOLTON

- a 96-bed geriatric ward opened at Bolton General Hospital;
- a 24-place geriatric day unit opened at Hulton Hospital in May, 1985;
- a 56-bed ESMI unit with 50 geriatric day places opened at Bolton General Hospital and a 40-place ESMI day unit at Fall Birch Hospital;



- 25 extra community nurses and health visitors appointed;
- 25 mentally handicapped people resettled during the year as part of the Bolton 'neighbourhood network scheme' and a further 50 patients assessed;
- Asian mother and baby campaign launched and additional ultra-sound department opened in maternity unit;
- new consultants appointed in anaesthetics, geriatrics and radiology.

10. Bury



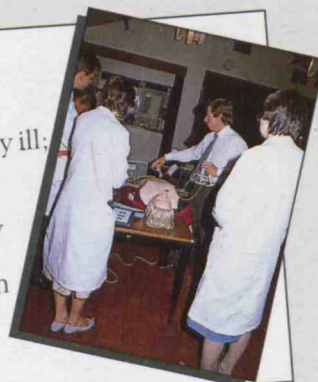
BURY

- 80-place mental illness day unit opened in April, 1986;
- local authority adult training centre for the mentally handicapped extended through 'joint funding' to care for those with additional special needs;
- fully automated boiler house commissioned at Fairfield General Hospital to meet energy and incineration needs of planned developments.

11. Rochdale

ROCHDALE

- 30 extra community places for the mentally ill;
- opening of ESMI unit with 56 beds and 50 day places;
- patient satisfaction survey of gynaecology services undertaken;
- fully-equipped resuscitation training room established at Birch Hill Hospital.



12. Oldham

OLDHAM

- work started in April, 1986, on new £2 million hospital sterilising and disinfection unit at Oldham and District General Hospital;
- savings of £479,000 achieved through competitive tendering on catering and other services, revision of bonus schemes and other efficiency measures.

13. Tameside and Glossop

TAMESIDE AND GLOSSOP

- start of £700,000 improvement and extension programme to local clinics;
- 12 mentally handicapped patients transferred from long stay hospitals to the community;
- extra orthopaedic theatre sessions started on Saturdays to reduce waiting lists;
- accident and emergency consultant appointed.

14. Stockport



STOCKPORT

- completion of a £400,000 day case unit at Stepping Hill Hospital which, by June 1986, was treating about 260 patients a month.

15. North Manchester



NORTH MANCHESTER

- an ESMI day unit opened on 13th November, 1985;
- new out-patient department at Booth Hall Children's Hospital;
- new geriatric ward at Monsall Hospital and introduction of a 'shared care' ward for elderly orthopaedic patients at Ancoats Hospital;
- ultra-sound scanner (purchased by public donations) brought into use by HRH Duke of Gloucester on 11th March, 1986.

16. Central Manchester

CENTRAL MANCHESTER

- Ross Place opened as a day resource centre for mentally handicapped young adults;
- Rawnsley Building opened on Central Manchester Hospital site with 50-day places and out-patient facilities;
- estimated annual savings of £250,000 from competitive tendering for catering, cleaning and other 'hotel' services;
- dispensing optician's shop opened at the Royal Eye Hospital as one of a series of income-generating initiatives.



17. South Manchester

SOUTH MANCHESTER

- drug misuse team established jointly with social services and education departments in Wythenshawe;
- short-term residential accommodation opened in Northenden for mentally handicapped adolescents and young adults;
- facilities transferred to new paediatric unit at Withington Hospital from Duchess of York Hospital.

18. Salford



SALFORD

- Kendal day unit opened at Prestwich Hospital, providing 50 places for elderly patients with mental infirmities;
- an additional 16 community places established for mentally ill residents in long-stay institutions;
- completion of £3¼ million scheme to upgrade kitchen and restaurant at Ladywell Hospital.

