

- 25 Carney TA. Characteristics of general practitioners with high and low recall rates. *Fam Pract* 1987;4:183-91.
- 26 Crombie DL, Pinsent RJFH, Lambert PM, *et al.* Comparison of the first and second national morbidity surveys. *J R Coll Gen Pract* 1975;25:874-8.
- 27 Armstrong D, Griffin GA. Patterns of work in general practice in the Bromley health district. *J R Coll Gen Pract* 1987;37:264-6.
- 28 Balarajan R, Stainers A, Machin D. Trends in primary care in the United Kingdom. *J Epidemiol Community Health* 1983;37:169-75.

- 29 Hull FM, Hull FS. Time and the general practitioner: the patient's view. *J R Coll Gen Pract* 1984;34:71-5.
- 30 Morrell DC, Evans ME, Morris RW, *et al.* The five minute consultation. *Br Med J* 1986;292:870-6.
- 31 Marsh G, Caudle PK. *Team care in general practice*. London: Croom Helm, 1976.
- 32 O'Dowd T. Five years of heartsink patients in general practice. *Br Med J* 1988;297:528-30.
- 33 Martin E. Medical manpower planning: factors influencing workload in general practice. *J R Coll Gen Pract* 1987;37:530-1.

## Resource management: process and progress

### *All hospitals should study the report*

The concept of resource management was welcomed by many doctors in Britain, especially those in NHS hospitals who hoped that its successful introduction might make their future contribution to management more positive. The government's initiative in 1986 selected six hospital sites where the method was to be worked out and evaluated with the cooperation of doctors.<sup>1</sup>

Resource management has since become one of the few aspects of the government's proposals for reform of the NHS<sup>2</sup> to which doctors have responded encouragingly even if conditionally.<sup>3</sup> They insist that before the system is extended it must be shown that accurate and relevant information can be produced that can be linked to decision making about the use of resources in clinical departments. Though high hopes persist for a successful and practical outcome to the initiative, these have been modified by reports that progress has been difficult and slow. Anxiety is growing that introducing resource management might show a new layer of snags rather than the benefits expected. Signs from the development sites have therefore been eagerly awaited, and when the first report of the evaluation team appeared in midsummer it was seized upon for indications of impending achievement or disillusion.<sup>4</sup>

The Brunel team carefully explains in this first report that its main concern has been in monitoring progress and that it is the final report due at the end of 1990 that will "attempt to evaluate the developments in terms of the costs and benefits associated with the introduction of resource management." The account given is entirely factual, describing the different approaches and progress made at the six sites without any hint of assessment or judgment as to the likely usefulness of the various methods. It is not possible to glean from the report any support for the view that resource management should be widely introduced and given priority funding. Such caution is what might be expected from a research team only halfway through its programme, but the final results of evaluation seem likely to be available only very close to the date the government has set for implementing the NHS reforms. The team has, however, described and emphasised the time taken to develop the organisation and information systems and to handle the changes required for resource management. The report states: "Enormous progress has been made but the two and a half years that have passed since the health notice have not been sufficient for any of these sites, despite the advantages of their initial starting points, to implement a full RM [resource management] system."

No one doubts that the existing financial management systems are unsatisfactory. Resource management seems to

many doctors to be the most promising direction to follow for improvement, but it will take some years after the 1990 evaluation for any benefits to services to be clear cut. How should doctors advise management meanwhile—in view of the government's intention of proceeding with resource management regardless of the evaluation being carried out by Brunel's team? Clearly, the six sites should continue to participate in the research programme. The whole NHS will eventually be grateful to them. The report also seems to contain sufficient material to use as a basis for an interim extension of resource management. The team found variations among the six sites, but there was a common initial phase of analysis of the clinical services of each hospital and a thorough rethinking of the medical management organisation appropriate for future resource management. This process requires that doctors should give a good deal of their time to discussion with financial and other managers. At the six pilot sites the process was started four to 10 years ago.

In most NHS hospitals the report could usefully be read and the points raised in it considered by doctors with the help of local managers. Time given to this exercise would not be wasted. The issues reflect the differing management experience of real hospitals. The report provides facts without accompanying advice and therefore challenges local interpretation and ingenuity. The cost of future improved management systems is expected to be separately funded so developments in medical management should have every chance of implementation. By the time most hospitals are ready some research based options for financial investment should be available.

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- 1 Department of Health and Social Security. *Health services management. Resource management (management and budgeting) in health authorities*. London: DHSS, 1986. (HB/86/34.)
- 2 Secretaries of State for Health, Wales, Northern Ireland, and Scotland. *Working for patients*. London: HMSO, 1989. (Cmd 555.)
- 3 Beecham L. From the JCC. Royal colleges send discussion document to Mr Clarke. *Br Med J* 1989;299:327-9.
- 4 Buxton M, Packwood T, Keen J. *Resource management: process and progress. Monitoring the six acute hospital pilot sites. Interim report of the Brunel University Evaluation Team*. London: Department of Health, 1989.

### Correction

#### Hypertension in children

An editorial error occurred in this editorial by Dr M de Swiet and Mr M J Dillon (19 August, p 469). The end of the fifth paragraph should read "... peripheral and renal vein plasma renin and renal angiography usually suffices to unravel the cause."