had a history of hepatitis; and, secondly, in the three cases of infection not transmitted by transfusion all the donors were negative for hepatitis B core antibody.

Blood donations are accepted by the National Blood Transfusion Service 12 months after an episode of jaundice or hepatitis in the donor so long as testing for hepatitis B surface antigen yields negative results. In the light of our findings and recent legislation relating to product liability we believe that this policy should be reassessed and that consideration should be given to

testing such donors for hepatitis B core antibody and excluding them if they are found to be positive.

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Surgical footwear: a survey of prescribing consultants

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Changes are likely to occur in the present system by which patients obtain special footwear because of alterations in contractual aspects and the introduction of new technology such as digital shape capture and computerised design.^{1,2} Continuous, central records are not kept on the provision of footwear, though we have conservatively estimated that costs across the United Kingdom in 1986 were about £12 million. As a basis for the introduction of technological changes more information on the present system would be advantageous. Previous surveys have concentrated on the views of consumers.^{3,4} We present a report on a survey into the system of supplying footwear from the point of view of most consultants in the United Kingdom who prescribe and accept the footwear—namely, those in diabetology, orthopaedics, and rheumatology and rehabilitation.

Methods and results

A questionnaire requested background information about type of clinics, the current organisation of the delivery service, delegation in an ideal world, and respondents' perception of aspects of the service. We sent out 1696 questionnaires and 821 (48.4%) were returned, response rates being 176/430 (40.9%), 469/983 (47.7%), and 176/283 (62.2%) for diabetologists, orthopaedic surgeons, and rheumatologists respectively; 285 respondents volunteered written comments.

Many written comments emphasised dissatisfaction with the speed of delivery (table) with further indications on the desirability of a permanent workshop within the hospital or more frequent visits by fitters. With traditional methods of production this probably cannot be much improved. Even when factories meet the suggested maximum turn around time of six weeks from receipt of cast or measures to dispatch for trial fitting the overall supply time is probably too long by clinical criteria. The growing awareness of the availability of stock orthopaedic shoes may influence the future pattern of prescription. Use of off the shelf shoes of extra depth circumvents delays in fitting and provides a cheaper and more cosmetically acceptable alternative. Over a fifth of all consultants were dissatisfied with the suitability of the footwear (table). In addition, the cosmesis of surgical shoes was sometimes seen as poor. Some consultants suggested that free shoes may lead to abuse of the system and that a nominal charge should be made. The relationship between the consultant and fitter or patient and fitter was often commented on; many thought that a close relationship was needed. A general frustration

with both logistic and training aspects was evident. There was evidence that financial pressures may be detrimental. The best contractor is sometimes the most expensive, and a change of contractor—often not necessarily in the patients' best interest—is occasionally initiated by restrictions on costs.

Responses to questions "Are you generally satisfied that footwear is suitable in practice for the purpose for which it is prescribed?" and "Are you generally satisfied with the speed of production of footwear?"

Specialty	No (%) of consultants satisfied with:	
	Suitability	Speed
Diabetology	123/171 (72)	81/120 (48)
Orthopaedics	368/464 (79)	251/462 (54)
Rheumatology and rehabilitation	123/176 (70)	69/176 (39)

Chiropodists play an important part in supplying footwear for diabetic patients, and diabetologists reported closer links with chiropodists than did other groups of consultants. Analysis of the data showed considerable geographical variations. Under a third of consultants were satisfied with speed in North West Thames compared with two thirds in the Northern region. Satisfaction with suitability varied from just over half in North West Thames to nearly complete in the Northern region.

Comment

With the event of clinical accounting in NHS hospitals consultants' requirements for the supply of footwear will become even more important in determining the contractor and type of footwear. Consultants have clearly indicated improvements necessary in the supply of surgical footwear, primarily in the speed of delivery, fitting, training of staff, and perhaps, in some cases, rationalisation of the system. Some concern was expressed over changes in contractors because of economic rather than clinical reasons. Under direct budgetary control criteria will tend towards cost-benefit rather than cost or benefit alone.

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