19. Trafford

TRAFFORD

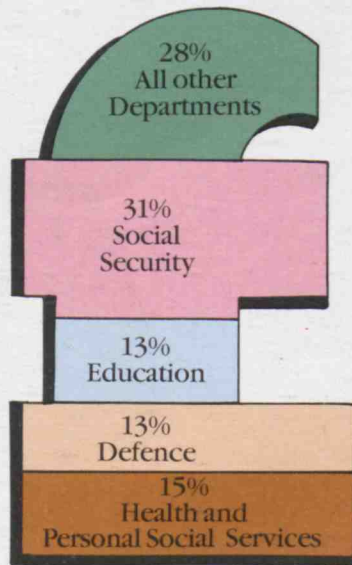
- 22-bed acute ward opened at Park Hospital for day cases and 'five-day' cases;
- new 96-bed geriatric unit and rehabilitation department brought into full use in May, 1986;
- ESMI facilities increased by the opening of a 24-bed ward at Bridgewater Hospital.



FINANCIAL COMMENTARY

% allocation of funds to Government Departments, 1985/6

100%



Funds for the NHS are allocated by the DHSS over the 14 English Regional Health Authorities by use of a formula. The formula reflects various criteria, examples being the number of people living within each Region, their demographic characteristics (age structure, percentages of men and women, mortality, etc) and the treatment within a Region of people living outside its boundary.

The North Western Regional Health Authority received initial allocations in 1985-86 totalling £920m (£850m revenue, £70m capital) which, as the year progressed, were subject to relatively minor amendments. These allocations included growth of 1% above allowances for pay and price increases. The table shows how this allocation compares with those of other Regions.

The vast majority of funds used by the National Health Service are generated through taxation and are voted on each year by Parliament. The NHS competes with other government departments for funding as the following diagram illustrates:

Region	Total Allocation £m	
Northern	656	7
Yorkshire	746	7
Trent	910	9
East Anglian	377	4
North West Thames	755	8
North East Thames	952	10
South East Thames	839	8
South West Thames	642	6
Wessex	565	6
Oxford	422	4
South Western	657	7
West Midlands	1047	10
Mersey	534	5
North Western	920	9
	10022	100

The RHA reallocated these funds to Districts by taking as a starting point the previous year's allocations and adjusting them up or down to reflect agreed changes in the level or range of services to be provided.

As part of the continuing drive for improved efficiency, Cost Improvement Programmes were established which achieved savings in all Districts and resources of £13.6m were released.

These savings were re-invested into priority areas of the Service. Overall, the service levels were maintained or increased as demonstrated in the other sections of this Report.

The financial out-turn for the year showed an underspending of £0.2m, representing an underspend on revenue of £6.4m and an overspend on capital of £6.2m.

The position reflects decisions taken by the RHA during the year to divert resources into much needed capital schemes.

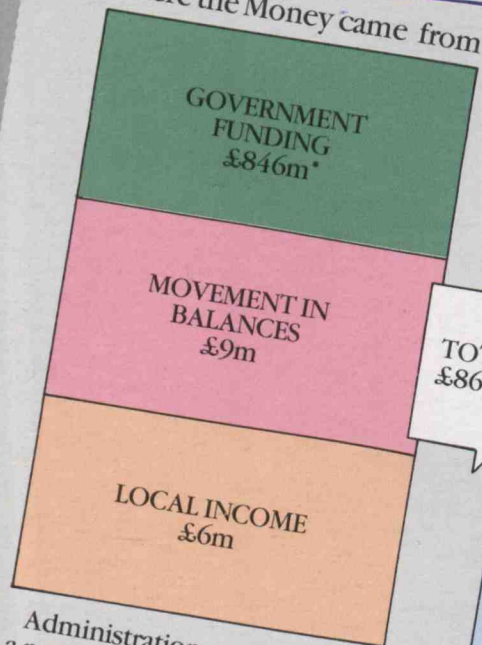
This is a recognition of the importance of these schemes to achieving the RHA strategic aim of providing growth in the volume of patient care services while ensuring equality of access throughout the Region.

REVENUE EXPENDITURE 1985/86

£861 million was spent on running health services in the North Western Region in 1985/86 compared with £814 million in the previous year, an increase of 5.7%.

