The use of ketamine in a social context can be discouraged by educational measures, some of which have already commenced. The disturbing qualities of the state itself may prove sufficient to prevent the non-medical use of ketamine from becoming an entrenched public health problem. Rescheduling the drug would inconvenience those doctors, veterinarians, and scientists who use ketamine in their work and hopefully will not be necessary.

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Meeting local needs

The private sector must be included in data collection

"District health authorities can then concentrate on ensuring that . . . the health needs of the population for which they are responsible are met; and that their population has access to a comprehensive range of . . . services." This quotation from *Working for Patients* shows that health authorities are required to determine the needs of their populations and the services required to meet them.¹ In order to do this health authorities must have comprehensive information about the existing use of health care.² In most cases patients' needs will be met from within the NHS. But what if some are being met in the private sector? If a high proportion of its population obtains private treatment should a health authority purchase the same pattern of care from the NHS as one whose population does not have access to the private sector? To do so would risk purchasing care inappropriately and, by wasting money, could exacerbate inequalities. But how is a health authority to know whether some of its population's needs are being met in the private sector? At present it cannot.

That would not matter if the private health care sector was very small, but it is not. Almost one in 10 of the population of Britain is currently covered by private insurance. One recent estimate was that the private sector carries out 15% of elective surgery and 59% of abortions and provides 58% of long term care of the elderly and 7% of acute psychiatry.³ In some regions these figures are very much higher.⁴ Purchasers of health care have tried to adjust their expected intervention rates to allow for activity in the private sector, but the calculations have been extremely crude because local data have not been available.⁵

There are four pathways by which information on health care should be received by purchasers. Firstly, NHS funded care in trusts or directly managed units is identified by way of the contract minimum data set. Secondly, this is also the case, in theory at least, where patients are treated in private hospitals as part of a health authority contract.⁶ Thirdly, when patients are funded privately in NHS pay beds data are collected by regional health authorities as part of their NHS monitoring, but the information is not passed on to purchasers since it is not covered by contracts. The collection and analysis of data are even less clear cut for those facilities situated within NHS hospitals but managed by private

companies. Finally, when patients receive privately funded care in private facilities health authorities have no access to data at all. Yet if they are to fulfil their responsibility to monitor their population's access to health care the authorities must have all of this information.

The private sector has shown willingness to help solve this problem. When, however, in one district, private hospitals attempted to provide data they found that in most cases they could not identify patients' districts of residence (S Israel, personal communication). These difficulties should not be insurmountable; for example, there is now a national agreement by BUPA to supply cancer registration data.

Other countries with more pluralist systems of provision have recognised this problem and dealt with it. In the United States 35 states have legislation requiring all hospitals to provide a standard data set on each patient treated. Purchasers and providers recognise that sharing of information can contribute to the shared aim of improving health care. There is no reason why the same approach could not be adopted here. If the National Health Service Management Executive was to tackle this issue it might find that it was pushing at an open door.

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