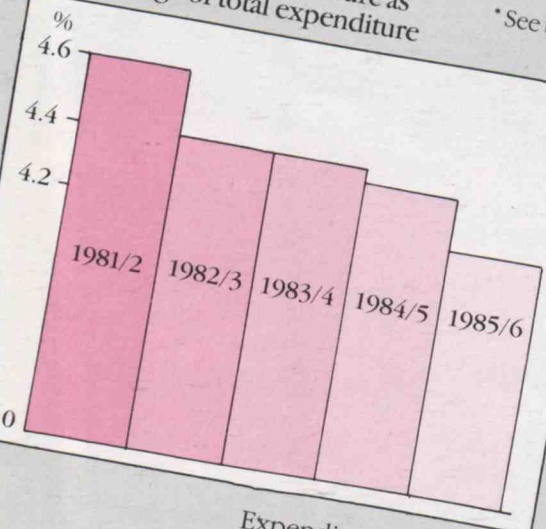
"How much it costs to run the NHS in the North West..."

Where the Money came from



TOTAL £861m

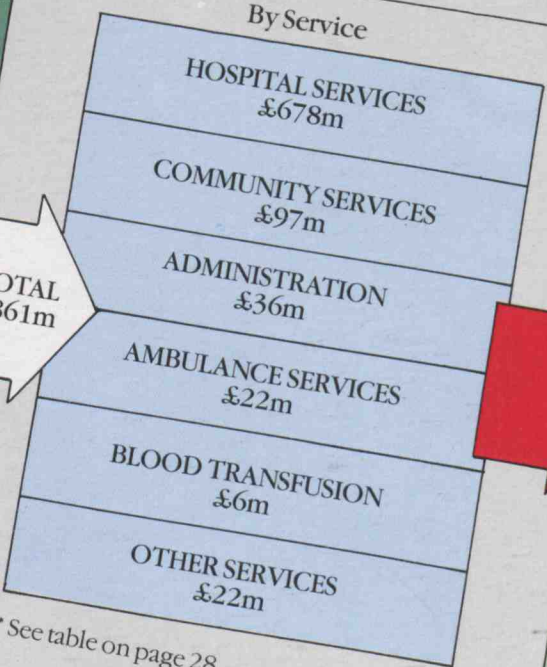
Administration expenditure as a percentage of total expenditure



Expenditure on Administration has been falling steadily as a proportion of total expenditure in recent years and now represents only 4.2 per cent of expenditure, making the NHS one of the most cost-effective health care systems in the Western world in terms of the proportion of expenditure on direct patient care.

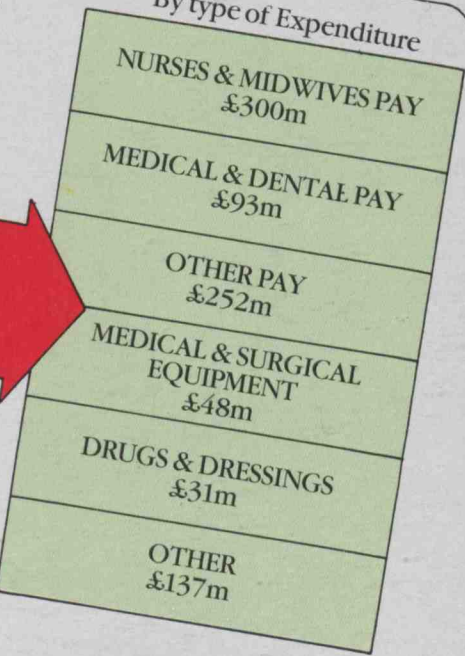
Where the money was spent

By Service



* See table on page 28.

By type of Expenditure



How do these expenditures compare?

	1985/6 Expend. £m	With Last Year 1984/5 Expend. £m	Change %	And With 4 Years Ago 1981/2 Expend. £m	Change %
Hospitals	678	644	5.1	543	24.8
Community	97	89	8.9	70	39.2
Administration	36	36	0.2	31	15.4
Other*	22	19	15.9	13	67.8
Blood transfusion	6	5	18.7	4	43.8
Ambulance	22	21	4.3	19	18.1
	861	814	5.7	680	26.6

Other includes Contractual Hospitals, Joint Finance, Occupational Health, Research and Development etc.

How much was spent by each district? District Health Authorities are responsible for managing local hospital and community health services. The Regional Health Authority is responsible for strategic planning, resource allocation, management of the Blood Transfusion and Greater Manchester Metropolitan Ambulance Services and a number of centralised professional support services. This table shows what health authority spent what:

Health Authority	Total spending by health authorities in the North West				Total 1985/86 £m	Total 1984/85 £m
	Hospitals £m	Community Health £m	Administration & Support Services £m	Other £m		
Lancaster	35.8	3.2	1.2	0.4	40.6	39.5
Blackpool	38.9	7.8	1.3	0.8	48.8	45.2
Preston	47.4	4.4	1.7	3.9	57.4	54.6
Blackburn	46.2	6.8	1.3	0.1	54.4	51.7
Burnley	41.6	5.5	1.2	0.4	48.7	45.6
West Lancashire	18.0	2.6	0.8	0.1	21.5	21.5
Chorley	7.6	4.0	0.7	0.9	13.2	12.4
Bolton	30.2	6.0	1.4	1.1	38.7	36.7
Bury	17.3	4.3	1.4	0.8	22.0	21.5
North Manchester	47.0	4.1	2.2	1.4	54.5	52.4
Central Manchester	53.6	4.2	1.2	0.4	59.9	55.6
South Manchester	73.1	5.8	1.1	0.6	80.9	76.9
Oldham	24.1	5.2	1.9	1.2	31.5	29.4
Rochdale	20.3	5.6	1.1	0.6	27.2	25.7
Salford	64.8	5.9	1.1	0.6	73.5	68.9
Stockport	35.9	5.1	1.2	0.6	43.6	42.8
Tameside	22.3	5.3	1.4	0.6	29.1	28.0
Trafford	19.9	6.7	11.3	5.3	42.3	40.2
Wigan	33.6	0.4	35.7	22.1	17.0*	13.3
North Western R.H.A.	677.6	96.4			831.8	787.7
Ambulance Services					22.4	21.5
Blood Transfusion Service					6.3	5.3
TOTAL					860.5	814.5

*Included within the £17m is £3m expenditure resulting from the transfer of the supplies function from Districts to the RHA.

How much it costs to treat each patient. This table shows how much it cost the Region to treat each patient in 1985/86.				
Hospital Type	IN PATIENTS		OUT PAT'S	A & E
	COST PER DAY £	COST PER CASE £	COST PER ATT. £	COST PER ATT. £
Acute—over 100 beds	91	660	25	17
Acute—51-100 beds	91	629	25	17
Acute—under 50 beds	72	655	18	7
Mainly Acute	75	714	21	18
Partly Acute	68	771	23	17
Mainly Long Stay	42	—	145	—
Long Stay	37	—	23	—
Geriatric	39	—	14	—
Pre-Convalescent	40	951	—	—
Maternity	85	336	—	—
Mental Illness	41	—	44	—
Mental Handicap	36	—	36	—
Orthopaedic	86	—	21	14
Children's	132	676	36	22
Eye	95	449	16	10
Other	77	—	19	11

Has the level of balances changed? This table shows the movement between 1984/85 and 1985/86 of the balances held. These represent the monies owed to or by the Health Authorities within the Region and their stock holdings.

	1985/6 £'000	1984/5 £'000	Movements £'000
Balances Held (Assets)			
DHSS	23,007	11,215	+11,792
Stocks	18,622	19,911	-1,289
Debtors	25,551	25,930	-379
	67,180	57,056	+10,124
Money Owed (Liabilities)			
Creditors	62,905	55,125	+7,780
Cash overdrawn	4,275	1,931	+2,344
	67,180	57,056	+10,124

What were the sources of local income?	
Revenue	£m
From Patients for supply of drugs and appliances	0.5
From Private Patients	3.8
Charges for Road Traffic Accidents	0.6
Other	0.7
Capital	5.6
Sale of land and buildings	2.7
Other	0.1
Total Income	2.8
	8.4

Trust Funds Health Authorities are empowered by Acts of Parliament to accept, hold and administer property on trust for any purpose relating to health services. As such gifts, donations and legacies are accepted and used for the provision of services and amenities for patients and staff. The accounts are shown below:

Income and Expenditure	Balance Sheet	
	March 86	March 85
	£000's	£000's
Income		
Subscriptions and donations	4,540	3,340
Legacies	1,621	1,521
Dividends	1,257	1,767
	7,418	6,628
Expenditure		
Welfare and Amenities	1,807	1,450
Research	1,969	1,427
Contributions to Capital	1,173	1,032
Other Expenditure	2,089	1,461
	7,038	5,370
Surplus for year	380	1,258

Accumulated Fund	Balance Sheet	
	March 86	March 85
	£000's	£000's
Capital in Perpetuity	1,151	739
Other Funds	19,600	16,989
	20,751	17,728
Represented by:		
Investments	18,287	16,144
Stocks	28	62
Debtors	1,433	1,409
Cash	2,899	1,134
Creditors	1,896	1,021
	20,751	17,728

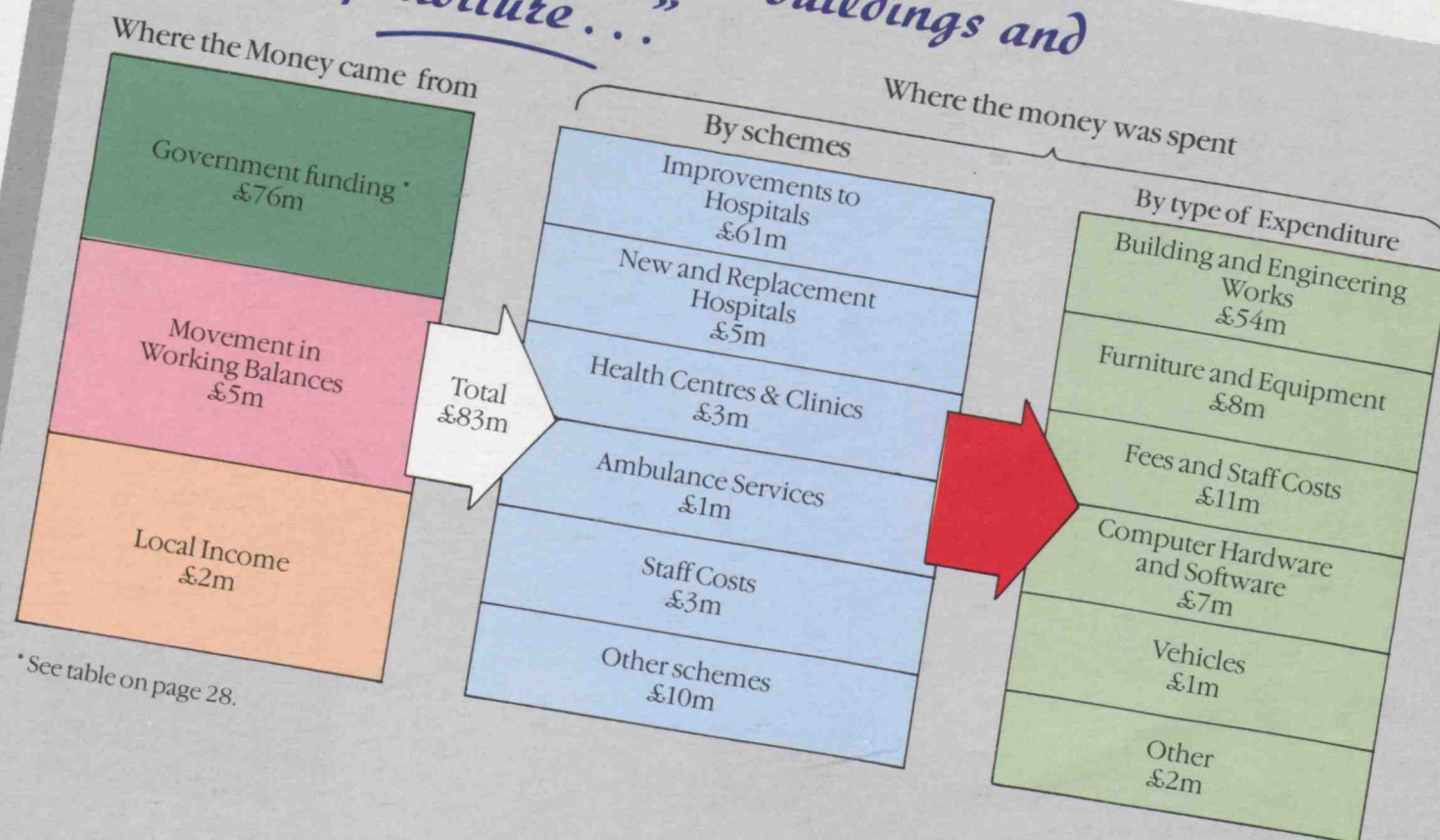
CAPITAL EXPENDITURE 1985/86

Overall spending by the RHA and Districts

Over £83 million was spent in 1985/86 on building new hospitals, health centres and clinics; adapting and improving existing facilities; and major purchases of equipment.

Out of £83 million, £66 million was spent on new and replacement hospitals and improvements to existing hospitals.

"How much was spent on buildings and major expenditure..."



How much was spent in each District?

In this table the £83m is analysed by District between expenditure incurred by the RHA on major developments (£56m), and by the Districts (£27m) themselves on their own smaller schemes.

The RHA expenditure provides facilities which are used and managed by Districts. In addition, some services are managed directly by the RHA itself, e.g., blood transfusion, ambulance service and central computer developments.

District	Expenditure By District	Expenditure By RHA	Total Expenditure in District
	£'000s	£000's	£000's
Lancaster	1,104		2,332
Blackpool	1,990	1,228	6,826
Preston	3,675	4,836	4,963
Blackburn	911	1,288	3,618
Burnley	1,196	2,707	6,692
West Lancashire	445	5,496	1,435
Chorley	412	990	447
Bolton	882	35	2,773
Bury	592	1,891	4,107
North Manchester	2,135	3,515	3,544
Central Manchester	2,613	1,409	4,114
South Manchester	2,845	1,501	5,339
Oldham	1,351	2,494	5,388
Rochdale	576	4,037	1,998
Salford	1,566	1,422	2,869
Stockport	1,473	1,303	1,693
Tameside	736	220	7,717
Trafford	1,179	6,981	2,566
Wigan	1,350	1,387	3,946
RHA	-	2,596	10,821
TOTAL	27,031	56,157	83,188

ACCOUNTING PRINCIPLES

1. General Note

- The accounts have been prepared in accordance with the published Standard Accounting Practices for the NHS approved by the Secretary of State. The revenue and capital accounts are prepared on an income and expenditure basis, but there are certain departures from the normal "accruals" concept:
- (a) The main source of funding for health authorities, cash advances from the Department of Health and Social Security within an approved cash limit for hospital and community health services, is not recorded in the accounts on an accruals basis. The accounts show expenditure net of direct credits.
- (b) The accounts record the annual capital expenditure and income: there is no record in the balance sheet of capital assets, nor is there any provision for the depreciation of such assets in the revenue accounts.

2. Cash Limit

The accounts of health authorities are subject to cash limit controls. A cash limit is a pre-determined limit on the spending (in cash terms) of health authorities. Each Health Authority is required to contain its net revenue/capital outgoings in the year within the approved cash limit.

- (a) The DHSS issues cash limits formally to Regional Health Authorities (RHAs) who, in turn, issue cash limits to individual District Health Authorities. RHAs may make local arrangements with individual Health Authorities regarding transfers between revenue and capital allocations and the carry forward of underspendings on the cash limits.
- (b) A statement of the net over/underspending of the North Western Region against the approved cash limits for the year ended 31st March, 1986 is set out below:

	Revenue £'000	Capital £'000
Cash Limit	852,568	69,511
Charge against Cash Limit	846,141	75,770
Over/Underspending	-6,427	+6,259

3. Accounting Policies

The accounting policies followed for dealing with items which are judged material or critical in determining the correctness of the accounts and in stating the financial position are:-

- (a) Stocks
Computerised stocks have been valued at average cost, other stocks on a First In First Out basis.
- (b) Debtors and Creditors:-
Debtors and Creditors have been assessed on the basis of goods and services supplied or received on or before 31st March, 1986 for which payment had not been received or made by that date.
- (c) Losses, Compensation and Legal Costs:-
These items are generally charged to the relevant functional headings.
- (i) Stocks and cash losses are written off to revenue in the year they are incurred at cost.
- (ii) Bad debts written off have been adjusted against the income.
- (iii) Other losses and

compensation payments and legal costs are charged to revenue cost when determined.

- (iv) Included are certain losses which would have been made good through insurance cover had the Health Authority not been bearing its own risks. In that case the insurance premiums would have been included as normal revenue expenditure.
- (d) Capital Expenditure:-
The following expenditure has been classified as capital expenditure:-
- (i) Acquisition of land premises;
- (ii) Individual works schemes costing £15,000 or more;
- (iii) Complete individual items of medical, dental or computer equipment costing £7,500 or more (before deduction of any sum obtained for a replaced item);
- (iv) All purchases of vehicles;
- (v) Pay and directly related expenses of works officers and the staff of their departments who are fully or mainly engaged on spending charged to capital.

4. Prior Year Adjustments

Statement of Balances
Balances brought forward from 1984/85 have, in accordance with Standard Accounting Practices for the NHS, have been shown exactly as the closing balances recorded in the annual accounts for that year.

5. Auditors' Certificate.

These Accounts are subject to audit.

A DECADE OF CHANGE

The Health Service has seen great changes in the first half of the 1980s. Health authorities have gone through a major reorganisation, new style management has been introduced and the way we provide for certain patient groups has altered considerably.

But while the Health Service might change, the people within it do not. There is still the same degree of skill and dedication as there ever was.

Doctors, nurses, ambulance men, technicians, caterers, porters, administrators and many more besides have all played their part in maintaining and improving the quality of care.

And we must remember those who give their time freely: Regional and District Health Authority members take the decisions that guide the NHS along its course and make it responsive to the needs of the people it serves. Community Health Council Members seek also to ensure that full account is taken of the consumer's point of view.

I hope our report has succeeded in giving you an insight into the continuing progress being made by the North Western health service. Looking into the future, the signs are good. Half way through our decade of change, we have made great strides, enough to face the coming challenges with confidence.

Gordon Greenshields
Regional General Manager

Membership of the Regional Health Authority during the financial year 1985/86.

- Sir John Page, O.B.E. Chairman
- Mr. M.A. Brennan, M.B., Ch.B., F.R.C.S. Eng
County Councillor Mrs. M.P. Case, B.A., B.A. (Econ)
- Dr. S.S. Chatterjee, O.B.E., J.P., F.R.C.P., F.R.C.R.E., F.C.C.P. (U.S.A.)
- Mrs. E. Garvey
- Professor I.E. Gillespie, M.D. (Glas), M.Sc., F.R.C.S.
- Mrs. C.M. Harrison, J.P.
- Mr. R.E. Hodd, C.B.E., B.Sc., Dip.Ed., Barrister at Law (Vice Chairman)
- Councillor K. Hornby
- Dr. S.A.P. Jenkins M.B., Ch.B., F.R.C.G.P.
- Councillor J.B. Leck, J.P., A.I.H., F.B.I.M.
- Councillor G. Macdonald, J.P., D.L.
- Miss H.M. Miller, B.A., R.G.N., S.C.M., M.T.D., DN(Lond) Q.N.
- Mrs. G. Oates, S.R.N., C.N.B., D.M.S., F.B.I.M.
- Councillor Mrs. S.D. Oldham, J.P.
- Mr. R.T. Parkinson, B.Sc. Tech, A.H.C.T. (Vice Chairman)
- Mr. K.M.A. Walker
- Mr. G.R. Ward, M.A. (Cantab), F.C.A.

Note: Since then, Mr. M.A. Brennan, Dr. S.S. Chatterjee, Professor I.E. Gillespie, Councillor K. Hornby, Mrs. G. Oates, Councillor Mrs. S.D. Oldham, Mr. R.T. Parkinson, and Mr. K.M.A. Walker have ceased to be Members. With effect from 1st October, 1986, the Membership of the Authority now includes Dr. A.K. Banerjee, M.B.B.S., F.R.C.P., Councillor N.W. Barrett, B.Com., F.C.A., F.I.D., M.I.P., Mr. C.L. Davies, B.Jur., Mrs. A. Fishwick, L.I.M.D.L., Professor L.A. Turnberg, M.D., F.R.C.P., and Mr. K.R. Wade.

Notes



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